OFFICE OF THE MISSISSIPPI SECRETARY OF STATE



STATEMENT OF ORGANIZATION FOR A POLITICAL COMMITTEE

	ne of committee Committee to Re-Elect Jim Kitchens
Add	ress of committee P. O. Box 768, Crystal Springs, Mississippi 39059
City	, State, ZipEmail_john@kitchensforjustice.com
Phor	ne601-487-1616 FAX601-500-5391
Cont	act Person John W. Kitchens Phone 601-892-3067 Email jkitchens@kitchenslaw
Cont	act Full Address 205 West Railroad Ave. South (P. O. Box 799)
	Crystal Springs, Mississippi 39059
	te committee registered with the Federal Election Commission (FEC)? Yes Identification Number No
	e committee is authorized by a candidate:
Nam	ne of Candidate <u>James Warren (Jim) Kitchens</u>
	ress 109 South Bennett St. (P. O. Box 311) Crystal Springs, Mississippi 39059
Offic	ce sought State Supreme Court Justice Party Nonpartisan
Doc	District 1, Place 3
	scribe, as concisely as possible, the purpose of this committee and, if licable, the identification of affiliated or connected organizations:
арр	,
	The purpose of the committee is to assist Justice James W. Kitchens in being reelected as a Justice of the Mississippi Supreme Court in 2016.
Nan	nes and addresses of all officers: (attach separate sheet if necessary)
A.	Name_ Lisa M. Ross Office Chair
	Address 514 E. Woodrow Wilson Ave., Bldg. E, Jackson, Mississippi 39216-4538
В.	Name_ Fred McDonnell, M. D. Office Vice Chair
	Address 213 Caldwell Drive, Hazlehurst, Mississippi 39083
C.	Name John W. Kitchens Office Treasurer
	Address 205 West Railroad Ave. South (Box 799)Crystal Springs, Mississippi 39059
D.	Name Office Office
	Address
	actor Jared Turner Jan 1.2/ Jun 1.3/27/1/2
Dire	100 W. SWING S/4/19
	(Type Name) (Signature) (Date)
	100 W. SWING S/4/19

Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson MS 39205.

Political Committees associated with municipal elections should return this form to their Municipal Clerk.

Political Committees associated with single county elections should return this form to their

2.

County Circuit Clerk.

Police Committee REPORT OF RECEPTS AND ISBURSEMENTS

S	Delbert Hosemann ECRETARY OF STATE	A
K	MAY 1 0 2016	
	Campaign Finance Secretary of State	

Name of Committee Committee to Re-Elect Jim Kitchen	MES & ST.	MAT 1 0 2010
Address Post Office Box 768, Crystal Springs, MS 39059	County_Copiah	Campaign Finance Secretary of State
Telephone	Fax 601-500-5391	
Treasurer John W. Kitchens	Email Address john@kitchensforjustice	.com
Check here if above is different from previous report		
X May 10, 2016 Periodic Report (January 1, 2016, through April	/PE OF REPORT	Mandatan
June 10, 2016 Periodic Report (May 1, 2016, through May 31,	, 2016)	Mandatory
July 8, 2016 Periodic Report (June 1, 2016, through June 30,	2016)	Mandatory
October 10, 2016 Periodic Report (July 1, 2016, through Sept	ember 30, 2016)	Mandatory
November 1, 2016 Pre-Election Report (October 1, 2016, thro	ough October 29, 2016)	Mandatory
	All General and Special Election Can	ndidates and Political Committees
November 22, 2016 Pre-Runoff Report (October 30, 2016, thr	ough November 19, 2016)	Runoff Candidates Only
	All Candidates and Political C	committees in a Runoff Election
January 10, 2017 Periodic Report (October 1, 2016, through I	December 31, 2016)	Mandatory
Termination Report (Candidate will no longer accept contributions or outstanding campaign debt obligation)	make campaign expenditures and has no	Required to terminate reporting obligations

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- 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.

	Itemized	+ Non-itemized	BUTIONS AND DISBURSEMENTS This Period	Calendar Year-To-Date
Total amount of contributions	\$ 53,750.00	+ \$400.00	\$ 54,150.00	\$ 54,150.00
Total amount of disbursements	\$37,807.93	+\$0.00	\$ 37,807.93	\$ 37,807.93
Total amount of cash on hand			\$ 16,342.07	

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

| May 10, 2016 |
| Signature of Director or Treasurer | 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 finos 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 ratum form to Secretary of State, Elections Division, P. Q. 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

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens		
Reporting period January 1. 2016	through	April 30, 2016	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		uno periou
Matthew W. Kitchens	03 / 08 / 16	\$ 5,000.00
Mailing Address		10.000 AA
Post Office Box 799		\$
City, State, Zip Code		
Crystal Springs, MS 39059		\$
Name of Employer (Required)		
Kitchens Law Firm, P.A.		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 5,000.00
B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	[02] 1 [02] 1 [12]	
Daniel W. Kitchens	03 / 08 / 16	\$ 5,000.00
Mailing Address		
Post Office Box 799		\$
City, State, Zip Code		
Crystal Springs, MS 39059	<u> </u>	\$
Name of Employer (Required)		
Kitchens Law Firm, P.A.		\$
Occupation (Required)	Aggregate	e -
Attorney	year-to-date	\$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
John W. Kitchens	03 / 08 / 16	\$ 5,000.00
Mailing Address		
Post Office Box 799	<u> </u>	\$
City, State, Zip Code		
Crystal Springs, MS 39059	느/느/느	\$
lame of Employer (Required)		
Kitchens Law Firm, P.A.	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 5,000.00
Attorney	year-to-date	Ψ [5,000.00
O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name	03 / 10 / 16	<u> </u>
ames D. Shannon	103 / 110 / 116	\$ 5,000.00
Mailing Address		\$ [
100 West Gallatin Street	Land / Land / Land	¥
City, State, Zip Code Hazlehurst, MS 39083		\$ [
lame of Employer (Required)		
MINE OF CHOUCAST (MACHINAL)		
		\$ [
hannon Law Firm, PLLC		\$ [
	Aggregate year-to-date	\$ 5,000.00

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens		
Reporting period January 1, 2016		through	April 30, 2016

	. –	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		una perioa
David W. Baria	03 / 17 / 16	\$ 1,000.00
Mailing Address		Andrew Market Land
544 Main Street		\$
City, State, Zip Code		
Bay St. Louis, MS 39520		\$
Name of Employer (Required)		* [
Baria-Jones, PLLC	[브/브/드	\$
Occupation (Required)	Aggregate	\$ 1,000.00
Attorney	year-to-date	▼ [1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Brandon C. Jones	03 / 17 / 16	\$ 1,000.00
Malling Address		
4316 Old Canton Road, Suite 100A	트/트/트	\$
City, State, Zip Code		
Jackson, MS 39211	<u> </u>	\$
Name of Employer (Required)		
Baria-Jones, PLLC	<u> </u>	\$
Occupation (Required)	Aggregate	* [
Attorney	year-to-date	\$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
· · · · · · · · · · · · · · · · · · ·		this period
Full name Stephen J. Herman	03 / 25 / 16	\$ 5,000.00
Walling Address		Tenienae, en men anno anno anno anno anno anno anno an
820 O'Keefe Avenue		\$
City, State, Zip Code	, , , , , , , , , , , , , , , , , , ,	The second secon
New Orleans, LA 70113	<u> </u>	\$
Name of Employer (Required)	 	
Herman, Herman & Katz	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 5,000.00
Attorney	year-to-date	Ф 12'000'00
O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name	03 / 22 / 16	e [
Russ Herman	<u> </u>	\$ 5,000.00
Mailing Address		\$
320 O'Keefe Avenue		¥
City, State, Zip Code New Orleans, LA 70113		\$
lame of Employer (Required)		•
Herman, Herman & Katz	<u> </u>	\$
Occupation (Required)	Aggregate	*
Attorney	Aggregate year–to-date	\$ 5.000.00

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* 460		O.	<u> </u>

Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens	
Reporting period January 1. 2016	through April 30, 2016	

		<u> </u>
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name	(,	this period
Shane F. Langston	03 / 24 / 16	\$ 1,500.00
Share F. Langston Mailing Address		Y ITAONOV
		\$
1161 La Miranda Court		
City, State, Zip Code		\$
Southlake, TX 76092	<u> </u>	4 1
Name of Employer (Required)		\$
Self	<u> </u>	3
Occupation (Required) Attorney at Law	Aggregate	\$ 1,500,00
	year-to-date	* [1,300,00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	04 / 07, / 16	*
John G. Clark	102 100 110	\$ 500.00
Malling Address		_
Post Office Drawer 1268	[[[] [] []	\$
City, State, Zip Code		
Pascagoula, MS 39568		\$
Name of Employer (Required)		
Kerley & Clark	│ <u>└</u> / <u>└</u> /	\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan	, , , , , , , , , , , , , , , , , , , ,	Amount of each
the state of the s	·	
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
		receipt
Full name Willie Bozeman Mailing Address	(Mo., Day, Year)	receipt this period
Full name Wille Bozeman	(Mo., Day, Year)	receipt this period
Full name Willie Bozeman Mailing Address	(Mo., Day, Year)	receipt this period \$ 1,000,00
Eull name Willie Bozeman Wailing Address Post Office Box 1038	(Mo., Day, Year)	receipt this period
Eull name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 1,000.00 \$
Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215	(Mo., Day, Year)	receipt this period \$ 1,000,00
Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required)	(Mo., Day, Year)	receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required)	(Mo., Day, Year) 04 / 07 / 16 1	receipt this period \$ 1,000.00 \$
Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required)	(Mo., Day, Year) 04 / 07 / 16 1 / 1 / 1 Aggregate year-to-date	receipt this period \$ 1,000.00 \$
Eull name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist D. Source: Corporation PAC / Individual Loan	(Mo., Day, Year) 04 / 07 / 16 1 / 1 / 1 Aggregate	receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Docupation (Required) Lobbyist D. Source: Corporation PAC / Individual Loan Other (please specify)	(Mo., Day, Year) O4 / O7 / 16 / / / I / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Docupation (Required) Lobbyist D. Source: Corporation PAC / Individual Loan Other (please specify)	(Mo., Day, Year) 04	receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Willie Bozeman Wailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist O. Source: Corporation PAC / Individual Loan Other (please specify)	(Mo., Day, Year) O4 / O7 / 16 / / / I / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist O. Source: Corporation PAC V Individual Loan Other (please specify) Full name Crymes G. Pittman Mailing Address	(Mo., Day, Year) O4 / O7 / 16 / / / I / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Willie Bozeman Wailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist O. Source: Corporation PAC / Individual Loan Other (please specify) Full name Crymes G. Pittman Mailing Address 110 South President Street	(Mo., Day, Year) O4 / O7 / 16 / / / I / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist O. Source: Corporation PAC / Individual Loan Other (please specify) Full name Crymes G. Pittman Mailing Address 110 South President Street City, State, Zip Code	(Mo., Day, Year) O4 / O7 / 16 / / / I / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Eull name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist D. Source: Corporation PAC / Individual Loan	(Mo., Day, Year) O4 / O7 / 16 / / / I / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist O. Source: Corporation PAC Individual Loan Other (please specify) Full name Crymes G. Pittman Mailing Address 110 South President Street City, Stato, Zip Code Jackson, MS 39201	(Mo., Day, Year) O4 / O7 / 16 / / / I / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
Full name Willie Bozeman Mailing Address Post Office Box 1038 Dity, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Decupation (Required) Obbyist D. Source: Corporation PAC Individual Loan Other (please specify) Full name Crymes G. Pittman Mailing Address 110 South President Street Dity, State, Zip Code Jackson, MS 39201 Jame of Employer (Required)	(Mo., Day, Year) 04	receipt this period \$ 1,000.00 \$
Full name Wille Bozeman Mailing Address Post Office Box 1038 Dity, State, Zip Code Jackson, MS 39215 Jame of Employer (Required) Decupation (Required) Dobbyist D. Source: Corporation PAC Individual Loan Other (please specify) Juli name Trymes G. Pittman Jailing Address Jailing Add	(Mo., Day, Year) O4 / O7 / 16 / / / I / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$

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Name of Candidat	e or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period_	January 1, 2016		through	April 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	04 / 11 / 16	
David P. Pitre, Esq.		\$ 2,500.00
Mailing Address		\$
3506 Washington Avenue, Suite G		¥ (
Ćity, State, Zip Code		e
Gulfport, MS 39507		\$
Name of Employer (Required)		e /
Silbert, Garon, Pitre, & Friedman		\$
Occupation (Required)	Aggregate	\$ 2.500.00
Attorney	year-to-date	5 2,500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
James R. Reeves, Jr.	04' / 11 / 16	\$ 5,000.00
Mailing Address	F F F	
160 Main Street		\$
City, State, Zip Code		
Biloxi, MS 39530	<u>//</u>	\$
Name of Employer (Required)		\$
Reeves & Mestayer		
Occupation (Required) Attorney	Aggregate	\$ 5,000.00
	year-to-date	The second secon
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name	04 / 14 / 16	\$ 1,000.00
Dennis C. Sweet III, P.A.		Ψ [1,000.00
Mailing Address		\$
158 East Pascagoula Street		
City, State, Zip Code		\$
lackson, MS 39201		I 10,000
lame of Employer (Required) Dennis C. Sweet III. PA		\$
Occupation (Required)	A 4	
Attorney	Aggregate year–to-date	\$ 1,000.00
). Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	year to dute	A
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name	04 / 14 / 16	<u> </u>
Cardan Enterprises LLC	<u>104.</u> / <u>114.</u> / <u>110.</u>	\$ 2,500.00
lailing Address		\$ [
		ΨΙ
878 Fannin Landing Circle	<u> </u>	*
ity, State, Zip Code		\$ [
ity, State, Zip Code Brandon, MS 39047		\$ [
ity, State, Zip Code Brandon, MS 39047 ame of Employer (Required)		\$
ity, State, Zip Code Brandon, MS 39047 Iame of Employer (Required) Iardan Enterprises, LLC		\$
ity, State, Zip Code Brandon, MS 39047 ame of Employer (Required)	Aggregate year-to-date	

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Name of Candidat	e or Committee	Committee to	Re-Elect Jim	Kitchens	:
Reporting period	January 1. 2016		through	April 30, 2016	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	04 / 14 / 16	\$ 2,500.00
Lisa Blue Baron		Ψ [2,500,00
Mailing Address		\$
Post Office Box 802044		
City, State, Zip Code Dallas, TX 75380		\$
Name of Employer (Required)		
Self		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 2,500.00
B. Source: Corporation PAC / Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	04 / 13 / 16	\$ 250.00
Brad Morris		\$ 250.00
Mailing Address		\$
Post Office Box 2136	Second Second	
City, State, Zip Code Oxford, MS 38655		\$
Name of Employer (Required)		<u> </u>
Brad Morris Law Firm, PLLC		\$
Occupation (Required)	Aggregate	\$ 250.00
		I W (250) (R) I
Attorney	year–to-date	120000000000000000000000000000000000000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt this period
Other (please specify) Full name	Date	Amount of each receipt
Other (please specify)	Date	Amount of each receipt this period
Other (please specify) Full name Mailing Address	Date	Amount of each receipt this period
Other (please specify) Full name	Date	Amount of each receipt this period
Other (please specify) Full name Mailing Address	Date	Amount of each receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) / / / / / / / / / / Aggregate	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code Jame of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) / / / / / / / / / / Aggregate	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code Jame of Employer (Required) Decupation (Required) Decupation (Required) Decupation (Required)	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Jame of Employer (Required) Occupation (Required) O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Mailing Address City, State, Zip Code Jame of Employer (Required) Occupation (Required) Occupation (Required) Other (please specify) Other (please specify)	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Jame of Employer (Required) Occupation (Required) O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Jame of Employer (Required) Occupation (Required) Occupation (Required) Other (please specify) Other (please specify)	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Jame of Employer (Required) Occupation (Required) Other (please specify) Full name Other (please specify) Full name failing Address City, State, Zip Code	Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$
Other (please specify) Full name Mailing Address City, State, Zip Code Lame of Employer (Required) Occupation (Required) Other (please specify) Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$

	Committee	to Re	-Elect	Jim	Kitche	ns
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through April 30, 2016

	And the state of t	and the first of the second of
A. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	03 / 08 / 16	\$ 2,000.00
City, State, Zip Code Brandon, MS 39047	03 / 31 / 16	\$ 2,250.00
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$
B. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	04 / 15 / 16	\$ 2,250.00
City, State, Zip Code Brandon, MS 39047	03 / 31 / 16	\$ 2,250.00
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$ 8,750.00
C. Full name Harland Clarke	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15955 La Cantera Parkway	03 / 08 / 16	\$ 100.88
City, State, Zip Code San Antonio, TX 78256	//	\$
Purpose of Disbursement (Optional) Checks for Campaign Account	Aggregate Year-to-date	\$ 100.88
D. Full name AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 536216	03 / 18 / 16	\$ 161.82
City, State, Zip Code Atlanta, GA 536216	04 / 12 / 16	\$ 60.80
Purpose of Disbursement (Optional) Uverse Internet for Campaign Headquarters	Aggregate Year-to-date	\$ 222.62
E. Full name Wal-Mart Store 0954	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 527 Lake Street	03 / 22 / 16	\$ 303.26
City, State, Zip Code Hazlehurst, MS 39083	//	\$
Purpose of Disbursement (Optional) Office Supplies for Campaign Headquarters	Aggregate Year-to-date	\$ 303.26
F. Full name United States Post Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 301 East Marion Avenue	03 /24 /16	\$ 98.00
City, State, Zip Code	<u> </u>	\$
Crystal Springs, MS 39059	-	J

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Page		of T	

Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period January 1, 2016	through through

A. Full name		
Matrix Solutions	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 117 Mill Creek Corner	03 / 31 / 16	\$ 1,924.93
City, State, Zip Code Brandon, MS 39047	//	\$
Purpose of Disbursement (Optional) Computer, etc. for Campaign	Aggregate Year-to-date	\$ 1,924.93
B. Full name Dallas Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 902	03 / 28 / 16	\$ 606.69
City, State, Zip Code Jackson, MS 39205	//	\$
Purpose of Disbursement (Optional) Campaign Letterhead, Envelopes, and Business Cards	Aggregate Year-to-date	§ 606.69
C. Full name Copiah Bank, N.A.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 31	04 / 29 / 16	\$ 60.50
City, State, Zip Code Hazlehurst, MS 39083	//	\$
Purpose of Disbursement (Optional) Bank/Service Charges (Collective)	Aggregate Year-to-date	\$ 60.50
D, Full name Northwest IB Middle School	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7020 Highway 49	03 / 30 / 16	\$ 250.00
City, State, Zip Code Jackson, MS 39213	!!	\$
Purpose of Disbursement (Optional) Donation for Debate Team's travels to Regionals	Aggregate Year-to-date	\$ 250.00
E. Full name Magnolia Bar Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 648	03 / 30 / 16	\$ 150.00
City, State, Zlp Code Jackson, MS 39205	//	\$
Purpose of Disbursement (Optional) Judicial Registration Dues for Annual Meeting	Aggregate Year-to-date	\$ 150.00
F. Full name Women for Progress PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address Post Office Box 1179	03 / 31 / 16	\$ 50.00
City, State, Zip Code lackson, MS 39215	11	\$
Purpose of Disbursement (Optional) /oter Education	Aggregate Year-to-date	\$ 50.00

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Page		of -	

Name	of	Candidate	or	Co	mm	ittee
		lai	nuar	v 1	2016	

Committee	to	Re-E	lect.	Jim	Kitch	ens

Reporting period Apple through Apple Apple

A. Full name Trevor Goring c/o Susan Clark / National Media Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 613 North Commerce Avenue	04 / 01 / 16	\$ 500.00
City, State, Zip Code Front Royal, VA 2263	//	\$
Purpose of Disbursement (Optional) Notecards	Aggregate Year-to-date	\$ 500.00
B. Full name Copiah Academy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 125	04 / 04 / 16	\$ 120.00
City, State, Zip Code Gallman, MS 39077	//	\$
Purpose of Disbursement (Optional) Football Ad	Aggregate Year-to-date	\$ 120.00
C. Full name City Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 23092	04 /12 / 16	\$ 14.83
City, State, Zip Code Jackson, MS 39225	/	\$
Purpose of Disbursement (Optional) Water, Garbage and Sewer	Aggregate Year-to-date	\$ 14.83
D. Full name CSpire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 798	04 / 13 / 16	§ 85.92
City, State, Zip Code Meadville, MS 39653		\$
Purpose of Disbursement (Optional) Campaign Phones	Aggregate Year-to-date	\$ 85.92
	i cai-to-date	
	Date	Amount of each disbursement this period
Joyce Neville Mailing Address		Amount of each disbursement this period
E. Full name Joyce Neville Mailing Address 403 Garden Park Cove City, State, Zip Code Brandon, MS 39047	Date (Mo., Day, Year)	disbursement this period
Joyce Neville Mailing Address 403 Garden Park Cove City, State, Zip Code	Date (Mo., Day, Year)	disbursement this period
Joyce Neville Mailing Address 403 Garden Park Cove City, State, Zip Code Brandon, MS 39047 Purpose of Disbursement (Optional)	Date (Mo., Day, Year) 04 / 15 / 16 04 / 29 / 16 Aggregate	\$ 516.67 \$ 775.00 \$ 1,291.67 Amount of each
Joyce Neville Mailing Address 403 Garden Park Cove City, State, Zip Code Brandon, MS 39047 Purpose of Disbursement (Optional) Salary F. Full name	Date (Mo., Day, Year)	\$ 516.67 \$ 775.00 \$ 1,291.67
Joyce Neville Mailing Address 403 Garden Park Cove City, State, Zip Code Brandon, MS 39047 Purpose of Disbursement (Optional) Salary F. Full name A2Z Printing Mailing Address	Date (Mo., Day, Year)	s 516.67 \$ 775.00 \$ 1,291.67 Amount of each disbursement this period

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period January 1, 2016	through April 30, 2016

A. Full name	T	T
At mos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 790311	04 / 18 / 16	\$ 59.15
City, State, Zip Code St. Louis, MO 63179	//	\$
Purpose of Disbursement (Optional) Natural Gas at Campaign Office	Aggregate Year-to-date	\$ 59.15
B. Full name Entergy Mississippi, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 8105	04 / 18 / 16	\$ 69.95
City, State, Zip Code Baton Rouge, LA 70891	//	s
Purpose of Disbursement (Optional) Electricity/Lights	Aggregate Year-to-date	\$ 69.95
C. Full name Chase	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 15123	04 / 19 / 16	\$ 845.55
City, State, Zip Code Wilmington, DE 19850		\$
Purpose of Disbursement (Optional) Refrigerator, Huggles, and supplies	Aggregate Year-to-date	\$ 845.55
D. Full name Jim Kitchens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 113	04 / 19 / 16	\$ 325.00
City, State, Zip Gode Crystal Springs, MS 39059	//	s
Purpose of Disbursement (Optional) Reimbursement of personal check written for 2016 Wildcat Championship Fund	Aggregate Year-to-date	\$ 325.00
E. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 745 Gardner Street	03 / 08 / 16	\$ 2,750.00
City, State, Zip Code lackson, MS 39209	03 / 31 / 16	\$ 5,500.00
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$
F. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Add ress 745 Gardner Street	04 / 15 / 16	\$ 2,750.00
City, State, Zip Code lackson, MS 39209	04 / 29 / 16	\$ 2,750.00
Purpose of Disbursement (Optional) salary	Aggregate Year-to-date	\$ 13,750.00

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Page		of _

Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period January 1, 2016	through April 30, 2016

A. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address Post Office Box 931	03 / 31 / 16	\$ 2,537.50
City, State, Zip Code Flora, MS 39071	04 / 15 / 16	\$ 2,537.50
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$
B. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	04 / 29 / 16	\$ 2,500.00
City, State, Zip Code Flora, MS 39071	//	\$
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$
C. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	04 / 13 / 16	\$ 100.00
City, State, Zip Code Flora, MS 39071	04 / 29 / 16	\$ 277.50
Purpose of Disbursement (Optional) Expenses: Gas Reimbursement, Phone, Volunteers, and Tickets for function	Aggregate Year-to-date	\$ 7,952.50
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//16	\$
City, State, Zip Code Haz	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

2016 ELECTION CYCLE

Political Commuttee REPORT OF RECEIPTS AND DISBURSEMENTS 2016: Election ee to Re-Elect Jim Kitchens



	T-MANAGE TO	Secretary of State
Address Post Office Box 768, Crystal Springs, MS	39059 County Copiah	Takin mranje
Telephone 601-487-1616	Fax 601-500-5391	-
Treasurer_John W. Kitchens	Email Address john@kitchens	forjustice.com
Check here if above is different from previous	ous report	
	TYPE OF REPORT	
	S, through April 30, 2016)	
X June 10, 2016 Periodic Report (May 1, 2016, I	hrough May 31, 2016)	Mandator
	raugh June 30, 2016)	anna an an t-an a ann ann an t-an t-an t
October 10, 2016 Periodic Report (July 1, 2016	5, through September 30, 2016)	Mandatory
November 1, 2016 Pre-Election Report (Octob	er 1, 2016, through October 29, 2016)	Mandatory
	Ail General and Special B	laction Candidates and Political Committee
November 22, 2016 Pre-Runoff Report (Octob	er 30, 2016, through November 19, 2016)	Runoff Candidates Only
	All Candidates and	Political Committees in a Runoff Election
January 10, 2017 Periodic Report (October 1,	2016, through December 31, 2016)	
outslanding campaign debt lob	IMPORTANT	reporting obligations
* I The Election reports are maintainly, event in the contin		he condidate chall submit a report
indicating "0" (Zero) for total amount of reported con		he candidate shall submit a report
		ST September - Color AV Color - September Statement Color
2) Until a Candidate files a Termination Report, annual a and (iii). 3) The receiving authority must be in actual receipt of tile.	tributions and expanditures during this period.	ith Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a
2) Until a Candidate files a Termination Report, annual a and (iii). 3) The receiving authority must be in actual receipt of the holiday, the office must be in actual receipt of the recacceptable.	stributions and expanditures during this period. and periodic reports must still be filed in accordance w the required reports by 5:00 p.m. on the reporting day.	ith Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a ore the deadline. Faxed reports are
2) Until a Candidate files a Termination Report, annual and (iii). 3) The receiving authority must be in actual receipt of the hotiday, the office must be in actual receipt of the recacceptable. RE	ntributions and expenditures during this period. and periodic reports must still be filed in accordance we the required reports by 5:00 p.m. on the reporting day. guired reports by 5:00 p.m. on the first working day bef	ith Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a
2) Until a Candidate files a Termination Report, annual and (iii). 3) The receiving authority must be in actual receipt of the hotiday, the office must be in actual receipt of the recacceptable. RE	ntributions and expenditures during this period. and periodic reports must still be filed in accordance we have required reports by 5:00 p.m. on the reporting day. I guired reports by 5:00 p.m. on the first working day before the period on-itemized. This Period	ith Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a ore the deadline. Faxed reports are
2) Until a Candidate files a Termination Report, annual and (iii). 3) The receiving authority must be in actual receipt of the holiday, the office must be in actual receipt of the recacceptable. RE Itemized + No.	ntributions and expenditures during this period. and periodic reports must still be filed in accordance we have required reports by 5:00 p.m. on the reporting day. I quired reports by 5:00 p.m. on the first working day before the period on-itemized This Period 25.00 \$ 54,095.00	ith Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a ore the deadline. Faxed reports are Calendar Year-To-Date
2) Until a Candidate files a Termination Report, annual and (iii). 3) The receiving authority must be in actual receipt of the holiday, the office must be in actual receipt of the recacceptable. RE Itemized + No. Total amount of contributions \$ 52,400.00 + \$1,69	ntributions and expenditures during this period. and periodic reports must still be filed in accordance we have required reports by 5:00 p.m. on the reporting day. I quired reports by 5:00 p.m. on the first working day before the period on-itemized This Period 25.00 \$ 54,095.00	ith Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a core the deadline. Faxed reports are Calendar Year-To-Date \$ 108,245.00
2) Until a Candidate files a Termination Report, annual and (iii). 3) The receiving authority must be in actual receipt of the holiday, the office must be in actual receipt of the recacceptable. RE Itemized + No Total amount of contributions \$ 52,400.00 + \$1,69 Total amount of disbursements \$28,078.01 + \$0.00 Total amount of cash on hand	ntributions and expenditures during this period. and periodic reports must still be filed in accordance we have required reports by 5:00 p.m. on the reporting day. I quired reports by 5:00 p.m. on the first working day before CONTRIBUTIONS AND DISBURSEMENTS on-itemized This Period 25:00 \$ 54,095.00	ith Miss. Code Ann. § 23-15-807 (b) (ii) If the deadline falls on a weekend or a core the deadline. Faxed reports are Calendar Year-To-Date \$ 108,245.00 \$ 65,885.94

tines of \$50 per day and/or prosocution 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 fex to 801-578-2545. 2. Candidates for county wide and county district offices should return forms to their county Circuit Clark.

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Name of Candidate or Committee 🤦	ommittee to Re-Elect Jim Kitchens
Reporting period May 1, 2016	through May 31, 2016
I -T- F	えれフロロ ロアクロロでく

A. Source: Corporation PAC Individual Loan Control Other (please specify)	Data (Mo., Day, Year)	Amount of each receipt this period
Full name	05 / 02 / 16	
Cynthla i, Mitchell	<u>105:</u> / <u>102:</u> / <u>110:</u>	\$ 2,500.00
Mailing Address		\$
1620 Anne Drive		7
City, State, Zip Code		<u> </u>
Clarksdale, MS 38614		\$
Namo of Employer (Required)	, r	
Self	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 2,500,00
Attorney	yearto-date	\$ 2.500.00
B. Source; Corporation PAC Individual Losn	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Ful) namo		
Michael B. McMahan	05 / 03 / 16	\$ 2,000.00
Majling Address		
46 Longwood Drive	<u> </u>	\$
City, State, Zip Code	-	
Hattlesburg, MS 39402	<u> </u>	\$
Name of Employer (Regulred)		*
Retired		\$
Occupation (Required)	Aggragate	e :
Attarnas		\$ 2,000,00
Attorney	year-to-date	<u> </u>
C. Source Corporation PAC individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC : Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diss, Jr. Malling Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Dist, Jr. Mailing Address 208 Waterford Square, Suite 300	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diss, Jr. Malling Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Dist, Jr. Mailing Address 208 Waterford Square, Suite 300	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diaz, Jr. Mailing Address 208 Waterford Square, Suite 300 City, State, Zip Code Madison, MS 39110 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this pariod \$ 5,000.00
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diaz, Jr. Mailing Address 208 Waterford Square, Suits 300 City, State, Zip Code (Kadison, MS 39110 Name of Employer (Required) The Diaz Law Firm, PLLC	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diaz, Jr. Mailing Address 208 Waterford Square, Suits 300 City, State, Zip Code Madison, MS 39110 Name of Employer (Required) The Diaz Law Firm, PLLC Occupation (Required)	Date (Mo., Day, Year) 05. / 06 / 16 / / / / Aggregate	Amount of each receipt this period \$ 5,000.00 \$
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diaz, Jr. Mailing Address 208 Waterford Square, Suits 300 City, State, Zip Code Madison, MS 39110 Name of Employer (Required) The Diaz Law Firm, PLLC Occupation (Required) Attorneys at Law	Date (Mo., Day, Year) 05. / 06 / 16 / / / /	Amount of each receipt this period \$ [5,000.00] \$ [5,000.00]
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diaz, Jr. Mailing Address 208 Waterford Square, Suits 300 City, State, Zip Code Madison, MS 39110 Name of Employer (Required) The Diaz Law Firm, PLLC Occupation (Required)	Date (Mo., Day, Year) 05. / 06 / 16 / / / / Aggregate	Amount of each receipt this period \$ 5,000.00 \$
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diaz, Jr. Malling Address 208 Waterford Square, Sulta 300 City, State, Zip Code Madison, MS 39110 Name of Employer (Required) The Diaz Law Firm, PLLC Occuration (Required) Attorneys at Law Other (please specify) Other (please specify)	Date (Mo., Day, Year) 05 / 06 / 16 / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diaz, Jr. Mailing Address 208 Waterford Square, Suits 300 City, State, Zip Code Madison, MS 39110 Name of Employer (Required) The Diaz Law Firm, PLLC Occupation (Required) Attorneys at Law D. Source: [/] Corporation PAC Individual Loan	Date (Mo., Day, Year) 05 / 06 / 16 / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Disz, Jr. Malling Address 208 Waterford Square, Suite 300 City, State, Zip Code Madison, MS 39110 Name of Employer (Required) The Diaz Law Firm, PLLC Occuration (Required) Attorneys at Law O. Source: [/] Corporation PAC individual Loan Other (please specify) Full name Simmons and Simmons, PLLC Mailing Address	Date (Mo., Day, Year) 05 / 06 / 16 / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Dist, Jr. Mailing Address 208 Waterford Square, Suite 300 City, State, Zip Code Madison, MS 39110 Name of Employer (Required) The Dist Law Firm, PLLC Occupation (Required) Attorneys at Law Other (please specify) Full name Simmons and Simmons, PLLC Mailing Address Post Office Box 1854	Date (Mo., Day, Year) 05 / 06 / 16 / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diaz, Jr. Malling Address 208 Waterford Square, Suite 300 Gity, State, Zip Code Madison, MS 39110 Name of Employer (Required) The Diaz Law Firm, PLLC Occupation (Required) Attorneys at Law Other (please specify) Full name Simmons and Simmons, PLLC Mailing Address Post Office Box 1854 City, Stafe, Zip Code	Date (Mo., Day, Year) 05 / 06 / 16 / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 1,000.00
Other (please specify) Full name Gerald J. Diaz, Jr. Mailing Address 208 Waterford Square, Suita 300 City, State, Zip Code Madison, MS 39110 Name of Employer (Required) The Diaz Law Firm, PLLC Occupation (Required) Attorneys at Law D. Source: V Corporation PAC individual Loan Other (please specify) Full name Simmons and Simmons, PLLC Mailing Address Post Office Box 1854 City, State, Zip Code Greenville, MS 38702	Date (Mo., Day, Year) 05 / 06 / 16 / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diaz, Jr. Mailing Address 208 Waterford Square, Sulta 300 City, State, Zip Code Madison, M5 39110 Name of Employer (Required) The Diaz Law Firm, PLLC Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Simmons and Simmons, PLLC Mailing Address Post Office Box 1854 City, State, Zip Code Greenville, M5 38702 Name of Employer (Required)	Date (Mo., Day, Year) 05 / 06 / 16 / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 1,000.00 \$ 5,000.00
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diaz, Jr. Mailing Address 208 Waterford Square, Suite 300 City, State, Zip Code Madison, M5 39110 Name of Employer (Required) The Diaz Law Firm, PLLC Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Simmons and Simmons, PLLC Mailing Address Post Office Box 1854 City, State, Zip Code Greenville, M5 38702 Name of Employer (Required) Self	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC individual Loan Other (please specify) Full name Gerald J. Diaz, Jr. Mailing Address 208 Waterford Square, Sulta 300 City, State, Zip Code Madison, M5 39110 Name of Employer (Required) The Diaz Law Firm, PLLC Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Simmons and Simmons, PLLC Mailing Address Post Office Box 1854 City, State, Zip Code Greenville, M5 38702 Name of Employer (Required)	Date (Mo., Day, Year) 05 / 06 / 16 / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 1,000.00 \$ 5,000.00

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Name of Candidate or Comn	nittee Committee to Re-Elect Jim	Kitchens
Reporting period May 1, 2016	through	May 31, 2016
	ITEMIZED	RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full namo		·	
Thandi Wade, Esq.	05 / 13 / 16	\$ 1.000.00	
Mailing Address			
Post Office Box 22688		\$	
City, State, Zip Code			
Jackson, MS 39225		\$	
Name of Employer (Required)		<u> </u>	
Tatum & Wade, PLLC		\$	
Occupation (Required)	A		
Attorney	Aggregate vear-to-date	\$ 1,000.00	
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt	
Other (please spacify)	(11.07,007,	this period	
Full name	05 / 13 / 16	\$ 1,000,00	
Joe Tatum		- [1,000,00	
Mailing Address		\$	
Post Office Box 22688		Ψ li	
City, Stato, Zip Code		\$	
Jackson, MS 39225	<u> </u>	*	
Name of Employer (Required)		\$	
Tatum & Wade, PLLC		<u> </u>	
Occupation (Required)	Aggregate	\$ 1,000.00	
! A & L			
Attorney G. Company of GAC [7] Instituted and G. Company of GAC [7]	year-to-date	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Attorney C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Oay, Year)	Amount of each receipt this period	
C. Source Corporation PAC Individual Loan COther (please specify)	Date (Mo., Oay, Year)	Amount of each receipt this period	
C. Source Corporation PAC Individual Loan COther (please specify) Full name Jared Ashton Kobs	Date	Amount of each receipt	
C. Source Corporation PAC Individual Loan COther (please specify) Full name Jared Ashton Kobs Mailing Address	Date (Mo., Oay, Year)	Amount of each receipt this period	
C. Source Corporation PAC Individual Loan COther (please specify) Eull name Jared Ashton Kobs Maiting Address Post Office Box 2230	Date (Mo., Oay, Year)	Amount of each receipt this period	
C. Source Corporation PAC Individual Loan Cother (please specify) Euliname Jared Ashton Kobs Maifing Address Post Office Box 2230 City, State, Zip Code	Date (Mo., Oay, Year)	Amount of each receipt this period	
C. Source Corporation PAC Individual Loan COther (please specify) Full name Jared Ashton Kobs Maifing Address Post Office Box 2230 City, State, Zip Code Madison, MS 39130	Date (Mo., Oay, Year)	Amount of each receipt this period	
C. Source Corporation PAC Individual Loan COther (please specify) Full name Jared Ashton Kobs Mailing Address Post Office Box 2230 City, State, Zip Code Maclson, MS 39130 Name of Employer (Required)	Date (Mo., Oay, Year)	Amount of each receipt this period \$ 1,000.00	
C. Source Corporation PAC Individual Loan Cother (please specify) Full name Jared Ashton Kobs Maifing Address Post Office Box 2230 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Kobs Philley, PLUC	O5 / 17 / 16	Amount of each receipt this period	
C. Source Corporation PAC Individual Loan Cother (please specify) Full name Jared Ashton Kobs Malfing Address Post Office Box 2230 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Kobs Philley, PLUC Occupation (Required)	Date (Mo., Day, Year) 05 / 17 / 16 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 1,000.00	
C. Source Corporation PAC Individual Loan Cother (please specify) Full name Jared Ashton Kobs Malfing Address Post Office Box 2230 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Kobs Philley, PLUC Occupation (Required) Attorney	O5 / 17 / 16	Amount of each receipt this period \$ 1,000.00 \$	
C. Source Corporation PAC Individual Loan Cother (please specify) Full name Jared Ashton Kobs Malfing Address Post Office Box 2230 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Kobs Philley, PLUC Occupation (Required)	Date (Mo., Day, Year) 05 / 17 / 16 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 1,000.00 \$	
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jared Ashton Kobs Maifing Address Post Office Box 2230 City, State, 2ip Code Madison, MS 39130 Name of Employer (Required) Kobs Philley, PLLC Occupation (Required) Attorney D. Source: Corporation PAC / Individual Loan Other (please specify) Full name	Date (Mo., Day, Year) 05 / 17 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period	
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jared Ashton Kobs Mailing Address Post Office Box 2230 City, State, Zip Code Madison, MS 39130 Name of Employer (Regulated) Kobs Philley, PLUC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Benjamin N. Philley	Date (Mo., Day, Year) 05 / 17 / 16 1 / 1 / 1 Aggregate year-to-date Date	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt	
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jared Ashton Kobs Mailing Address Post Office Box 2230 City, State, Zip Code Madison, MS 39130 Name of Employer (Regulated) Kobs Philley, PLUC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Benjamin N. Philley Mailing Address	Date (Mo., Day, Year) 05 / 17 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00	
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jared Ashton Kobs Maifing Address Post Office Box 2230 City, State, Zip Code Maclison, MS 39130 Name of Employer (Required) Kobs Philley, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Benjamin N. Philley Mailing Address Post Office Box 2230	Mo., Date (Mo., Day, Year) O5 / 17 / 16 I / I / I Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period	
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jared Ashton Kobs Mailing Address Post Office Box 2230 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Kobs Philley, PLUC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Benjamin N. Philley Mailing Address Post Office Box 2230 City, State, Zip Code	Mo., Date (Mo., Day, Year) O5 / 17 / 16 I / I / I Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00	
Other (please specify) Full name Jared Ashton Kobs Mailing Address Post Office Box 2230 City, State, Zip Code Maclison, MS 39130 Name of Employer (Required) Kobs Philley, PLLC Occupation (Required) Attorney D. Source: Corporation PAC V Individual Loan Other (please specify) Full name Benjamin N. Philley Mailing Address Post Office Box 2230 City, State, Zip Code Madison, MS 39130	Mo., Date (Mo., Day, Year) O5 / 17 / 16 I / I / I Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00	
C. Source Corporation PAC Individual Loan	Mo., Date (Mo., Day, Year) O5 / 17 / 16 I / I / I Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00	
Other (please specify) Full name Jared Ashton Kobs Mailing Address Post Office Box 2230 City, State, Zip Code Maclison, MS 39130 Name of Employer (Required) Kobs Philley, PLLC Occupation (Required) Attorney D. Source: Corporation PAC V Individual Loan Other (please specify) Full name Benjamin N. Philley Mailing Address Post Office Box 2230 City, State, Zip Code Madison, MS 39130	Mo., Date (Mo., Day, Year) O5 / 17 / 16 I / I / I Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00	

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Name of Candidate or Committee	Committee to Re-Blect Jim Kitchens	
Reporting period May 1, 2016	through May 31, 2016	

Other (please specify)		<u>. </u>	
Full name	A. Source: Corporation PAG Indévidual Loan		receipt
Devid Pires			una period
		05 / 19 / 16	\$ 2,500.00
SSIDS Washington Avenue, Stee G City, State, Zip Code Culty State, Zip C			1,1
City, State, Zip Code Gulfport, MS 39507 Name of Employer (Required) Subert Garon Pitre & Friedman Cocupation (Required) Attorney B. Source: Corporation PAC / Individual Loan Date receipt this period All South President Steet City, State, Zip Code Jackson, MS 39207 Name of Employer (Required) Account of Each Receipt Date Date Date Date Date Date Date Dat			\$
	<u> </u>		
Aggregate Sections State Affections State Aggregate Sections Aggregate Sections Aggregate Sections Automore Aggregate Sections Automore Automore Automore Other (please specify) Other (please specify) Other (please specify) Other (please specify) Sections Section			\$
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Sectional in Radiural Aggregate \$ 5,000.00		$ \Box I \Box I$	\$
Attorney B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Cother (please specify) Date (Mo., Day, Year) Meilling Address 10 South President Street City, State, Zip Code Jackson, MS 39201 Name of Employer (Regulated) Attorney C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Cother (please specify) Dither (please specify) City, State, Zip Code Hettleburg, MS 39402 Altoney Cother (please specify) Aggregate Signous			
B. Source: Corporation PAC [Individual Loan Dotter (Mo., Day, Year) Full name L. E. Roberts, Jr. Milling Address 410 South President Street City, State, Zip Code Mickson, MS 3P201 Milling Address Coesupation (Required) Full name Coesupation (Required) Full name Coesupation (Required) Full name Coesupation (Required) Full name Full na			\$ 5,000,00
Date Common Com		year-to-uate	
1.E. Roberts, Jr.			receipt
J. E. Roberts, Jr. S. J. 195 116 \$ \$ \$ \$ \$ \$ \$ \$ \$			<u>;</u>
Mailing Address		05 / 19 / 16	\$ 5,000.00
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City, State, Zip Code Jackson, MS 39201 Name of Employer (Regulated) Patternal General Reports & Walsh Occupation (Regulated) Attorney C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Cother (please specify) City, State, Zip Code Hattlesburg, MS 39402 Milling Address 15 Milbranch Road City, State, Zip Code Hattlesburg, MS 39402 Michard & Associates Cocupation (Regulated) Attorney Other (please specify) City State, Zip Code Hattlesburg, MS 39402 Authories Corporation PAC Individual Loan Aggregate (Mo., Day, Year) Cocupation (Regulated) Attorney Other (please specify) City State, Zip Code Hattlesburg, MS 39402 Authories & Associates Cocupation (Regulated) Attorney Other (please specify) City State, Zip Code Hattlesburg, MS 39402 Authories (Regulated) Aggregate (Mo., Day, Year) Loan Amount of each receipt this period Full name Crymes M. Pittman Mailing Address Crymes M. Pittman Mailing Address City, State, Zip Code Jackson, MS 39211 Name of Employer (Regulated) Aggregate (Mo., Day, Year) This period Full name Crymes M. Pittman Mailing Address City, State, Zip Code Jackson, MS 39211 Name of Employer (Regulated) Aggregate (Mo., Day, Year) This School (Mailing Address) Aggregate (Mo., Day, Year)		L. 1 L :	\$
Jackson, MS 39201			,
Namo of Employer (Required) Pittman Germany Roberts & Walsh			\$
Pittman Germany Roberts & Walsh Occupation (Required) Aggregate year-to-date C. Source Corporation PAC Individual Loan Other (please specify) City, State, Zip Code Hettleburg, MS 39402 Aggregate year-to-date Tother (please specify) Mailling Address 15 Milbranch Road City, State, Zip Code Hettleburg, MS 39402 Aggregate year-to-date \$ 1,000,00 Aggregate year-to-date \$ 1,000,00 Aggregate year-to-date Cocupation (Required) Aggregate year-to-date Amount of each receipt this period Aggregate year-to-date Cocupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Other (please specify) Mailing Address 21 / 1 / 5 \$ 5,000,00 Mailing Address 22 / 20 / 16 \$ 5,000,00 Mailing Address 23 / 4 / 5 \$ \$ 5,000,00 Mailing Address 24 / 6 \$ \$ 5,000,00 Mailing Address 27 / 6 \$ 5,000,00 Mailing Address 27 / 6 \$ 5,000,00 Mailing Address 27 / 6 \$ 5,000,00 Mailing Address 27 / 7 / 5 \$ 5,000,00 Mailing Address 27 / 7 / 5 \$ 5,000,00 Mailing Address 27 / 7 / 7 \$ \$ 5,000,00 Mailing Address 27 / 7 / 7 \$ \$ 5,000,00 Mailing Address 28 / 7 / 7 / 7 \$ \$ 5,000,00 Mailing Address 29 / 7 / 7 / 7 \$ \$ 5,000,00 Mailing Address 29 / 7 / 7 / 7 \$ \$ 5,000,00 Mailing Address 20 / 7 / 7 / 7 \$ \$ 5,000,00 Mailing Address 20 / 7 / 7 / 7 \$ \$ 5,000,00 Mailing Address 20 / 7 / 7 / 7 \$ \$ 5,000,00 Mailing Address 20 / 7 / 7 / 7 \$ \$ 5,000,00 Mailing Address 20 / 7 / 7 / 7 \$ \$ 5,000,00 Mailing Address 20 / 7 / 7 / 7 \$ \$ 5,000,00 Mailing Address 21 / 7 / 7 \$ \$ 5,000,00 Mailing Address 22 / 7 / 7 / 7 \$ \$ 5,000,00 Mailing Address 23 / 7 / 7 / 7 7 / 7 7 / 7 7 / 7 7 / 7 /			
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C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Coulomb Color Co			\$ 5,000.00
Other (please specify) Common National Comm		Aesi-ro-daria	1 1-140
Erica McHard Mailing Address 15 Millbranch Road City, Stato, Zip Code Hattlesburg, MS 39402 Name of Employer (Required) McHard & Associates Occupation (Required) Aggregate year-to-date Other (please specify) Command Command Mailing Address Compose M. Pittman Mailing Address Command Mailing Address Mailing Ad			recelpt
Mailing Address 15 Milbranch Road City, Stato, Zip Code Hattlesburg, MS 39402 Name of Employer (Required) McHard & Associates Cocupation (Required) Attorney D. Source: Corporation PAC individual Loan Date (Mo., Day, Year) Full name Crymes M. Pittman Mailing Address 2213 Heritage Hill Drive City. State, Zip Code Jackson, MS 39211 Name of Employar (Required) Aggregate 1, 00,090 Amount of each receipt this period 5,000.00 Mailing Address 211 Heritage Hill Drive City. State, Zip Code Jackson, MS 39211 Name of Employar (Required) Pittman Germany Roberts & Walsh Aggregate \$ 5,000.00	Full name	05 (10 (16)	\$ 100000
15 Milbranch Road City, State, Zip Code Hattlesburg, MS 39402 Name of Employer (Required) McHard & Associates Occupation (Required) Aggregate year-to-date Other (please specify) Full name Crymes M. Pittman Mailing Address 2213 Heritage Hill Drive City. State, Zip Code Jackson, MS 39211 Name of Employer (Required) Aggregate \$ 1,000.00 Amount of each receipt this period \$ 5,000.00 Mailing Address 2213 Heritage Hill Drive City. State, Zip Code Jackson, MS 39211 Name of Employer (Required) Pittman Germany Roberts & Walsh Occupation (Required) Pittman Germany Roberts & Walsh Occupation (Required) Aggregate \$ 5,000.00			\$ [1,000:00
State Read City, State, Zip Code	Malling Address	 	*
Hattlesburg, MS 39402 Name of Employer (Required) McHard & Associates Cocupation (Required) Attorney D. Source: Corporation PAC individual Loan Other (please specify) Full name Crymes M. Pittman Malling Address 2213 Heritage Hill Drive Gity. State, Zip Code Jackson, MS 39211 Name of Employer (Required) Pittman Germany Roberts & Walsh Occupation (Required) Aggregate \$ 1,000.90 Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 \$ 5,000.00 Aggregate \$ 5,000.00 Aggregate \$ 5,000.00		1'	* :
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McHard & Associates Cocupation (Required) Attorney D. Source: Corporation PAC Individual Loan Date Other (please specify) Full name Crymes M. Pittman Mailing Address 2213 Heritage Hill Drive Gity. State, Zip Code Jackson, MS 39211 Name of Employer (Required) Pittman Germany Roberts & Walsh Occupation (Required) Aggregate \$ 1,000.00 Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 \$ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	Hattlesburg, MS 39402		
Aggregate S 1,000.90	Name of Employer (Required)		œ
Attorney D. Source: Corporation PAC individual Loan Date Other (please specify) Mo., Day, Year) Full name Crymes M. Pittman Mailing Address 2213 Heritage Hill Drive Gity. State, Zip Code Jackson, MS 39211 Namo of Employer (Required) Pittman Germany Roberts & Walsh Occupation (Required) Aggregate \$ 5,000.00	McHard & Associates	<u></u> '	•
Attorney D. Source: Corporation PAC individual Loan Date Other (please specify) Full name Crymes M. Pittman Mailing Address 2213 Heritage Hill Drive City. State, Zip Code Jackson, MS 39211 Namo of Employer (Required) Pittman Germany Roberts & Waish Occupation (Required) Aggregate Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 \$ \$ 5,000.00 Aggregate \$ 5,000.00			\$ 1,000,00
Other (please specify) Full name Crymes M. Pittman Malling Address 2213 Heritage Hill Drive Gity. State, Zip Code Jackson, MS 39211 Name of Employer (Required) Pittman Germany Roberts & Waish Occupation (Required) Aggregate Freceipt this period Faceipt this period Face		year-to-date	7 [],000,00
Crymes M. Pittman Malling Address 2213 Heritage Hill Drive City. State, Zip Code Jackson, MS 39211 Namo of Employor (Required) Pittman Germany Roberts & Waish Occupation (Required) Aggregate \$ 5,000.00			receipt
Mailing Address 2213 Heritage Hill Orive City. State, Zip Code Jackson, MS 39211 Namo of Employer (Required) Pittman Germany Roberts & Waish Occupation (Required) Aggregate \$ 5,000.00	Full name	105 130 13c	<i>a</i>
2213 Heritage Hill Orive City. State, Zip Code Jackson, MS 39211 Namo of Employer (Required) Pittman Germany Roberts & Walsh Occupation (Required) Aggregate \$ 5,000.00	Crymes M. Pittman	105 7 (40): 7 (16)	\$ 5,000.00
Site State Zip Code	Statillan Address		
Jackson, MS 39211 Name of Employer (Required) Pittmen Germany Roberts & Walsh Occupation (Required) Aggregate \$ 5,000.00			4
Name of Employer (Required) Pittman Germany Roberts & Waish Occupation (Required) Aggregate \$ 500000	2213 Heritage Hill Orive		\$
Pittman Germany Roberts & Walsh Occupation (Regulred) Aggregate \$ 500.00	2213 Heritage Hill Orive Gitv. State, Zip Code		
Occupation (Required) Aggregate \$ Second	2213 Heritage Hill Orive City. State, Zip Code Jackson, MS 39211		
7 [5](0)(0)(0)	2213 Heritage Hill Orive City. State, Zip Code Jackson, MS 39211 Namo of Employar (Raquired)		\$
	2213 Heritage Hill Drive Gity, State, Zip Code Jackson, MS 39211 Namo of Employar (Required) Pittman Germany Roberts & Walsh		\$

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Name of Candidate or Committee Committee to Re-Elect Jim Kitchens	
Reporting period May 1, 2016 through May 31, 2016	
(デビシリフロロ ロロヘロ)ロ	┰.

Occupation (Required)

Attorney

ITEMIZED RECEIPTS A. Source: Corporation PAC Individual Loan Amount of each Date recelet (Mo., Day, Year) Other (please specify) this period Full name 05 / 20 / 16 1,000.00 David Williamson Malting Address 2247 47th Street NW City, State, Zip Code Washington, DC 20007 Name of Employer (Required) Motley Fool Occupation (Required) Aggregate \$ 1,000.00 Financial Advisor year-to-date B. Source: Corporation PAC 📝 Individual 🗀 Loan 🗀 Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 05 / 19 / 16 \$ 1,000.00 Andrea Hailey-Williamson Mailing Address 2247 47th Street City, State, Zip Code Washington, DC 20007 Name of Employer (Required) None Occupation (Required) Aggregate 1,000,00 Student year-to-date Corporation PAC / Individual Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name / 20 / 16 \$ 2,500.00 Danny E. Cupit Malling Address \$ Post Office BOx 22929 City, State, Zlp Code Jackson, MS 39225 Name of Employer (Required) Self Occupation (Required) Aggregate \$ 2,500,00 Attorney year-to-date Corporation PAC Individual 📑 Loan 🗌 Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 05 / 23 / 16 5.000.00 Ralph E. Chapman Malting Address 338 Westover Oriva City, State, Zip Code Clarksdale, MS 36614 Name of Employer (Required) \$ Chapman Lewis & Swan

\$ 5,000,00

Aggregate

year-to-date

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period May 1,2016	through <u>Mav 31, 2016</u>

A. Source: 7: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u> </u>	
Willian Kanna Stubbs	05 / 23 / 16	\$ 250.00
Mailing Address		
201 Main Avenue North	$ \Box \iota \Box \iota \Box $	\$
City, State, Zip Code		
Magee, M5 39111		\$
Name of Employor (Required)		
The Stubbs Law Firm, PLLC		\$
Occupation (Required)	Aggregate	
Attorneys	year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Dan C	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(, =a,, 10a1,	this period
Full dame	05 / 23 / 16	\$ 250.00
Ben F. Galloway ill		▲ likiphoto
Malling Address]]	\$
Post Office Drawer 420		• I i
City, State, Zip Code		- I
Gulfpert, MS 39502		\$
Name of Employer (Required)		ı
Owen, Galloway, & Myers, PLLC	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 250.00
[4.1.1.1.7.7]		№ 250.00
Attorneys	year-to-date	. [250.00
C. Source Orporation PAC Individual Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt
C. Source Of Corporation PAC Individual Loan Dother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Stratener & Neeley, PLLC	Date (Mo., Day, Year) 05 / 23 / 16 1 / 1 / 1	Amount of each receipt this period \$ 500.00
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Stratener & Neeley, PLLC Occupation (Required)	Date (Mo., Day, Year) 05 / 23 / 16 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 500.00
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Stratener & Neeley, PLLC	Date (Mo., Day, Year) 05 / 23 / 16 1 / 1 / 1	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Stratener & Neeley, PLLC Occupation (Required) Attorneys D. Source: Corporation PAC Individual Loan Other (please specify)	Oate (Mo., Day, Year) O5 / 23 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
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Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Stratener & Neeley, PLLC Occupation (Required) Attorneys D. Source: Corporation PAC Individual Learn Other (please specify) Full name W. Eric Stracener	Oate (Mo., Day, Year) O5 / 23 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Stracener & Neeley, PLLC Occupation (Required) Attorneys D. Source: Corporation PAC Individual Loan Other (please specify)	Oate (Mo., Day, Year) O5 / 23 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Stratener & Neeley, PLLC Occupation (Required) Attorneys D. Source: Corporation PAC Individual Learn Other (please specify) Full name W. Eric Stracener Mailing Address	Oate (Mo., Day, Year) O5 / 23 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Stracener & Neeley, PLLC Occupation (Required) Attorneys D. Source: Corporation FAC Individual Loan Other (please specify) Full name W. Eric Stracener Malling Address Post Office Box 23148 City, State, Zip Coda Jackson, MS 39225	Oate (Mo., Day, Year) O5 / 23 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
C, Source Corporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Attorneys D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Eric Stracener Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required)	Oate (Mo., Day, Year) O5 / 23 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00
C, Source Corporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Stracener & Neeley, PLLC Occupation (Required) Attorneys D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Eric Stracener Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Stracener & Neeley, PLLC Stracener & Required) Stracener & Regulary (Required) Stracener & Regulary (Required)	Oate (Mo., Day, Year) O5 / 23 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
C, Source Corporation PAC Individual Loan Other (please specify) Full name Walter Andrew Neeley Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required) Attorneys D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Eric Stracener Malling Address Post Office Box 23148 City, State, Zip Code Jackson, MS 39225 Name of Employer (Required)	Oate (Mo., Day, Year) O5 / 23 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00

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Name of Candidate or Committee Committee to Re-Elect Jim Kitchens	
Reporting period May 1. 2016 through May 31. 2016	

A. Source: Corporation PAC Individual Loan Chier (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	05 / 23 / 16	#
Kenneth M. Aitman	(CD) 1 (SE) 1 EIG	\$ 1,000.00
Malling Address	<u> </u>	.
1712 15th Street, Suite 300		\$
City, State, Zip Code		
Gulfport, MS 39501		\$
Name of Employer (Required)		
Morris Bart, Ltd		\$
Occupation (Required)	Aggrogato	
Attorneys	year-to-date	\$ 1,000.00
B. Source: Corporation PAC individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
		this period
Full namo	05 / 25 / 16	\$ 500.00
Ken R. Adcock		
Mailing Address		\$
Post Office Box 3308		*
City, State, Zip Code]	\$
Hidgeland, MS 39158	╎ └ '└-'	4 I
Name of Employer (Required)		\$
Adcock & Morrison, PLLC		•
Occupation (Required)	Aggregate	\$ 500.00
Attorneys		▼ 15181.00
	year-to-date	11111111
G. Source Corporation FAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation : PAC : Individual : Loan : Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
G. Source C Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation FAC : Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation FAC Individual Loan Other (please specify) Full name Joseph Harold Montgomery	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC individual Loan Other (please specify) Full name Joseph Harold Montgomery Malling Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC individual Loan Other (please specify) Full name Joseph Harold Montgomery Malling Address Post Office flox 113	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joseph Harold Montgomery Mailing Address Post Office 9cx 113 City, State, Zip Code Poplarville, MS 39470	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joseph Harold Montgomery Mailing Address Post Office 9cx 113 City, State, Zip Code Poplarville, MS 39470 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Joseph Harold Montgomery Mailing Address Post Office 9cx 113 City, State, Zip Code Poplarville, MS 39470	Date (Mo., Day, Year) 05 / 25 / 16	Amount of each receipt this period \$ [1,000.00]
C. Source Corporation PAC individual Loan Other (please specify) Full name Joseph Harold Montgomery Malling Address Post Office 8cx 113 City, State, Zip Code Poplarville, MS 39470 Name of Employer (Required) Williams, Williams & Montgomery, P.A.	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC individual Loan Other (please specify) Full name Joseph Harold Montgomery Malling Address Post Office Box 113 City, State, Zip Code Poplarville, MS 39470 Name of Employer (Required) Williams, Williams & Montgomery, P.A. Occupation (Required)	Date (Mo., Day, Year) 05 / 25 / 16 1 / 1 / 1 Aggragate	Amount of each receipt this period \$ [1,000.00]
C. Source Corporation PAC individual Loan Other (please specify) Full name Joseph Harold Montgomery Malling Address Post Office 8cx 113 City, State, Zip Code Poplarville, MS 39470 Name of Employer (Required) Williams, Williams & Montgomery, P.A. Occuppation (Required) Attorneys D. Source: Corporation PAC Mindividual Loan Other (please specify) Full name	Date (Mo., Day, Year) 05 / 25 / 16	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
C. Source Corporation PAC individual Loan Other (please specify) Full name Joseph Harold Montgomery Malling Address Post Office 8cx 113 City, State, Zip Code Poplarville, MS 39470 Name of Employer (Regulred) Williams, Williams & Montgomery, P.A. Occupation (Required) Attorneys D. Source: Corporation PAC Individual Loan Other (please specify) Full name William Corban Gunn	Date (Mo., Day, Year) 05 / 25 / 16	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC individual Loan Other (please specify) Full name Joseph Harold Montgomery Malling Address Post Office 8cx 113 City, State, Zip Code Poplarville, MS 39470 Name of Employer (Required) Williams, Williams & Montgomery, P.A. Occupation (Required) Attorneys D. Source: Corporation PAC Individual Loan Other (please specify) Full name William Corban Gunn Metiling Address	Date (Mo., Day, Year) 05 / 25 / 16	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,100.00
C. Source Corporation PAC individual Loan Other (please specify) Full name Joseph Harold Montgomery Malling Address Post Office flox 113 City, State, Zip Code Poplarville, MS 39470 Name of Employer (Required) Williams, Williams & Montgomery, P.A. Opcupation (Required) Attorneys D. Source: Corporation PAC Individual Loan Other (please specify) Full name William Corban Gunn Meiling Address Post Office 8ox 1466	Date (Mo., Day, Year) 05 / 25 / 16	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
C. Source Corporation PAC individual Loan Other (please specify) Full name Joseph Harold Montgomery Malling Address Post Office 8ox 113 City, State, Zip Code Poptarville, MS 39470 Name of Employer (Required) Williams, Williams & Montgomery, P.A. Openingstion (Required) Attorneys D. Source: Corporation PAC individual Loan Cother (please specify) Full name William Corban Gunn Meiling Address Post Office 8ox 1466 City, State, Zip Code	Date (Mo., Day, Year) 05 / 25 / 16	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,100.00 \$ 1,100.00
Other (please specify) Full name Joseph Harold Montgomery Malling Address Post Office 8cx 113 City, State, Zip Code Poplarville, MS 39470 Name of Employer (Required) Williams, Williams & Montgomery, P.A. Opcupation (Required) Attorneys D. Source: Corporation PAC V Individual Loan Cother (please specify) Full name William Corban Gunn Melling Address Post Office 8cx 1466 City, State, Zip Code Bloxt, MS 39533	Date (Mo., Day, Year) 05 / 25 / 16	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,100.00
Other (please specify) Full name Joseph Harold Montgomery Malling Address Post Office 8cx 113 City, Stato, Zip Code Poplarville, MS 39470 Name of Employer (Required) Williams, Williams & Montgomery, P.A. Opcupation (Required) Attorneys D. Source: Corporation PAC V Individual Loan Other (please specify) Full name William Corban Gunn Malling Address Post Office 8cx 1466 City, State, Zip Gode Blicxi, MS 39533 Name of Employer (Required)	Date (Mo., Day, Year) 05 / 25 / 16	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,100.00 \$ 1,100.00
Cher (please specify) Full name Joseph Harold Montgomery Malling Address Post Office Sox 113 City, State, Zip Code Poplarville, MS 39470 Name of Employer (Required) Williams, Williams & Montgomery, P.A. Opengation (Required) Attorneys D. Source: Corporation PAC V Individual Loan Cother (please specify) Full name William Corban Gunn Maffling Address Post Office 8ox 1466 City, State, Zip Gode Bloxt, MS 39533 Name of Employer (Required) Corban Gunn, PLLC	Date (Mo., Day, Year) 05 / 25 / 16	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,100.00 \$ 1,100.00
Other (please specify) Full name Joseph Harold Montgomery Malling Address Post Office 8cx 113 City, Stato, Zip Code Poplarville, MS 39470 Name of Employer (Required) Williams, Williams & Montgomery, P.A. Opcupation (Required) Attorneys D. Source: Corporation PAC V Individual Loan Other (please specify) Full name William Corban Gunn Malling Address Post Office 8cx 1466 City, State, Zip Gode Blicxi, MS 39533 Name of Employer (Required)	Date (Mo., Day, Year) 05 / 25 / 16	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,100.00 \$ 1,100.00

Page	7	of	9
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Name of Candidate or Committee	mmittee to Re-Elect Jim	Kitchens
Reporting period May 1, 2016	through	May 31, 2016
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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full пате		
Robert F. Wilkins	05 / 27 / 16	\$ 500.00
Mailing Address		
475 East Capitol Street	<u> </u>	\$
L		
City, State, Zip Code		\$
Jackson, MS 39201		T 1
Name of Employer (Required)		\$
Robert P. Wilkins Law Firm, PLLC		<u> </u>
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	4 loores
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(,,,,	this period
Full name	05 / 31 / 16	\$ 1,000.00
Rachel Pierce Waide	<u> </u>	\$ 1,000.00
Mailing Address		
1110 Selledeer Drice	<u> </u>	\$
City, State, Zip Code		
Tupelo, MS 38604	[\$ [
Namo of Employer (Required)		e -
Waide & Associates		\$
Occupation (Required)	Aggregate .	*
		\$ 1,000,00
Attorney	year-to-date	1.000.50
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan C		Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt (his parted
C. Source Corporation PAC Individual Loan Cother (please specify) Full name Mike Farrell	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Cother (please specify) Full name Mike Farrell Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Cother (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Plaza, Suite 2180	Date (Mo., Day, Year)	Amount of each receipt (his period
C. Source Corporation PAC Individual Loan Cother (please specify) Full name Mike Farrell Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Cother (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Plaza, Suite 2180	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Cher (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Plaza, Suite 2180 City, State, Zip Code facksons, MS 39201	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Plaza, Suite 2180 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Cher (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Plaza, Suite 2180 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Mike Farrell, PLLC	Date (Mo., Day, Year) 05 / 31 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Cher (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Plaza, Suite 2180 City, State, Zip Code Jacksons, MS 39201 Name of Employer (Requised)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Cher (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Plaza, Suite 2180 City, State, Zip Code Jackson, MS 39201 Name of Employer (Requised) Mike Farrell, PLLC Occupation (Required)	Date (Mo., Day, Year) OS / III / IG III / III Aggregate year-to-date Date	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each
C. Source Corporation PAC Individual Loan Cher (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Plaza, Suite 2180 City, State, Zip Code Jackson, MS 39201 Name of Employer (Requised) Mike Farrell, PLLC Occupation (Required) Attorney	Date (Mo., Day, Year) OS / IT / IG I / I / I Aggregate year-to-date	Amount of each receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Cher (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Pleza, Suite 2180 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Mike Farrell, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) OS / IT / IG OF / IT / IT Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Cher (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Plaza, Suite 2180 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Mike Farrell, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Control Codes Specify)	Date (Mo., Day, Year) OS / III / IG III / III Aggregate year-to-date Date	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Cher (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Pleze, Suite 2180 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Mike Farrell, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Falcia Perkins Mailing Address	Date (Mo., Day, Year) OS / IT / IG OF / IT / IT Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Cher (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Pleza, Suite 2180 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Mike Farrell, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Felecia Perkins	Date (Mo., Day, Year) OS / IT / IG OF / IT / IT Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Cher (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Plaza, Suite 2180 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Mike Farrell, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Felecia Perkins Mailing Address Post Office Box 21 City, State, Zip Code	Date (Mo., Day, Year) OS / IT / IG OF / IT / IT Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Mike Farrell Mailing Address 210 East Capitol Street, Regions Plaza, Suite 2180 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Mike Farrell, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Felecia Perkins Mailing Address Post Office Box 21 City, State, Zip Code Jackson, MS 39205	Date (Mo., Day, Year) OS / IT / IG OF / IT / IT Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Cher (please specify) Cither (please specify) Milling Description Place Place Place Place Place Place Pace Place	Date (Mo., Day, Year) OS / IT / IG OF / IT / IT Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
Cther (please specify) Cull name Milling Address 210 East Capitol Street, Regions Plaza, Suite 2180 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Felecia Perkins Mailing Address Post Office Box 21 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required) Loan Dattorney City, State, Zip Code Jackson, MS 39205 Name of Employer (Required) Law Office of Felecia Perkins, PA	Date (Mo., Day, Year) OS / IT / IG OF / IT / IT Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Cher (please specify) Cither (please specify) Milling Description Place Place Place Place Place Place Pace Place	Date (Mo., Day, Year) OS / IT / IG OF / IT / IT Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00

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Page	8	of	9	l,

Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period May 1, 2016	
iT.	EMIZED RECEIPTS

い ログバイごひ ベロしにに A. Source: Согрогаtion 🔀 РАС 📝 Individual 🛴 Loan 🦳 Amount of each Date receipt (Mo., Day, Year) Other (please specify) ! this parled Full name 05 / 31 / 16 \$ 500.00 Willfam F. Winter Mailing Address 4205 Crane Blvd City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Jones Walker Occupation (Required) Aggregate \$ 500.00 Attorney year-to-date B. Source: 📝 Corporation 📋 PAC 📋 Individual 🧎 Loan 📋 Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name / 16 / 31 \$ 300,00 Cantel P. Seif, Jr. Mailing Address \$ Post Office Box 949 City, State, Zip Code Meridian, MS 39302 Name of Employer (Required) Self, Jacob and Kieronski, LLP Occupation (Required) Aggregate \$ 300.00 Attorneys year-to-date C. Source Corporation PAC I Individual Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 05 / 31 / 16 \$ 2,500.00 Mark Davis Mailing Address 2601 14th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Regulred) Davis Crump, PC Occupation (Required) Aggregate \$ 2,500,00 Attorney year-to-date D. Source: Corporation PAC Individuat Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 05 / 31 / 16 \$ 2,500,00 Martin Crump Mailing Address 2601 14th Street City, State, Zip Gode Gulfport, MS 3950T Name of Employer (Regulred) \$ Davis Crump, PC Occupation (Required) Aggregate 2,500,00 Attorney year-to-date

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Name of Candidate or Committee Commit	tee to Re-Elect Jim Kitchens
Reporting period May 1, 2016	through May 31, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		this period
John H. Stevens	05, / 31, / 16	\$ 1,000.00
Mailing Address		
Post Office Box 16570	<u> </u>	\$
City, State, Zip Code	F-: F:	
Jackson, M\$ 39236	<u> </u>	\$
Name of Employer (Required)		
Greafell, Sledge & Stevens		\$
Occupation (Required)	Aggregate	e [=
Attorney	yoar-to-date	\$ 1,000.00
B. Source: Corporation PAC I Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt
Full name		this period
James 8, Grenfett	95 / 31; / 16	\$ 250.00
Mailing Address		'
	$ \Box I \Box I \Box I $	\$
Post Office Box 16570		,
City, State, Zip Codo	$\square_I \square_I \square_I$	\$
Jackson, MS 39236		
Name of Employor (Regulard) Grenfell, Sledge & Stevens	$ \Box_I\Box_I\Box_I\Box_I$	\$
Cocupation (Required)	- developments	
Osculativi (teguned)	Aggregate	\$ 250.00
Artorney		\$ 250.00
	year-to-date	
Attorney C. Source Corporation PAC Individual Loan Other (please specify)		Amount of each receipt this period
C. Source Corporation PAC Individual Loan Colher (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Cother (please specify) Full name Robert B. Wiygul	year⊸to-date Date	Amount of each receipt
C. Source Gorporation PAC Individual Loan COlher (please specify) Full name. Robert B. Wiygul Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Gorporation PAC Individual Loan COther (please specify) Full name. Robert B. Wiygul Mailing Address 101 berville Drive	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Gorporation PAC Individual Lean Other (please specify) Full name. Robert B. Wrygul Mailing Address 1011 berville Drive City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Gorporation PAC Individual Lean Other (please specify) Full name Robert B. Wiygul Mailing Address 101: Iberville Drive City, State, Zip Code Ocean Springs, MS 39564	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Gorporation PAC Individual Lean Other (please specify) Full name Robert B. Wiygul Mailing Address 1011 berville Drive City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Lean Other (please specify) Full name Robert B. Wiygul Mailing Address 1011 Iberville Drive City, State, Zip Code Occan Springs, MS 39564 Name of Employer (Required) Weitzer & Wiygul, LLP	year-to-date (Mo., Date (Mo., Day, Year) 05	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Lean Other (please specify) Full name Robert B. Wiygul Mailing Address 1011 Ibervide Drive City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Waitzer & Wiygul, LLP Occupation (Required)	year-to-date Date (Mo., Day, Year) 5 / 23 / 16 / / / / / Aggregate	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Lean Other (please specify) Full name Robert B. Wiygul Mailing Address 1011 Iberville Drive City, State, Zip Code Occan Springs, MS 39564 Name of Employer (Required) Weitzer & Wiygul, LLP	year-to-date Date (Mo., Day, Year) Discrete (Mo., Day, Year) Discrete (Mo., Day, Year) Discrete (Mo., Day, Year) Aggregate year-to-date	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each
C. Source Corporation PAC Individual Lean Other (please specify) Full name Robert B. Wiygul Mailing Address 1011 Ibervide Drive City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Waitzer & Wiygul, LLP Occupation (Required) Attorney	year-to-date Date (Mo., Day, Year) 5 / 23 / 16 / / / / / Aggregate	Amount of each receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert B. Wiygul Mailing Address 1011 Ibervide Drive City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Waitzer & Wiygul, LLP Occupation Required Attorney D. Source! Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) Date (Mo., Day, Year) Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt this period
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Robert B. Wiygul Mailing Address 1011 berylile Drive City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Waitzer & Wiygul, LLP Qecupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name	year-to-date Date (Mo., Day, Year) Date Date Date Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Robert B. Wiygul Mailing Address 1011 berylile Drive City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Waitzer & Wiygul, LLP Qescupation (Required) Attorney D. Source: Corporation PAC Individua Loan Other (please specify) Full name Mailing Address	year-to-date Date (Mo., Day, Year) Date (Mo., Day, Year) Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt this period
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Robert B. Wiygul Mailing Address 1011 berylile Drive City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Waitzer & Wiygul, LLP Qecupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name	year-to-date Date (Mo., Day, Year) Date (Mo., Day, Year) Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt this period \$ 250.90
C. Source Gorporation PAC Individual Loan Other (please specify) Full name Robert B. Wiygul Mailing Address 1011 berylile Drive City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Waitzer & Wiygul, LLP Qescupation (Required) Attorney D. Source: Corporation PAC Individua Loan Other (please specify) Full name Mailing Address	year-to-date Date (Mo., Day, Year) Date (Mo., Day, Year) Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Gorporation PAC [Individual Lean] Other (please specify) Full name. Robert B. Wiygul Mailing Address 1011 bervitle Drive City, Stato, Zip Code Ocean Springs, MS 39564 Namo of Employer (Required) Waitzer & Wiygul, LLP Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan [Other (please specify) Full name Mailing Address City, State, Zip Code	year-to-date Date (Mo., Day, Year) Date (Mo., Day, Year) Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt this period \$ 250.00

me of Candidate or Committee	Committee to Re-Elect Jim Kitche
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Reporting period May 1, 2016 through May 31, 2016

A. Full namo	144.4.	A
Daffas Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address Post Office Box 902	05 / 02 / 16	\$ 1,040,74
City, State, Zip Code Jackson, MS 39205	05 / 13 / 16	S 1,599.65
Purpose of Distursament (Optional) Flyers, Business Cards, etc.	Aggregate Year-to-date	See Next
B, Full name Dallas Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 902	05 / 19 / 16	\$ 540.35
City, State, Zip Code Jackson, MS 39205	//	\$
Purpose of Disbursoment (Optional) Flyers, Business Cards, etc.	Aggregate Year-to-date	§ 3,767.43
C. Full name Hound Dogs	Date (Mo., Day, Year)	Amount of each disbursoment this period
Mailing Address 6011 New Zion Road	05 / 03 / 16	g 600.27
City, State, Zip Code Crystal Springs, MS 39059	//	\$
Furpose of Disbursement (Optional) T-Shirts	Aggregate Year-to-date	S 600.27
D. Full name City Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 /09 /16	S 40.90
Post Office Box 23092	[''	l ⁴
Post Office Box 23092 City, State, Zip Codo Jackson, MS 39225	''	5
City, State, Zip Codo		1
City, State, Zip Codo Jackson, MS 39225 Purpose of Disbursement (Optional) Water, Sewer, Garbage, Etc.	Aggregate Year-to-date Date	\$
City, State, Zip Codo Jackson, MS 39225 Purpose of Dishursement (Optional) Water, Sewer, Garbage, Etc. E. Full name	Aggregate Year-to-date	\$ 55.73 Amount of each
City, State, Zip Codo Jackson, MS 39225 Purpose of Disbursement (Optional) Water, Sewer, Garbage, Etc. E. Full name CSpire Meiling Address	Aggregate Year-to-date Date (Mo., Day, Year)	\$ 55.73 Amount of each disbursement this period
City, State, Zip Codo Jackson, MS 39225 Purpose of Dishursement (Optional) Water, Sewer, Garbage, Etc. E. Full name CSpire Meiting Address Post Office Box 798 City, State, Zip Code	Aggregate Year-to-date Date (Mo., Day, Year)	\$ 55.73 Amount of each disbursement this period \$ 85.92
City, State, Zip Codo Jackson, MS 39225 Purpose of Dishursement (Optional) Water, Sewer, Garbage, Etc. E. Full name CSpire Mailing Address Post Office Box 798 City, State, Zip Code Meadwille, MS 39653 Purpose of Dishursement (Optional)	Aggregate Year-to-date Date (Mo., Day, Year) 05 / 09 / 16 05 / 11 / 16 Aggregate	\$ 55.73 Amount of each disbursement this period \$ 85.92
City, State, Zip Codo Jackson, MS 39225 Purpose of Disbursement (Optional) Water, Sewer, Garbage, Etc. E. Full name CSpire Meiting Address Post Office Box 798 City, State, Zip Code Meadville, MS 39653 Purpose of Disbursement (Optional) Office Phones/Cell Phones F. Full name	Aggregate Year-to-date Date (Mo., Day, Year) 05 / 09 / 16 05 / 11 / 16 Aggregate Year-to-date Date	\$ 55.73 Amount of each disbursement this period \$ 85.92 \$ 214.40 \$ 386.24 Amount of each
City, State, Zip Codo Jackson, MS 39225 Purpose of Disbursement (Optional) Water, Sewer, Garbage, Etc. E. Full name CSpire Mailing Address Post Office Box 798 City, State, Zip Code Meadville, MS 39653 Purpose of Disbursement (Optional) Office Phones/Cell Phones F. Full name Jackson NAACP Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year) O5 / O9 / 16 O5 / 11 / 16 Aggregate Year-to-date Date (Mo., Day, Year)	\$ 55.73 Amount of each disbursement this period \$ 85.92 \$ 214.40 \$ 386.24 Amount of each disbursement this period

Reporting period May 1,2016

through May 31, 2016

A. Full nerrie	Date	Amount of each
Matrix Solutions	(Mo., Day, Year)	disbursement this period
Mailing Address 117 Mill Creed Corner	05 / 09 / 16	\$ 66.B8
City, State, Zip Code Brandon, MS 39047	_!_!	s
Purpose of Disbursement (Optional) IT Support Services	Aggregate Year-to-date	S 1,991.81
B. Fult name Cash	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05 , 06 , 16	\$ 300.00
City, State, Zip Code		s
Purpose of Diabursement (Optional) For Canvassers	Aggregate Year-to-data	\$ 300,00
C. Full name AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 536216	05 /13 / 16	8 60.80
City, State, Zip Code Atlanta, GA 53626		s
Purpose of Disbursoment (Optional) Internet at Campaign	Aggregate Year-to-date	§ 283.42
D. Full namo Allegrezza Piano Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Matifing Address Post Office Box 869	05 / 19 / 16	\$ 1,070.00
City, State, ZIp Codo Ridgeland, MS 39158		s
Purpose of Disbursement (Optional) Piano for Campaign Office	Aggregate Year-to-date	\$ 1.070.00
E. Full name Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 790311	<u>05</u> / <u>19</u> / <u>16</u>	g. 29.38
City, State, Zip Code St. Louis, MO 63179		\$
Purpose of Disbursomant (Optional) Natural Gas for Campaign Office	Aggregate Year-to-date	§ 88.53
F. Full name Mississippi Democratic Party	Date (Mo., Day, Year)	Amount of each disbursament this period
Mailing Address Post Office Box 1583	05 / 19 / 16	\$ 240.00
City, State, Zip Code	1 1	\$
Jackson, MS 39215	! — · — · —	

Name of	Candidate	or	Committee
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Committee to Re-Elect Jim Kitchens

Reporting period May 1, 2016

through ____

A. Full name	Date	Amount of each
Jared Tumer	(Mo., Day, Year)	disbursament this period
Mailing Address 745 Gardner Street	<u>05</u> / <u>13</u> / <u>16</u>	\$ 2,750.00
City, State, Zip Code Jackson, MS 39209	05 / 31 / 16	g 2,750.00
Purpose of Disbursement (Optional) Salary & Expenses	Aggregate Year-to-date	\$ 19,250,00
B. Full name Joyce Neville	Date (Mo., Day, Year)	Amount of each disbursement this paried
Mailing Address 403 Garden Park	05 / 13 / 16	g 884.30
City, State, Zip Gode Brandon, MS 39047	05 / 31 / 16	§ 843.75
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$ 3,019.80
C. Full name James Creer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Hook Hopson Road	05_/12_/16_	\$ 300,00
City, State, Zip Code Pottersville, MS 39352	_/_/_	\$
Purpose of Disbursement (Optional) Canvassing	Aggregate Year-to-date	\$ 300.00
O. Full name Will Godfrey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	05 / 13 / 16	\$ 1,000.00
City, State, Zip Code Jackson, MS 39207	05 / 31 / 16	\$ 1,000.00
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	g 2,000.¢0
E. Full name Entergy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office 80x 8105	05 / 20 / 16	\$ 136.38
City, State, Zip Code Baton Rouge, LA 70891		\$
Purpose of Disbursement (Optional) Campaign Electricity Bill	Aggregate Year-to-date	\$ 206.33
F. Full name Chase Credit Card	Cate (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office 8ax 15123	05 / 19 / 16	\$ 1,000,00
City, State, Zip Code Wilmington, DE 19850	'	s
Purpose of Disbursement (Optional) Cspire bill, etc.	Aggregate Year-to-date	g 1,845.55

Name	of	Cand	idate	or	Co	mmittee	

Committee to Re-Elect Jim Kitchens

Reporting period May 1, 2016

_through ____

A. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each dispursament this period
Mailing Address 114 Bent Creek Drive	95 / 13 / 16	\$ 2,250.00
City, State, Zip Code Brandon, MS 39047	05 / 31 / 16	§ 2,250.00
Purpose of Diebursement (Optional) Salary & Expenses	Aggregate Year-to-date	§ 13,250.00
B. Full namo Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	05 / 11 / 16	\$ 566.00
City, State, Zip Gode Flora, MS 39071	05 / 13 / 16	\$ 2,500.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	§ See Next
C. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	05 / 31 / 16	£ 2,500.00
City, State, Zip Code Flora, MS 39071	_/_/_	\$
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	s See Next
D. Full name Bil Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	05 / 17 / 16	S 37.50
City, State, Zip Code Flora, MS 39071	05 / 31 / 16	\$ 37.50
Purpose of Disbursament (Optional) Call phone expense	Aggregate Year-to-date	\$ see next
E. Full name Bill Washington	Onte (Mo., Day, Year)	Amount of each disbursement this period
Malling Address Fost Office Box 931	05 / 31 / 16	§ 647.00
City, State, Zip Code Flora, MS 39071		\$
Purpose of Disbursement (Optional) Expenses	Aggregate Year-to-date	\$ 14,240.50
F. Full name Holmes County Triad	Date {Mo., Day, Year}	Amount of each disbursoment this period
Malling Address 23240 Highway 12 East	05 / 31 / 16	§ 250,00
City, State, Zip Code Lexington, MS 39095	_/_/_	\$
Purpose of Diabursoment (Optional) Tickets for Luncheon	Aggregate Year-to-date	\$ 250.00

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period May 1, 2016	through May 31, 2016

A. Full name	Date	Amount of each
Copiah Bank	(Mo., Day, Year)	disbursement this period
Mailing Address Post Office Box 31	05 / 31 / 16	\$ 286.21
City, State, Zip Code Haziehurst, MS 39083		\$
Purpose of Disbursement (Optional) Bank Service Charges and Fees	Aggregate Year-to-date	S 346.71
S. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_''_	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Fuil ramo	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//_	\$
Purpose of Disbursement (Optional)	Aggregato Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Meiling Address		\$
City, State, Zip Code	11	s
Purpose of Disbursement (Optional)	Aggregate Year-to-dale	5
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		s
	\ —'—'—	l

REPORT OF RE SBURSEMENTS



Committee to Re-Elect Jim Kitcher Name of Committee Address Post Office Box 768, Crystal Springs, MS 39059 County_Copiah Fax 601-500-5391 601-487-1616 Email Address john@kitchensforjustice.com John W. Kitchens Check here if above is different from previous report TYPE OF REPORT All General and Special Election Candidates and Political Committees November 22, 2016 Pre-Runoff Report (October 30, 2016, through November 19, 2016).......Runoff Candidates Only All Candidates and Political Committees in a Runoff Election Required to terminate _Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no reporting obligations outstanding campaign debt obligation)

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- 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

			REPORTED CONTRIBU	TIONS AND DISBURSEMENTS	
	Itemized	+	Non-itemized	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 64,900.00) +\$	2,620.00	\$ 67,520.00	\$ 175,765.00
Total amount of disbursements	\$34,207.07	+\$(0.00	\$ 34,207.07	\$ 100,093.01
Total amount of cash on hand	1			\$ 75,671.99	

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

Signature of Director or Treasurer

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.

Page	1	of	10

Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period June 1, 2016	through June 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	06 / 02 / 16	•
Eric F. Hatten	100 / 100	\$ 500.00
Mailing Address		\$
420 North 20th Street, Suite 3400		4 [
City, State, Zip Code		<u> </u>
Birmingham, AL 35203		\$
Name of Employer (Required)		\$ [
Burr & Forman, LLP		3
Occupation (Regulred)	Aggregate	\$ 500.00
Attorney	year-to-date	▼ [300.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Jerome C. Hafter	06 / 02 / 16	\$ 250,00
Mailing Address		
Post Office Box 16114		\$
City, State, Zip Code Jackson, MS 39236		\$
Name of Employer (Required)		
Phelps Dunbar, LLP		\$
Occupation (Required)	Aggregate	
		\$ 250.00
Attorney	year-to-date	¥ [230,00]
Attorney C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Cother (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000,00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm	Date (Mo., Day, Year) 06 / 06 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 1,000,00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm Occupation (Required)	Date (Mo., Day, Year) 06 / 06 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 06 / 06 / 16	Amount of each receipt this period \$ 1,000,00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06 / 06 / 16	Amount of each receipt this period \$ 1,000,00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06 / 06 / 16	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Phillip Hearn	Date (Mo., Day, Year) 06 / 06 / 16	Amount of each receipt this period \$ 1,000,00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Phillip Hearn Mailing Address	Date (Mo., Day, Year) 06 / 06 / 16	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Phillip Hearn Mailing Address 1510 North State Street, Suite 301	Date (Mo., Day, Year) 06 / 06 / 16	Amount of each receipt this period \$ 1,000,00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Phillip Hearn Mailing Address	Date (Mo., Day, Year) 06 / 06 / 16	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Phillip Hearn Mailing Address 1510 North State Street, Suite 301 City, State, Zip Code	Date (Mo., Day, Year) 06 / 06 / 16	Amount of each receipt this period \$ 1,000,00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Witbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Phillip Hearn Mailing Address 1510 North State Street, Suite 301 City, State, Zip Code Jackson, MS 39202 Name of Employer (Required) Hearn Law Firm	Date (Mo., Day, Year) 06 / 06 / 16	Amount of each receipt this period \$ 1,000,00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Wilbur O. Colom Mailing Address Post Office Box 866 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) The Colom Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Phillip Hearn Mailing Address 1510 North State Street, Suite 301 City, State, Zip Code Jackson, MS 39202 Name of Employer (Required)	Date (Mo., Day, Year) 06 / 06 / 16	Amount of each receipt this period \$ 1,000,00 \$

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Name of Candidate or Committee	Committee to Re-El	lect Jim	Kitchens
Reporting period June 1. 2016	thre	ough	June 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		ano period
Richard B. Schwartz	06 / 06 / 16	\$ 5,000.00
Mailing Address		
Post Office Box 3949	<u> </u>	\$
City, State, Zip Code		
		\$
Jackson, MS 39207		
Name of Employer (Required)		\$
Schwartz & Associates Occupation (Required)		
Attorney	Aggregate year–to-date	\$ 5,000.00
	year-to-date	A
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Paul N. Davis	06 / 08 / 16	\$ 900.00
Mailing Address		
		\$
1040 Hennington Lane		
City, State, Zip Code		\$
Crystal Springs, MS 39059		
Name of Employer (Required) Butter Snow		\$
Occupation (Required)	Amanagata	<u> </u>
	Aggregate	<u> </u>
Attorney		\$ 900.00
Attorney C. Source C. Corporation P.A.C. Individual 1 can 1	year-to-date	- [540104
Attorney C. Source Corporation PAC Individual Loan	year-to-date Date	Amount of each
	year-to-date	- [540104
C. Source Corporation PAC Individual Loan Cother (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	year-to-date Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Cother (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Regulred)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Regulred) Butler Snow	year-to-date Date (Mo., Day, Year) 06 / 08 / 16	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Butler Snow Occupation (Required)	year-to-date Date (Mo., Day, Year) 06 / 08 / 16	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Regulred) Butler Snow Occupation (Reguired) Attoney D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) 06 / 08 / 16	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Regulred) Butler Snow Occupation (Required) Attoney D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) 06 / 08 / 16	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Regulred) Butler Snow Occupation (Required) Attoney D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) 06 / 08 / 16 / / / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Regulred) Butler Snow Occupation (Required) Attoney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John C. Henegan	year-to-date Date (Mo., Day, Year) 06 / 08 / 16 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Regulred) Butler Snow Occupation (Required) Attoney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John C. Henegan Mailing Address	year-to-date Date (Mo., Day, Year) 06 / 08 / 16 / / / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Butler Snow Occupation (Required) Attoney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John C. Henegan Mailing Address 2441 Eastover Drive	year-to-date Date (Mo., Day, Year) 06 / 08 / 16 / / / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Butler Snow Occupation (Required) Attoney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John C. Henegan Mailing Address 2441 Eastover Drive City, State, Zip Code	year-to-date Date (Mo., Day, Year) 06 / 08 / 16 / / / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Butler Snow Occupation (Required) Attoney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John C. Henegan Mailing Address 2441 Eastover Drive	year-to-date Date (Mo., Day, Year) 06 / 08 / 16 / / / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Butler Snow Occupation (Required) Attoney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John C. Henegan Mailing Address 2441 Eastover Drive City, State, Zip Code Jackson, MS 39211	year-to-date Date (Mo., Day, Year) 06 / 08 / 16 / / / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Regulred) Butler Snow Occupation (Required) Attoney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John C. Heneqan Mailing Address 2441 Eastover Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Butler Snow Occupation (Required)	year-to-date Date (Mo., Day, Year) 06 / 08 / 16 / / / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christy D. Jones Mailing Address 205 Duck Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Butler Snow Occupation (Required) Attoney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John C. Henegan Mailing Address 2441 Eastover Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Butler Snow	year-to-date Date (Mo., Day, Year) 06 / 08 / 16	Amount of each receipt this period \$ 250.00 \$

Page	3	of	10
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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period June 1. 2016	through June 30, 2016

Other (please specify) Common
D. Bradley Piqott D. Stroke D. Strok
Mailing Address 1217 Pinehurst Street
1217 Pinehurst Street City, State, Zip Code
City, State, Zip Code Jackson, MS 39202 Name of Employer (Required) Pigott & Johnson J / J / S Cocupation (Required) Aggregate year-to-date Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Melvin G. Cooper Mailing Address 178 Main Street J / J City, State, Zip Code Blook, MS 39530 Name of Employer (Required) Melvin Cooper Law Office Cocupation (Required) Aggregate year-to-date City, State, Zip Code Cocupation (Required) Aggregate year-to-date Cocupation (Required) Aggregate year-to-date Cocupation (Required) Aggregate year-to-date Cocupation (Required) Cocupation (Required
Jackson, M5 39202
Name of Employer (Required) Pigott & Johnson
Pigott & Johnson Pigott & Jo
Occupation (Required) Attorney B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Melvin G. Cooper Mailling Address 178 Main Street City, State, Zip Code Biloxi, MS 39530 Name of Employer (Required) Melvin Cooper Law Office Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Amount of each receipt this period \$ 250.00 Aggregate year-to-date \$ 250.00 Aggregate year-to-date C. Source Corporation PAC Individual Loan Date (Mo., Day, Year) Full name Rebecca M. Langston Mailing Address
Attorney B. Source: Corporation PAC Individual Loan Date Other (please specify) Melvin G. Cooper Mailing Address 178 Main Street City, State, Zip Code Blioxi, MS 39530 Name of Employer (Required) Melvin Cooper Law Office Cocupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Rebecca M. Langston Amount of eac receipt this period
B. Source: Corporation PAC Individual Loan Date receipt this period Other (please specify)
Other (please specify) Other (please specify) Full name Melvin G. Cooper Mailling Address 178 Main Street City, State, Zip Code Billoxi, MS 39530 Name of Employer (Required) Melvin Cooper Law Office Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Rebecca M. Langston Mailling Address Teceipt this period Total Street Attorney Total Street Tota
Full name Melvin G. Cooper
Melvin G. Cooper Malling Address 178 Main Street City, State, Zip Code Biloxi, MS 39530 Name of Employer (Required) Melvin Cooper Law Office Cocupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Rebecca M. Langston Mailing Address 1
Mailing Address 178 Main Street City, State, Zip Code Biloxi, MS 39530 Name of Employer (Required) Melvin Cooper Law Office Coccupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Rebecca M. Langston Mailing Address Address Amount of eac receipt this period Full name Rebecca M. Langston
178 Main Street
178 Main Street City, State, Zip Code
Biloxi, MS 39530 Name of Employer (Required) Melvin Cooper Law Office Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Rebecca M, Langston Mailing Address Aggregate year-to-date \$ 250.00 Amount of eac receipt this period \$ 2,000.00
Biloxi, MS 39530 Name of Employer (Required) Melvin Cooper Law Office Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Rebecca M, Langston Mailing Address Aggregate year-to-date \$ 250.00 Amount of eac receipt this period \$ 2,000.00
Name of Employer (Required) Melvin Cooper Law Office Cocupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Rebecca M. Langston Mailing Address Aggregate year-to-date \$ 250.00 Amount of eac receipt this period \$ 2,000.00
Melvin Cooper Law Office Cocupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Rebecca M. Langston Mailing Address Aggregate year-to-date \$ 250.00 Amount of eac receipt (Mo., Day, Year) \$ 2,000.00 \$ 2,000.00
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Rebecca M. Langston Mailing Address year-to-date Amount of each receipt this period \$ 2,000.00 \$ 2,000.00
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Rebecca M, Langston Mailing Address year-to-date Amount of each receipt this period \$ 2,000.00 \$ 2,000.00
Other (please specify) Cult name Rebecca M, Langston Mailing Address Other (please specify) Cult name (Mo., Day, Year) Cult name (Mo., Day, Year) (M
Full name Rebecca M. Langston Matting Address 06 08 16 \$ 2,000.00
Rebecca M. Langston Mailing Address Lucy / 108 / 105 \$ 2,000.00
City, State, Zip Code
Southlake, TX 76092
Name of Employer (Required)
Langston & Langston \$
Occupation (Required) Aggregate \$ 2,000,00
Attorney year-to-date year-to-date
D. Source: Corporation PAC Individual Loan Date Other (please specify) (Mo., Day, Year) Amount of each receipt this period
Full name 06 / 08 / 16 \$ 500.00
Joseph Lococo
Mailing Address
Malling Address 10243 Central Avenue \$// \$
Mailing Address 10243 Central Avenue City, State, Zip Code
Mailing Address 10243 Central Avenue City, State, Zip Code D'iberville, MS 39540 Name of Employer (Required)
Mailing Address 10243 Central Avenue City, State, Zip Code D'Iberville, MS 39540 Name of Employer (Required)
Mailing Address 10243 Central Avenue City, State, Zip Code D'iberville, MS 39540 Name of Employer (Required)

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens	
Reporting period June 1, 2016		through	June 30, 2016	

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name Mrs. Crymes G. Pittman	06 / 08 / 16	\$ 5,000.00
Mailing Address		
		\$
2136 Heritage Hill Drive		
City, State, Zip Code		\$
Jackson, MS 39211		
Name of Employer (Required)		\$
N/A Occupation (Required)		· · · · · · · · · · · · · · · · · · ·
Homemaker	Aggregate year–to-date	\$ 5,000.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐	year-to-date	Amount of oach
B. Source: Corporation PAC V Individual Loan C	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Timothy W. Porter	06 / 08 / 16	\$ 5,000.00
Mailing Address		
		\$
921 Montrose Drive		
City, State, Zip Code		\$
Ridgeland, MS 39157		<u></u>
Name of Employer (Regulred)		\$
Porter & Malouf	•	
Occupation (Required)	Aggregate	\$ 5,000.00
I fitternov	1/03 <i>1</i> _10_0310	0.000,000
Attorney DAC II Individual Lange	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr.	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Mailing Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Mailing Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) The Smith Law Firm, PLLC	Date (Mo., Day, Year) 06 / 08 / 16 1	Amount of each receipt this period \$ 5,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Mailing Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) The Smith Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 06 / 08 / 16 1	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) The Smith Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06 / 08 / 16 /	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) The Smith Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06 / 08 / 16 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) The Smith Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06 / 08 / 16 /	Amount of each receipt this period \$ 5,000,00 \$ 5,000,00 \$ 5,000,00 Amount of each receipt this period \$ 1,000,00
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) The Smith Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Howard Gunn	Date (Mo., Day, Year) 06 / 08 / 16 /	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) The Smith Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Howard Gunn Mailing Address	Date (Mo., Day, Year) 06 / 08 / 16 /	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) The Smith Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Howard Gunn Malling Address 310 South Hickory Street	Date (Mo., Day, Year) 06 / 08 / 16 /	Amount of each receipt this period \$ 5,000,00 \$ 5,000,00 \$ 5,000,00 Amount of each receipt this period \$ 1,000,00
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) The Smith Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Howard Gunn Malling Address 310 South Hickory Street City, State, Zip Code Aberdeen, MS 39730 Name of Employer (Required)	Date (Mo., Day, Year) 06 / 08 / 16 /	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) The Smith Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Howard Gunn Malling Address 310 South Hickory Street City, State, Zip Code Aberdeen, MS 39730 Name of Employer (Required) W. Howard Gunn & Associates	Date (Mo., Day, Year) 06 / 08 / 16 /	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 1,000.00 \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name R. Allen Smith, Jr. Malling Address 681 Towne Center Blvd, Ste B City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) The Smith Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Howard Gunn Malling Address 310 South Hickory Street City, State, Zip Code Aberdeen, MS 39730 Name of Employer (Required)	Date (Mo., Day, Year) 06 / 08 / 16 /	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 1,000.00 \$ 5,000.00

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period June 1. 2016		through	June 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	06 / 13 / 16	
Mary Beth Ramey	面1四1匝	\$ 2,500.00
Mailing Address		\$
8624 Bay Colony Drive	<u> </u>	•
City, State, Zip Code		
Indianapolis, IN 46234		\$
Name of Employer (Required)		
Ramey & Hailey		\$
Occupation (Required)	Aggregate	¢
Attorney	year-to-date	\$ 2,500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	06 / 13 / 16	¢ -
William Noel Harris	<u>malm1m</u>	\$ 250.00
Mailing Address		
Post Office Box 266		\$
City, State, Zip Code		
Greenville, MS 38701	<u> </u>	\$
Name of Employer (Required)		\$
Harris Law Firm, PLLC	<u> </u>	J
Occupation (Required)	Aggregate	e =====
Attorney	Aggregate year-to-date	\$ 250.00
	~~ ~	\$ 250.00 Amount of each receipt this period
Attorney C. Source Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Attorney C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date	Amount of each receipt
Attorney C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required)	year-to-date Date (Mo., Day, Year) 06 / 13 / 16 / / / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ 500.00 \$
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required) Attorney	year-to-date Date (Mo., Day, Year) 06 / 13 / 16	Amount of each receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required)	year-to-date Date (Mo., Day, Year) 06 / 13 / 16 / / / / / / / / / / / / / / / / / / /	Amount of each receipt this period \$ 500.00 \$
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) 06 / 13 / 16 / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) 06 / 13 / 16 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 500.00 \$
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John L. Gadow Mailing Address	year-to-date Date (Mo., Day, Year) 06 / 13 / 16 / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,500.00
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John L. Gadow Mailing Address 511 East Pearl Street	year-to-date Date (Mo., Day, Year) 06 / 13 / 16 / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John L. Gadow Mailing Address 511 East Pearl Street City, State, Zip Code	year-to-date Date (Mo., Day, Year) 06 / 13 / 16 / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,500.00
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John L. Gadow Mailing Address 511 East Pearl Street City, State, Zip Code Jackson, MS 39201	year-to-date Date (Mo., Day, Year) 06 / 13 / 16 / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,500.00
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John L. Gadow Mailing Address 511 East Pearl Street City, State, Zip Code Jackson, MS 39201 Name of Employer (Required)	year-to-date Date (Mo., Day, Year) 06 / 13 / 16 / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,500.00 \$ 100.00
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John L. Gadow Mailing Address 511 East Pearl Street City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Gadow & Tyler, PLLC	year-to-date Date (Mo., Day, Year) 06 / 13 / 16	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,500.00 \$ 500.00
Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Nick Crawford Mailing Address Post Office Drawer 1335 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Nick Crawford Attorney Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John L. Gadow Mailing Address 511 East Pearl Street City, State, Zip Code Jackson, MS 39201 Name of Employer (Required)	year-to-date Date (Mo., Day, Year) 06 / 13 / 16 / / / / / / / Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,500.00 \$ 100.00

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Name of Candidate or Committee	mmittee to Re-Elect Jim Kitchens
Reporting period June 1.2016	through June 30, 2016

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	06 / 16 / 16	\$ 2,500.00
Blake Anthony Tyler		¥ 2,300.00
Mailing Address	\square , \square , \square	s
511 East Pearl Street		· · · · · · · · · · · · · · · · · · ·
City, State, Zip Code		\$
Jackson, MS 39201		Y
Name of Employer (Required)		\$
Gadow & Tyler, PLLC		<u> </u>
Occupation (Required)	Aggregate	\$ 2,500.00
Attorney	year-to-date	
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	06 / 14 / 16	\$ 250.00
Victor I, Fleitas		¥ [230.00
Mailing Address		\$
1489 Midway Drive		<u> </u>
City, State, Zip Code		\$
Tupelo, MS 38804		
Name of Employer (Required)		\$
Victor I. Fleitas, PA		· ·
Occupation (Required)	Aggregate	\$ 250.00
Attorney PAC [7] Individual [1] Loan [1]	year-to-date	
C. Source Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Cother (please specify)	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L Sullivan Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L Sullivan Malling Address 727 North 6th Avenue	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L Sullivan Malling Address 727 North 6th Avenue	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Cother (please specify) Full name David L Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L. Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required) Self	Date (Mo., Day, Year) 06 / 14 / 16	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Cother (please specify) Full name David L Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L. Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 06. / 14 / 16	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L. Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Mo., Date (Mo., Day, Year) 06 / 14 / 16 / / / / / / / Aggregate year—to-date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Edward Gibson, Inc.	Date (Mo., Day, Year) 06 / 14 / 16	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Edward Gibson, Inc.	Mo., Date (Mo., Day, Year) 06 / 14 / 16 / / / / / / / Aggregate year—to-date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Edward Gibson, Inc. Mailing Address 153 Main Street	Mo., Date (Mo., Day, Year) 06 / 14 / 16 / / / / / / / Aggregate year—to-date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L. Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Edward Gibson, Inc. Mailing Address 153 Main Street City, State, Zip Code	Mo., Date (Mo., Day, Year) 06 / 14 / 16 / / / / / / / Aggregate year—to-date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Edward Gibson, Inc. Mailing Address 153 Main Street	Mo., Date (Mo., Day, Year) 06 / 14 / 16 / / / / / / / Aggregate year—to-date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Edward Gibson, Inc. Mailing Address 153 Main Street City, State, Zip Code Bay Saint Louis, MS 39520	Mo., Date (Mo., Day, Year) 06 / 14 / 16 / / / / / / / Aggregate year—to-date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David L Sullivan Mailing Address 727 North 6th Avenue City, State, Zip Code Laurel, MS 39440 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Edward Gibson, Inc. Mailing Address 153 Main Street City, State, Zip Code Bay Saint Louis, MS 39520 Name of Employer (Required)	Mo., Date (Mo., Day, Year) 06 / 14 / 16 / / / / / / / Aggregate year—to-date (Mo., Day, Year)	receipt this period \$ 250.00 \$

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period June 1, 2016		through	June 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	[22] . [23] . [23]	
Shannon S. Elliott	06 / 17 / 16	\$ 1,000.00
Malling Address		. —
Post Office Box 110	<u> </u>	\$
City, State, Zip Code		
Brandon, MS 39043		\$
Name of Employer (Required)		
Elliott Law Firm		\$
Occupation (Required)	Aggregate	
Attorney	vear-to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(ino., bay, rour,	this period
Full name	06 / 22 / 16	\$ 250.00
William B. Bardwell		¥ [250.00
Malling Address		\$
1205 Rosehill Circle		* L
City, State, Zip Code		4
Jackson, MS 39202		\$ [
Name of Employer (Required)		\$
Southern Poverty Law Center		4
Occupation (Required)	Aggregate	\$ 250.00
Attomey	year-to-date	¥ [250.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Charles T. Yoste	06 / 23 / 16	\$ 500.00
Mailing Address		\$
Post Office Box 80288		•
City, State, Zip Code		4
Starkville, MS 39759		\$
Name of Employer (Required)		•
Self	!!!	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan		
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		receipt
Full name Richard T. Phillips	(Mo., Day, Year)	receipt this period
Full name	(Mo., Day, Year)	receipt this period
Full name Richard T. Phillips Mailing Address	(Mo., Day, Year)	receipt this period \$ 500.00
Full name Richard T. Phillips Mailing Address Post Office Box 1586	(Mo., Day, Year)	receipt this period
Full name Richard T. Phillips Mailing Address Post Office Box 1586 City, State, Zip Code Batesville, MS 38606 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 500.00 \$
Full name Richard T. Phillips Mailing Address Post Office Box 1586 City, State, Zip Code Batesville, MS 38606 Name of Employer (Required) Smith, Phillips, Mitchell, Scott & Nowak, LLP	(Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00
Full name Richard T. Phillips Mailing Address Post Office Box 1586 City, State, Zip Code Batesville, MS 38606 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 500.00 \$

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Name of Candidate or Committe	e Committee to	Re-Elect Jim	Kitchens	
Reporting period June 1.2016		through	June 30, 2016	

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Tom B. Scott III	06 / 23 / 16	\$ 2,000.00
Mailing Address		-
Post Office Box 2009		\$
City, State, Zip Code		
		\$
Jackson, MS 39215		
Name of Employer (Required)	lacksquare	\$
Scott & Scott Occupation (Required)		
Attorney	Aggregate year–to-date	\$ 2,000.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐	year-to-date	
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Jack F. Dunbar	06 / 24 / 16	\$ 500.00
Mailing Address		
Post Office Box 707		\$
City, State, Zip Code		
Oxford, MS 38655		\$
Name of Employer (Required)		
Holcomb Dunbar		\$
Occupation (Required)	Aggregate	A 1-
Attorney	year-to-date	\$ 500.00
Attorney	year-to-uate	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	receipt
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required) Owens Moss Law Firm	(Mo., Date (Mo., Day, Year) 06 / 27 / 16 1 / 1 / 1 1 / 1 / 1	receipt this period \$ 500.00
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required) Owens Moss Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 06 / 27 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required) Owens Moss Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Mo., Date (Mo., Day, Year) 06 / 27 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required) Owens Moss Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year) 06 / 27 / 16 1 / 1 / 1 Aggregate year-to-date Date	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required) Owens Moss Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Mo., Date (Mo., Day, Year) 06 / 27 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,600.00
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required) Owens Moss Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Benjamin Taylor	Mo., Date (Mo., Day, Year) 06 / 27 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Gorporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required) Owens Moss Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Benjamin Taylor Mailing Address 961 Main Street City, State, Zip Code	Mo., Date (Mo., Day, Year) 06 / 27 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Code Jackson, MS 39205 Name of Employer (Required) Owens Moss Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Benjamin Taylor Mailing Address 961 Main Street City, State, Zip Code Southaven, MS 38671	Mo., Date (Mo., Day, Year) 06 / 27 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,600.00
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Gode Jackson, MS 39205 Name of Employer (Required) Owens Moss Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Benjamin Taylor Mailing Address 961 Main Street City, State, Zip Code Southaven, MS 38671 Name of Employer (Required)	Mo., Date (Mo., Day, Year) 06 / 27 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$ 500.00
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Code Jackson, MS 39205 Name of Employer (Regulred) Owens Moss Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Benjamin Taylor Mailing Address 961 Main Street City, State, Zip Code Southaven, MS 38671 Name of Employer (Required) Taylor Jones & Taylor	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$ 500.00
C. Source Corporation PAC Individual. Loan Other (please specify) Full name Bob Owens Mailing Address Post Office Box 808 City, State, Zip Gode Jackson, MS 39205 Name of Employer (Required) Owens Moss Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Benjamin Taylor Mailing Address 961 Main Street City, State, Zip Code Southaven, MS 38671 Name of Employer (Required)	Mo., Date (Mo., Day, Year) 06 / 27 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$ 500.00

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period June 1, 2016	through June 30, 2016

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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Thomas Q. Brame, Jr.	06 / 28 / 16	\$ 5,000.00
Mailing Address		
Post Office Box 301	브 / 브 / 브	\$
City, State, Zip Code		
Bay Springs, MS 39422		\$
Name of Employer (Required)		
Brame Law Firm	旦/旦/旦	\$
Occupation (Regulred)	Aggragato	
Attorney	Aggregate year–to-date	\$ 5,000.00
B. Source: Corporation PAC Individual Loan	year to date	Amount of each
B. Source. [Corporation [FAC [minimization [Louin []	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Antony R. Simon	06 / 30 / 16	\$ 1,500.00
Malling Address		
		\$
621 East Northside Drive		
City, State, Zip Code		s
Jackson, MS 39205		
Name of Employer (Required)		\$
Simon and Teeuwissen, PLLC	. <u> </u>	<u> </u>
Occupation (Required)	Aggregate	·
		3 0 11.500.00
Attorney	year-to-date	\$ 1,500,00
Attorney C. Source Corporation PAC Individual Loan Other (please specify)		Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	year-to-date Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Mailing Address Post Office Box 11264	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Mailing Address Post Office Box 11264 City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Mailing Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Mailing Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Mailing Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross	year-to-date Date (Mo., Day, Year) 06 / 30 / 16 / / / /	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Mailing Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Mailing Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year) 06 / 30 / 16 / / / / / / / Aggregate	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Malling Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) O6 / 30 / 16 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000,00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Malling Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year) 06 / 30 / 16 / / / / / / / Aggregate year-to-date Date	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Malling Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas D. Buntin III	year-to-date Date (Mo., Day, Year) O6 / 30 / 16 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Malling Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas D. Buntin III Mailing Address	year-to-date Date (Mo., Day, Year) O6 / 30 / 16 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Mailing Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas D. Buntin III Mailing Address 5293 Getwell Road	year-to-date Date (Mo., Day, Year) O6 / 30 / 16 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Malling Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas D. Buntin III Mailing Address 5293 Getwell Road City, State, Zip Code	year-to-date Date (Mo., Day, Year) O6 / 30 / 16 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Mailing Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas D. Buntin III Mailing Address 5293 Getwell Road City, State, Zip Code Southaven, MS 38672	year-to-date Date (Mo., Day, Year) O6 / 30 / 16 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Malling Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas D. Buntin III Mailing Address 5293 Getwell Road City, State, Zip Code	year-to-date Date (Mo., Day, Year) O6 / 30 / 16 / / / / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Lisa M. Ross Mailing Address Post Office Box 11264 City, State, Zip Code Jackson, MS 39283 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas D. Buntin III Mailing Address 5293 Getwell Road City, State, Zip Code Southaven, MS 38672 Name of Employer (Required)	year-to-date Date (Mo., Day, Year) O6 / 30 / 16 / / / / Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period June 1.2016		through	June 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	06 (20 (16	
Danny E. Cupit	06 / 30 / 16	\$ 2,500.00
Malling Address		•
Post Office Box 22929		\$ [
City, State, Zip Code		<u> </u>
Jackson, MS 39225		\$
Name of Employer (Required)	\Box , \Box , \Box	\$
Law Offices of Danny E, Cupit		*
Occupation (Required)	Aggregate	\$ 5,000.00
Attorney	year-to-date	7 (3,000,00
B. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Merrida Coxwell	06 / 30 / 16	\$ 5,000.00
Mailing Address		
505 Heatherstone Court	旦/旦/旦	\$
City, State, Zip Code		
Ridgeland, MS 39157		\$
Name of Employer (Required)		A .
Coxwell & Associates PLLC		\$
Occupation (Required)	Aggregate	\$ 5,000.00
Attorney	year-to-date	\$ 5,000.00
C. Source Corporation PAC Individual Loan C	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common City, State, Zip Code Ridgeland, MS 39157	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Coxwell & Associates Occupation (Required)	Date (Mo., Day, Year) 06 / 30 / 16	Amount of each receipt this period \$ 5,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Coxwell & Associates Occupation (Required) Attorney	Date (Mo., Day, Year) 06 / 30 / 16	Amount of each receipt this period \$ 5,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Coxwell & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 06 / 30 / 16	Amount of each receipt this period \$ 5,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Coxwell & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06 / 30 / 16	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Coxwell & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 06 / 30 / 16	Amount of each receipt this period \$ 5,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Coxwell & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06 / 30 / 16	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Coxwell & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06 / 30 / 16	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Coxwell & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address City, State, Zip Code	Date (Mo., Day, Year) 06 / 30 / 16	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles R. Mullins Mailing Address 300 Kings Common City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Coxwell & Associates Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address	Date (Mo., Day, Year) 06 / 30 / 16	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 5,000.00

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens	
Reporting period June 1, 2016	through June 30, 2016	

A. Full name Jared Tumer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
745 Gardner Street	06 / 01 / 16	\$ 459.00
City, State, Zip Code Jackson, MS 39209	06 / 15 / 16	\$ 2,750.00
Purpose of Disbursement (Optional) Expenses & Salary	Aggregate Year-to-date	\$ See Next
B. Full name Jared Tumer	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 745 Gardner Street	06 / 30 / 16	\$ 2,750.00
City, State, Zip Code Jackson, MS 39209	'	s
Purpose of Disbursement (Optional) Expenses & Salary	Aggregate Year-to-date	\$ 25,209.00
C. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 114 Bent Creek Drive	06 / ⁰¹ / 16	\$ 394.19
City, State, Zip Code Brandon, MS 39047	06 / 15 / 16	\$ 2,250.00
Purpose of Disbursement (Optional) Expenses & Salary	Aggregate Year-to-date	\$ See Next
D. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	06 / 15 / 16	\$ 287.67
City, State, Zip Code Brandon, MS 39047	06 / 30 / 16	\$ 2,250.00
Purpose of Disbursement (Optional) Expenses & Salary	Aggregate Year-to-date	\$ 18,431.86
E. Full name Chase	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office BOx 15123	06 / 06 / 16	\$ 1,934.80
City, State, Zip Code Wilmington, DE 19850		\$
Purpose of Disbursement (Optional) Campaign Credit Card	Aggregate Year-to-date	\$ 3,780.35
F. Full name David Browne & Associates	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2541 North Vermont Street	06 / 08 / 16	\$ 855.86
City, State, Zip Code Arlington, VA 22207	06 /24 / 16	\$ 2,028.90
Purpose of Disbursement (Optional) Transportation, Lodging and expenses	Aggregate Year-to-date	\$ 2,884.76

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period June 1, 2016	through June 30, 2016
Reporting period	titougii

A. Full name Jackson Advocate Newspapers	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 100 West Hamilton Street	06 / 08 / 16	\$ 5,000.00
City, State, Zip Code Jackson, MS 39202	//	\$
Purpose of Disbursement (Optional) Newspaper Advertisement	Aggregate Year-to-date	\$ 5,000.00
B. Full name Juneteenth Celebration Steering Committee	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5590 1-55 North	06 / 08 / 16	\$ 200.00
City, State, Zip Code Byram, MS 39272		s
Purpose of Disbursement (Optional) Community Event Ad Purchase	Aggregate Year-to-date	\$ 200.00
C. Full name Will Godfrey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	06 / 15 / 16	\$ 1,000.00
City, State, Zip Code Jackson, MS 39207	06 / 30 / 16	\$ 1,000.00
Purpose of Disbursement (Optional) Salary & Expenses	Aggregate Year-to-date	\$ 4,000.00
D. Full name CSpire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 798	06 / <u>13</u> / <u>16</u>	\$ 216.28
City, State, Zip Code Meadville, MS 39653	06 / 13 / 16	\$ 85.92
Purpose of Disbursement (Optional) Campaign Celi Phones	Aggregate Year-to-date	\$ 688.44
E. Full name Joyce Neville	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 403 Garden Park	06 / 15 / 16	\$ 706.25
City, State, Zip Code Brandon, MS 39047	06 / 30 / 16	\$ 718.75
Purpose of Disbursement (Optional) Salary & Expenses	Aggregate Year-to-date	\$ 4,444.80
F. Full name City Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 23092	06 /13 /16	\$ 13.41
City, State, Zip Code Jackson, MS 39225		s
Purpose of Disbursement (Optional) Water, Garbage, Sewer	Aggregate Year-to-date	\$ 69.14

Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period June 1, 2016	through June 30, 2016

A. Full name AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 536216	$\frac{06}{2} / \frac{13}{2} / \frac{16}{2}$	\$ 60.80
City, State, Zip Code	···	\$
Atlanta, GA 53626		
Purpose of Disbursement (Optional)	Aggregate	s 344.22
Campaign Internet (U-Verse)	Year-to-date	
B. Full name	Date	Amount of each
Atmos Energy	(Mo., Day, Year)	disbursement this period
Mailing Address	06 / 13 / 16	§ 20.84
Post Office Box 790311		
City, State, Zip Code	, ,	S
St. Louis, MO 63179		, 35
Purpose of Disbursement (Optional)	Aggregate	s 109.37
Natural Gas for Campaign Office	Year-to-date	3
C. Full name	Date	Amount of each
Entergy	(Mo., Day, Year)	disbursement this period
Mailing Address		s 273.36
Post Office Box 8105	06 / 13 / 16	\$ 275.50
City, State, Zip Code		
Baton Rouge, LA 70891	//	\$
Purpose of Disbursement (Optional)	A	455.5
Electric Bill for Campaign Office	Aggregate Year-to-date	\$ 479.69
D. Full name		A
Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		
Post Office Box 931	<u>06</u> / <u>15</u> / <u>16</u>	\$ 2,500.00
City, State, Zip Code	07 15 16	
Flora, MS 39071	06 / 15 / 16	\$ ^{37,50}
Purpose of Disbursement (Optional)		
Salary, Cell Phone, and Expenses	Aggregate Year-to-date	\$ see next
	rear-to-date	
E. Full name Bill Washington	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address Post Office Box 931	06 / 15 / 16	s 1,451.29
City, State, Zip Code	06 / 30 / 16	§ 2,868.50
Flora, MS 39071		
Purpose of Disbursement (Optional)	Aggregate	§ 21,097.79
Salary, Cell Phone, and Expenses	Year-to-date	
F. Full name	Date	Amount of each
Copiah Academy	(Mo., Day, Year)	disbursement this period
Mailing Address	06 /14 /16	§ 100,00
Post Office Box 277		
City, State, Zip Code	, ,	\$
Gallman, MS 39077		
Purpose of Disbursement (Optional)	Aggregate	§ 220.00
Advertising	Year-to-date	J 220.00

	4	. 4
Page		of

Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
	. June 30, 2016
Reporting period	through

A. Full name AZZ Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 2125 TV Road	06 / 22 / 16	\$ 675.00
City, State, Zip Code Jackson, MS 39204	'	\$
Purpose of Disbursement (Optional) Push Cards	Aggregate Year-to-date	\$ 951.48
B. Full name Coplah Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 31	06 / 30 / 16	§ 343.75
City, State, Zip Code Hazlehurst, MS 39083		s
Purpose of Disbursement (Optional) Bank Service Charges and Fees	Aggregate Year-to-date	§ 690.46
C. Full name Liberty Mutual Insurance Company	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2051	06 / 30 / 16	\$ 975.00
City, State, Zip Code Keene, NH 03431		s
Purpose of Disbursement (Optional) Insurance	Aggregate Year-to-date	\$ 975.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		\$
City, State, Zip Code	!!_	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_'_'_	\$
City, State, Zip Code	_'_'_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

2016 ELECTION CYCLE

IPES AND DISBURSEMENTS REPORT OF REG

Delbert Hosemann SECRETARY OF STATE

Committee to Re-Elect Jim Kitcher

Name of Committee	MISS	1001
Address Post Office Box 768, Crystal Springs, MS 39059	County Coplah	Campaign Finance Secretary of State
Telephone 601-487-1616	Fax 601-500-5391	Cecietary of State
Treasurer_John W. Kitchens	Email Address john@kitchensfo	orjustice.com
Check here if above is different from previous report		
May 10, 2016 Periodic Report (January 1, 2016, through Ap	TYPE OF REPORT oril 30, 2016)	Mandatory
June 10, 2016 Periodic Report (May 1, 2016, through May 5	31, 2016)	Mandatory
July 8, 2016 Periodic Report (June 1, 2016, through June 3	0, 2016)	Mandatory
X October 10, 2016 Periodic Report (July 1, 2016, through Se		
November 1, 2016 Pre-Election Report (October 1, 2016, ti	hrough October 29, 2016)	Mandatory
	All General and Special Ele	ection Candidates and Political Committees
November 22, 2016 Pre-Runoff Report (October 30, 2016,	through November 19, 2016)	Runoff Candidates Only
	All Candidates and	Political Committees in a Runoff Election
January 10, 2017 Periodic Report (October 1, 2016, through	h December 31, 2016)	Mandatory
Termination Report (Candidate will no longer accept contributions outstanding campaign debt obligation)	or make campaign expenditures and has no	Required to terminate reporting obligations

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- 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.

	Itemized	+ Non-itemized	JTIONS AND DISBURSEMENTS This Period	Calendar Year-To-Date
Total amount of contributions	\$275,875.0	0+\$14,998.00	\$ 290,873.00	\$ 466,638.00
Total amount of disbursements	\$320,612.74	+\$0.00	\$ 320,612.74	\$ 420,705.75
Total amount of cash on hand			\$ 45,932.25	

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

Signature of Director or Treasurer

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

SEND TO: 1 Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-578-2545 2 Candidates for countywide and county district allices should return forms to their county Circuit Clark.

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period July 1, 2016	through September 30, 2016
	EMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name		this period
Richard D. Hailey	07 / 01 / 16	\$ 2,500.00
Mailing Address		
8624 Bay Colony Drive		\$
City, State, Zip Code		
	$ \; \square \; \; \square \; \; \sqcup \; $	\$
Indianapolis, IN 46234		
Name of Employer (Required) Ramey & Hailey	$ \square_I \square_I \square_I \square_I$	\$
Occupation (Required)	Accessors	
Attorney	Aggregate year–to-date	\$ 2,500.00
B. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
b. Source. Corporation FAO W minimulation Com	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Philip W. Thomas	07 / 05 / 16	\$ 500.00
Mailing Address		·
Post Office Box 24464	08 / 22 / 16	\$ 200.00
City, State, Zip Code		
Jackson, MS 39225		\$
Name of Employer (Required)		-
Philip W. Thomas PA		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 700.00
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(, 24), 1041/	this period
Full name	07 / 05 / 16	\$ 1,500.00
Dick Molpus		4 11,500.00
Mailing Address		
Post Office Box 59		\$
		\$
City, State, Zip Code		\$
City, State, Zip Code Philadelphia, MS 39350		
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required)		
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company		\$
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required)		\$
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required) Real Estate	//	\$
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required)	year-to-date Date	\$\$ \$ \$ \$ Amount of each
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required) Real Estate	year-to-date	\$
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required) Real Estate D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year)	\$ [1,500.00] Amount of each receipt this period
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required) Real Estate D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date	\$
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required) Real Estate D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	\$ [1,500.00] Amount of each receipt this period \$ [1,000.00]
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required) Real Estate D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ronald L. Taylor	year-to-date Date (Mo., Day, Year)	\$ [1,500.00] Amount of each receipt this period
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required) Real Estate D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ronald L. Taylor Mailing Address 5115 Meadow Pointe Drive City, State, Zip Code	year-to-date Date (Mo., Day, Year)	\$ [
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required) Real Estate D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ronald L. Taylor Mailing Address 5115 Meadow Pointe Drive City, State, Zip Code Southaven, MS 38672	year-to-date Date (Mo., Day, Year)	\$ [1,500.00] Amount of each receipt this period \$ [1,000.00]
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required) Real Estate D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ronald L. Taylor Mailing Address 5115 Meadow Pointe Drive City, State, Zip Code Southaven, MS 38672 Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	\$
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required) Real Estate D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ronald L. Taylor Mailing Address 5115 Meadow Pointe Drive City, State, Zip Code Southaven, MS 38672 Name of Employer (Required) Retired	year-to-date Date (Mo., Day, Year) 07 / 05 / 16	\$
City, State, Zip Code Philadelphia, MS 39350 Name of Employer (Required) The Molpus Company Occupation (Required) Real Estate D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ronald L. Taylor Mailing Address 5115 Meadow Pointe Drive City, State, Zip Code Southaven, MS 38672 Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	\$

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens		
Reporting period July 1. 2016		through	September 30, 2016

A. Scurce: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(ino., Day, rear,	this period
Full name	07 / 05 / 16	\$ 2,000.00
Rance N. Ulmer Mailing Address		. [_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		\$
Post Office Box 1		
City, State, Zip Code		\$
Bay Springs, MS 39422		
Name of Employer (Required) Ulmer Law Office	\square \prime \square \prime \square	\$
Occupation (Required)	Aggregate	•
Attorney	year-to-date	\$ 2,000.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		
Don O. Gleason, Sr.	07 / 05 / 16	\$ 500.00
Mailing Address		
221 Woodland Hills Drive		\$
City, State, Zip Code		
Oxford, MS 38655		\$
Name of Employer (Required)		\$
Self		*
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	₩ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)		receipt
Other (please specify) Full name James W. Henley Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name James W. Henley	(Mo., Day, Year)	receipt this period
Other (please specify) Full name James W. Henley Mailing Address	(Mo., Day, Year)	receipt this period \$ 300.00
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509	(Mo., Day, Year)	receipt this period
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 300.00 \$
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083	(Mo., Day, Year)	receipt this period \$ 300.00
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Henley, Lotterhos & Henley Occupation (Required)	(Mo., Day, Year) 07 / 05 / 16 10 / 10 / 10 Aggregate	receipt this period \$ 300.00 \$
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Henley, Lotterhos & Henley Occupation (Required) Attorney	(Mo., Day, Year) 07 / 05 / 16 10 / 10 / 10 Aggregate year-to-date	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Henley, Lotterhos & Henley Occupation (Required)	(Mo., Day, Year) 07 / 05 / 16 10 / 10 / 10 Aggregate	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Henley, Lotterhos & Henley Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) O7 / O5 / 16	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Henley, Lotterhos & Henley Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Darryl M. Gibbs	(Mo., Day, Year) O7	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Henley, Lotterhos & Henley Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Darryl M. Gibbs Mailing Address	(Mo., Day, Year) 07	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Henley, Lotterhos & Henley Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Darryl M. Gibbs Mailing Address 120 North Congress Street, Suite 200	(Mo., Day, Year) O7 / O5 / 16 \ / / / / Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Henley, Lotterhos & Henley Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Darryl M. Gibbs Mailing Address 120 North Congress Street, Suite 200 City, State, Zip Code	(Mo., Day, Year) 07	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Henley, Lotterhos & Henley Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Darryl M. Gibbs Mailing Address 120 North Congress Street, Suite 200 City, State, Zip Code Jackson, MS 39201	(Mo., Day, Year) 07	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Henley, Lotterhos & Henley Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Darryl M. Gibbs Mailing Address 120 North Congress Street, Suite 200 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required)	(Mo., Day, Year) 07	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name James W. Henley Mailing Address Post Office Box 509 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Henley, Lotterhos & Henley Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Darryl M. Gibbs Mailing Address 120 North Congress Street, Suite 200 City, State, Zip Code Jackson, MS 39201	(Mo., Day, Year) 07	receipt this period \$ 300.00 \$

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1, 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	07 / 11 / 16	
Michael C. Moore		\$ 1,000.00
Mailing Address		¢ [
Post Office Box 321048	- ' - ' -	\$ [
City, State, Zip Code		
Flowood, MS 39232		\$
Name of Employer (Required)		•
Mike Moore Law Firm, LLC		\$
Occupation (Required)	Aggregate	\$ 1,000.00
Attorney	year-to-date	Ψ [1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	07 / 11 / 16	
Jonathan Compretta		\$ 500.00
Mailing Address		•
1715 Devine Street		\$
City, State, Zip Code		•
Jackson, MS 39202		\$
Name of Employer (Required)		\$
Mike Moore Law Firm, LLC	<u> </u>	*
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	¥ [300.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Ronnie Musgrove	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Ronnie Musgrove Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
Other (please specify) Full name Ronnie Musgrove Mailing Address Post Office Box 2527	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Ronnie Musgrove Mailing Address Post Office Box 2527 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Ronnie Musgrove Mailing Address Post Office Box 2527 City, State, Zip Code Madison, MS 39130	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Musgrove, & Smith, PLLC Occupation (Required)	Date (Mo., Day, Year) 07 / 13 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	receipt this period \$ 1,000.00 \$
City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Musgrove, & Smith, PLLC Occupation (Required) Attorney	Date (Mo., Day, Year) 07 / 13 / 16 1 / 1 / 1 1 / 1 / 1	receipt this period \$ 1,000.00 \$
City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Musgrove, & Smith, PLLC Occupation (Required)	Date (Mo., Day, Year) 07 / 13 / 16 10 / 10 / 10 Aggregate year-to-date	receipt this period \$ 1,000.00 \$
City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Musgrove, & Smith, PLLC Occupation (Required) Attorney	Date (Mo., Day, Year) 07 / 13 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Ronnie Musgrove Mailing Address Post Office Box 2527 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Musgrove, & Smith, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07 / 13 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Ronnie Musgrove Mailing Address Post Office Box 2527 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Musgrove, & Smith, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 13 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Ronnie Musgrove Mailing Address Post Office Box 2527 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Musgrove, & Smith, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Rebecca L. Wiqqs Mailing Address	Date (Mo., Day, Year) 07 / 13 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Ronnie Musgrove Mailing Address Post Office Box 2527 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Musgrove, & Smith, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Rebecca L. Wigqs	Date (Mo., Day, Year) 07 / 13 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
City, State, Zip Code Mailing Address Post Office Box 2527 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Musgrove, & Smith, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Rebecca L. Wiqqs Mailing Address 917 Arlington Street City, State, Zip Code	Date (Mo., Day, Year) 07 / 13 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
Full name Ronnie Musgrove Mailing Address Post Office Box 2527 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Musgrove, & Smith, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Rebecca L. Wiqqs Mailing Address 917 Arlington Street City, State, Zip Code Jackson, MS 39202	Date (Mo., Day, Year) 07 / 13 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
City, State, Zip Code Malling Address Post Office Box 2527 City, State, Zip Code Madison, MS 39130 Name of Employer (Required) Musgrove, & Smith, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Rebecca L. Wiqqs Malling Address 917 Arlington Street City, State, Zip Code Jackson, MS 39202 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 13 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
City, State, Zip Code Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Rebecca L. Wiqqs Mailing Address 917 Arlington Street City, State, Zip Code City, State, Zip Code Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 13 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$

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Name of Candidate or Committee Committee		Committee to	Re-Elect Jim	Kitchens
Reporting period	July 1. 2016		through	September 30, 2016
	ITI			DECEIDT

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	07 / 19 / 16	\$ 1,000.00
Kelley M. Berry		▼ [1,000.00
Mailing Address		\$
Post Office Drawer 768		
City, State, Zip Code		\$
Hazlehurst, MS 39083		•
Name of Employer (Required)		\$
Berry & Munn		•
Occupation (Required) Attorney	Aggregate	\$ 1,000.00
	year-to-date	
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(ino., buy, rear,	this period
Full name	07 / 19 / 16	\$ 1,000.00
Ben F. Galloway III		¥ [1,000.00
Mailing Address		\$
Post Office Drawer 420		<u> </u>
City, State, Zip Code		\$
Gulfport, MS 39502		•
Name of Employer (Required)		\$
Owen, Galloway, & Myers, PLLC		•
Occupation (Required)	Aggregate	\$ 1,250.00
Attorney	year-to-date	▼ [1,230.00
C. Scurce Corporation PAC Individual Loan		Amount of soch
	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	
Other (please specify)		receipt
Other (please specify) Full name Betsy Greene	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Betsy Greene Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Betsy Greene Mailing Address 520 North Walnut	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Betsy Greene Mailling Address 520 North Walnut City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Betsy Greene Mailing Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404	(Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Betsy Greene Mailing Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Betsy Greene Mailing Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404	(Mo., Day, Year) 07 / 19 / 16 1 / 1 / 1 1 / 1 / 1	receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Betsy Greene Mailing Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required) Greene & Schultz	(Mo., Day, Year) 07 / 19 / 16 10 / 10 / 10 Aggregate	receipt this period \$ 500.00 \$
Other (please specify) Full name Betsy Greene Mailing Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required) Greene & Schultz Occupation (Required)	(Mo., Day, Year) 07 / 19 / 16 1 / 1 / 1 1 / 1 / 1	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt
Other (please specify) Full name Betsy Greene Mailing Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required) Greene & Schultz Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) O7 / 19 / 16	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
Other (please specify) Full name Betsy Greene Mailling Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required) Greene & Schultz Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt
Other (please specify) Full name Betsy Greene Mailing Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required) Greene & Schultz Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) O7 / 19 / 16	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00
Other (please specify) Full name Betsy Greene Mailling Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required) Greene & Schultz Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Elise B. Munn	(Mo., Day, Year) O7 / 19 / 16	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
Other (please specify) Full name Betsy Greene Mailling Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required) Greene & Schultz Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Elise B. Munn Mailing Address Post Office Box 768 City, State, Zip Code	(Mo., Day, Year) O7 / 19 / 16	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00
Other (please specify) Full name Betsy Greene Maiting Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required) Greene & Schultz Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Elise B. Munn Mailing Address Post Office Box 768 City, State, Zip Code Hazlehurst, MS 39083	(Mo., Day, Year) O7 / 19 / 16	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00
Other (please specify) Full name Betsy Greene Mailing Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required) Greene & Schultz Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Elise B. Munn Mailing Address Post Office Box 768 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required)	(Mo., Day, Year) O7 / 19 / 16	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$ 500.00
Other (please specify) Full name Betsy Greene Mailing Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required) Greene & Schultz Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Elise B. Munn Mailing Address Post Office Box 768 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Berry & Munn	(Mo., Day, Year) 07 / 19 / 16	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$ 500.00
Other (please specify) Full name Betsy Greene Mailing Address 520 North Walnut City, State, Zip Code Bloomington, IN 47404 Name of Employer (Required) Greene & Schultz Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Elise B. Munn Mailing Address Post Office Box 768 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required)	(Mo., Day, Year) O7 / 19 / 16	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$ 500.00

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Name of Candidat	te or Committee	Committee t	o Re-Elect Jim	Kitchens
Reporting period	July 1. 2016		through	September 30, 2016
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A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name Fred Schultz	07 / 19 / 16	\$ 500.00
Mailing Address		
	므 / 므 / 므	\$
520 North Walnut City, State, Zip Code		
		\$
Bloomington, IN 47404		· • • • • • • • • • • • • • • • • • • •
Name of Employer (Required) Greene & Schultz	$\square_I \square_I \square_I$	\$
Occupation (Required)		
Attorney	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC I Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	07 / 19 / 16	
Britt Singletary	<u>w</u> 1 <u>m1</u>	\$ 500.00
Mailing Address		\$
Post Office Box 1229	느/느/느	3
City, State, Zip Code		
Biloxi, MS 39533		\$
Name of Employer (Required)		•
Singletary & Thrash		\$
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	\$ 500.00
	_	
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)		
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman	Date (Mo., Day, Year)	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038	Date (Mo., Day, Year)	receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215	Date (Mo., Day, Year)	receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed	Date (Mo., Day, Year) 07 / 20 / 16 1	receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required)	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate	receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed	Date (Mo., Day, Year) 07 / 20 / 16 1	receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gregory S. Cusimano	Date (Mo., Day, Year) 07 / 20 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist D. Source: Corporation PAC Individual Loan Other (please specify) Full name Greqory S. Cusimano Mailing Address 153 SOuth 9th Street City, State, Zip Code	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gregory S. Cusimano Mailing Address 153 SOuth 9th Street City, State, Zip Code Gadsden, AL 35901	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist D. Source: Corporation PAC Individual Loan Other (please specify) Full name Greqory S. Cusimano Mailing Address 153 SOuth 9th Street City, State, Zip Code Gadsden, AL 35901 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 200.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Self-Employed Occupation (Required) Lobbyist D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gregory S. Cusimano Mailing Address 153 SOuth 9th Street City, State, Zip Code Gadsden, AL 35901	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 200.00 \$

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Name of Candidate or Committee Committee to Re-Elect Jim Kitchens			Kitchens
Reporting period July 1.2016	3	through	September 30, 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
R. Ayers Haxton	07 / 19 / 16	\$ 500.00
Mailing Address		
37 Ayers Road		\$
City, State, Zip Code		
		\$
Natchez, MS 39120		
Name of Employer (Required) R. A. Haxton Construction Company	$\square \square \square \square \square$	\$
Occupation (Required)	Aggregate	
Attorney	Aggregate year–to-date	\$ 500.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	67 . 60 . 60	
George W. Healy IV	07 / 20 / 16	\$ 250.00
Mailing Address		<u> </u>
1323 28th Avenue Suite A		\$
City, State, Zip Code		
Gulfport, MS 39501		\$
Name of Employer (Required)		• =
George W. Healey IV & Associates	<u> </u>	\$
Occupation (Required)	Aggregate	•
Attorney	year-to-date	\$ 250.00
rittoritey	year-to-date	
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	
C. Source Corporation PAC Individual Loan Other (please specify)	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Malling Address Post Office Box 15039	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Mailing Address Post Office Box 15039 City, State, Zip Code Hattlesburg, MS 39404	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Mailing Address Post Office Box 15039 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 1 / 1 / 1	receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Malling Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram & Associates, PLLC Occupation (Required) Attorney	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Malling Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram & Associates, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram & Associates, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram & Associates, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram & Associates, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ingram & Associates, PLLC	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram & Associates, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram & Associates, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ingram & Associates, PLLC Mailing Address	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Malling Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram & Associates, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ingram & Associates, PLLC Mailing Address Post Office Box 15039	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram & Associates, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ingram & Associates, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Carroll Ingram Malling Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram & Associates, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ingram & Associates, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens

Reporting period July 1. 2016 September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	07 / 20 / 16	\$ 500.00
Paul Koerber	<u></u>	Ψ 500.00
Mailing Address		\$
Post Office Box 184	<u> </u>	V 1
City, State, Zip Code		\$
Biloxi, MS 39533	'' '	
Name of Employer (Required)		\$
Koerber Law Firm		9
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	♥ 1500.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(WO., Day, Tear)	this period
Full name	07 / 20 / 16	•
Jennifer Ingram Johnson	107 / 120 / 110	\$ 500.00
Mailing Address		•
107 Cherokee Court	<u> </u>	\$
City, State, Zip Code		\$
Hattiesburg, MS 39401	<u>'''</u>	Ψ
Name of Employer (Required) Ingram, PLLC		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 500.00
C. Source 🔽 Corporation PAC 📗 Individual 📗 Loan 🦵		
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Ingram, PLLC		receipt
Other (please specify) Full name Ingram, PLLC Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404	(Mo., Day, Year)	receipt this period \$ 500.00 \$
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC	(Mo., Day, Year) 07	receipt this period \$ 500.00
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC Occupation (Required)	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC Occupation (Required) Attorney's at Law	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC Occupation (Required)	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC Occupation (Required) Attorney's at Law D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) O7	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC Occupation (Required) Attorney's at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William T. May	(Mo., Day, Year) O7	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC Occupation (Required) Attorney's at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William T. May Mailing Address	(Mo., Day, Year) O7	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC Occupation (Required) Attorney's at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William T. May Mailing Address Post Office Box 2009	(Mo., Day, Year) O7	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC Occupation (Required) Attorney's at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William T. May Mailing Address Post Office Box 2009 City, State, Zip Code Meridian, MS 39302	(Mo., Day, Year) O7	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC Occupation (Required) Attorney's at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William T. May Mailing Address Post Office Box 2009 City, State, Zip Code Meridian, MS 39302 Name of Employer (Required)	(Mo., Day, Year) O7	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 1
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC Occupation (Required) Attorney's at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William T. May Mailing Address Post Office Box 2009 City, State, Zip Code Meridian, MS 39302 Name of Employer (Required) Barry Thaqqard May & Bailey, LLP	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 500.00 \$
Other (please specify) Full name Ingram, PLLC Mailing Address Post Office Box 15039 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Ingram, PLLC Occupation (Required) Attorney's at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William T. May Mailing Address Post Office Box 2009 City, State, Zip Code Meridian, MS 39302 Name of Employer (Required)	(Mo., Day, Year) O7	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 7

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Page	8	of	[63

Name of Candidate	or Committee	Committee to	o Re-Elect Jim	Kitchens
Reporting period 🗓	ulv 1, 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)Full name		this period
Robert F. Wilkins	07 / 20 / 16	\$ 250.00
Mailing Address		
475 East Capitol Street		\$
City, State, Zip Code		
Jackson, MS 39201		\$
Name of Employer (Required)		
Robert F. Wilkins Law Firm, PLLC		\$
Occupation (Required)	Aggregate	\$ 750.00
Attorney	year-to-date	\$ 750.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(1.10., 22), 104.,	this period
Full name	07 / 20 / 16	\$ 1,500.00
Edward Williamson		. [1,500.00
Mailing Address		\$
Post Office Box 588		
City, State, Zip Code		\$
Philadelphia, MS 39350		<u> </u>
Name of Employer (Required)		\$
Edward A. Williamson Law Office		<u> </u>
Occupation (Required) Attorney	Aggregate year–to-date	\$ 1,500.00
	, to	Amount of soch
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Maiting Address 1720 Winchuck River Road City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Maiting Address 1720 Winchuck River Road City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415 Name of Employer (Required) The Arkin Law Firm Occupation (Required)	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate	receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415 Name of Employer (Required) The Arkin Law Firm Occupation (Required) Attorney	Date (Mo., Day, Year) 07 / 20 / 16 1	receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415 Name of Employer (Required) The Arkin Law Firm Occupation (Required)	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate	receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415 Name of Employer (Required) The Arkin Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailling Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415 Name of Employer (Required) The Arkin Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brehm T. Bell	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415 Name of Employer (Required) The Arkin Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brehm T. Bell Mailing Address	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415 Name of Employer (Required) The Arkin Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brehm T. Bell Mailing Address 544 Main Street	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415 Name of Employer (Required) The Arkin Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brehm T. Bell Mailing Address 544 Main Street City, State, Zip Code	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415 Name of Employer (Required) The Arkin Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brehm T. Bell Mailing Address 544 Main Street City, State, Zip Code Bay St. Louis, MS 39520	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415 Name of Employer (Required) The Arkin Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brehm T. Bell Mailing Address 544 Main Street City, State, Zip Code	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Sharon Arkin Mailing Address 1720 Winchuck River Road City, State, Zip Code Brookings, OR 97415 Name of Employer (Required) The Arkin Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brehm T. Bell Mailing Address 544 Main Street City, State, Zip Code Bay St. Louis, MS 39520 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 20 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 500.00 \$ 500.00

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Name of Candidate or Commi	ommittee to Re-Elect Jim Kitchens	
Reporting period July 1. 2016	through September 30, 201	6

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	07 / 21 / 16	\$ 500.00
Steve Bozeman		\$ 500.00
Mailing Address		\$
12095 MOnticello Road		4 [
City, State, Zip Code		\$
Hazlehurst, MS 39083	<u>'-'</u>	a
Name of Employer (Required)		\$
Bozeman Chevron	<u> </u>	<u> </u>
Occupation (Required)	Aggregate	\$ 500.00
Businessman	year-to-date	
B. Source: Corporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name	07 / 21 / 16	\$ 250.00
Wynn E. Clark		
Mailing Address 2510 16th Street	09 / 22 / 16	\$ 500.00
City, State, Zip Code		
Gulfport, MS 39501		\$
Name of Employer (Required)		
Self		\$
Occupation (Required)	Aggregate	•
Attorney	year-to-date	\$ 750.00
Attorney	year to date	
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)		
C. Source Corporation PAC Individual Loan Other (please specify)	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083	Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Copiah Bank	Date (Mo., Day, Year) 07 / 21 / 16 1 / 1 / 1 1 / 1 / 1	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Copiah Bank Occupation (Required) Bank President D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07 / 21 / 16 1 / 1 / 1 Aggregate	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Copiah Bank Occupation (Required) Bank President D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 21 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Copiah Bank Occupation (Required) Bank President D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 21 / 16 1 / 1 / 1 Aggregate year-to-date Date	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Copiah Bank Occupation (Required) Bank President D. Source: Corporation PAC Individual Loan Other (please specify) Full name Regina Morris	Date (Mo., Day, Year) 07 / 21 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Copiah Bank Occupation (Required) Bank President D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 21 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Copiah Bank Occupation (Required) Bank President D. Source: Corporation PAC Individual Loan Other (please specify) Full name Regina Morris Mailing Address	Date (Mo., Day, Year) 07 / 21 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Copiah Bank Occupation (Required) Bank President D. Source: Corporation PAC Individual Loan Other (please specify) Full name Reqina Morris Mailing Address 600 North Beach Blvd	Date (Mo., Day, Year) 07 / 21 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Copiah Bank Occupation (Required) Bank President D. Source: Corporation PAC Individual Loan Other (please specify) Full name Regina Morris Mailing Address 600 North Beach Blvd City, State, Zip Code Bay St. Louis, MS 39520 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 21 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Copiah Bank Occupation (Required) Bank President D. Source: Corporation PAC Individual Loan Other (please specify) Full name Reqina Morris Mailing Address 600 North Beach Blvd City, State, Zip Code Bay St. Louis, MS 39520 Name of Employer (Required) Retired	Date (Mo., Day, Year) 07 / 21 / 16	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name George Marx Mailing Address 1071 Highway 472 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required) Copiah Bank Occupation (Required) Bank President D. Source: Corporation PAC Individual Loan Other (please specify) Full name Regina Morris Mailing Address 600 North Beach Blvd City, State, Zip Code Bay St. Louis, MS 39520 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 21 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$

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Name of Candidat	e or Committee	Committee to Re-	Elect Jim	Kitchens	
Reporting period	July 1. 2016	the	rough	September 30, 2016	_
	ITI	EMIZE	ED	RECEIP	TS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)Full name		uns periou
Gregory Bosseler	07 / 22 / 16	\$ 4,500.00
Mailing Address		
202 Cedarwood Circle		\$
City, State, Zip Code		
Madison, MS 39110		\$
Name of Employer (Required)		
Morgan & Morgan		\$
Occupation (Required)	Aggragata	
Attorney	Aggregate year–to-date	\$ 4,500.00
B. Source: Corporation PAC Individual Loan	your to-date	Amount of each
D. Gource. [Gorporation [1 Ao W materialar [2 2011 [Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		_
Jon Haber	07 / 22 / 16	\$ 500.00
Mailing Address		
4914 43rd Street NW		\$
City, State, Zip Code		
Washington, DC 20016		\$
Name of Employer (Required)		
Cascade Strategy		\$
Occupation (Required)	Aggregate	
Businessman	year-to-date	\$ 500.00
	,	
C. Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Dennis Hennen	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Dennis Hennen Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135	(Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zlp Code Monroe, LA 71207	(Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm	(Mo., Day, Year) 07 / 22 / 16	receipt this period \$ 500.00 \$ 500.00
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required)	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required) Attorney	(Mo., Day, Year) 07 / 22 / 16	receipt this period \$ 500.00 \$ 500.00
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required)	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zlp Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required) Attorney	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zlp Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required) Attorney D. Source: Corporation PAC / Individual Loan	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald Kucia	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald Kucia Mailing Address	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zlp Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald Kucia Mailing Address 302 Monterey Drive	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald Kucia Mailing Address 302 Monterey Drive City, State, Zip Code	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 100.00
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald Kucia Mailing Address 302 Monterey Drive City, State, Zip Code Clinton, MS 39056	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
Other (please specify) Fuil name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald Kucia Mailing Address 302 Monterey Drive City, State, Zip Code Clinton, MS 39056 Name of Employer (Required)	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 1
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Cother (please specify) Full name Gerald Kucia Mailing Address 302 Monterey Drive City, State, Zip Code Clinton, MS 39056 Name of Employer (Required) Morqan & Morqan	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 1
Other (please specify) Full name Dennis Hennen Mailing Address Post Office Box 2135 City, State, Zip Code Monroe, LA 71207 Name of Employer (Required) Hennen Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Gerald Kucia Mailing Address 302 Monterey Drive City, State, Zip Code Clinton, MS 39056 Name of Employer (Required)	(Mo., Day, Year) 07	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 1

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Name of Candidat	e or Committee	Committee to	Re-Elect Jin	n Kitchens	
Reporting period	July 1. 2016		through	September 30, 2016	_
	ITI	EMIZ	ED	RECEIP'	TS

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name		una periou
Thomas F. Fay	07 / 24 / 16	\$ 1,000.00
Mailing Address		
777 Sixth NW, Suite 410		\$
City, State, Zip Code		
Washington, DC 20001		\$
Name of Employer (Required)		
Fay Law Group		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	07 / 24 / 16	\$ 500.00
John Vail		- 1200.00
Mailing Address		\$
777 6th Street NW, Suite 410		<u> </u>
City, State, Zip Code		\$
Washington, DC 20001		•
Name of Employer (Required)		\$
John Vail Law, PLLC		*
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	+ [500.00
C Course C Comparation C DAC C Individual 1 Loop 1		
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	(Mo., Day, Year)	receipt this period
Other (please specify)		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Kathleen Nastri	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Kathleen Nastri Malling Address	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 250.00 \$
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518 Name of Employer (Required) Koskoff, Koskoff & Bieder, PC Occupation (Required)	(Mo., Day, Year) 07 / 24 / 16 10 / 10 / 10 Aggregate	receipt this period \$ 250.00 \$
Other (please specify) Full name Kathleen Nastri Malling Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518 Name of Employer (Required) Koskoff, Koskoff & Bieder, PC Occupation (Required) Attorney	(Mo., Day, Year) 07 / 24 / 16 10 / 10 / 10 Aggregate year-to-date	receipt this period \$ 250.00 \$
Other (please specify) Full name Kathleen Nastri Malling Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518 Name of Employer (Required) Koskoff, Koskoff & Bieder, PC Occupation (Required) Attorney	(Mo., Day, Year) 07 / 24 / 16 10 / 10 / 10 Aggregate	receipt this period \$ 250.00 \$
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518 Name of Employer (Required) Koskoff, Koskoff & Bieder, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07 / 24 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518 Name of Employer (Required) Koskoff, Koskoff & Bieder, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Julie Kane	(Mo., Day, Year) 07 / 24 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 250.00 \$
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518 Name of Employer (Required) Koskoff, Koskoff & Bieder, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Julie Kane Mailing Address	(Mo., Day, Year) 07 / 24 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518 Name of Employer (Required) Koskoff, Koskoff & Bieder, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Julie Kane Mailing Address 650 Sabal Palm Road	(Mo., Day, Year) 07 / 24 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518 Name of Employer (Required) Koskoff, Koskoff & Bieder, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Julie Kane Mailing Address 650 Sabal Palm Road City, State, Zip Code	(Mo., Day, Year) 07 / 24 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518 Name of Employer (Required) Koskoff, Koskoff & Bieder, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Julie Kane Mailing Address 650 Sabal Palm Road City, State, Zip Code Miami, FL 33137	(Mo., Day, Year) 07 / 24 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518 Name of Employer (Required) Koskoff, Koskoff & Bieder, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Julie Kane Mailing Address 650 Sabal Palm Road City, State, Zip Code Miami, FL 33137 Name of Employer (Required)	(Mo., Day, Year) 07 / 24 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
Other (please specify) Full name Kathleen Nastri Mailing Address 4474 Whitney Avenue City, State, Zip Code Hamden, CT 06518 Name of Employer (Required) Koskoff, Koskoff & Bieder, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Julie Kane Mailing Address 650 Sabal Palm Road City, State, Zip Code Miami, FL 33137	(Mo., Day, Year) 07 / 24 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 250.00 \$

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1, 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Gerson Smoger	07 / 24 / 16	\$ 250.00
Mailing Address		• -
7080 Norfolk Road		\$
City, State, Zip Code		
Berkeley, CA 94705		\$
Name of Employer (Required)		
Smoger & Associates		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	07 / 24 / 16	\$ 1,000,00
Lisa Blue Baron		\$ 1,000.00
Mailing Address		\$
5950 Deloache Avenue	- ' - ' -	*
City, State, Zip Code		•
Dallas, TX 75225		\$
Name of Employer (Required)		e
Self		\$
Occupation (Required)	Aggregate	\$ 3,500.00
Attorney	year-to-date	3,500.00
<u></u>		
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	
Other (please specify)	Date	receipt
Other (please specify) Full name Lisa P. Dallas	Date (Mo., Day, Year)	receipt this period \$ 1,500.00
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Lisa P. Dallas Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 1,500.00
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove	Date (Mo., Day, Year)	receipt this period \$ 1,500.00
Other (please specify) Full name. Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110	Date (Mo., Day, Year)	receipt this period \$ 1.500.00 \$
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 1,500.00
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required)	Date (Mo., Day, Year) 07 / 25 / 16 1 / 1 / 1 Aggregate	receipt this period \$ 1.500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required) Homemaker	Date (Mo., Day, Year)	receipt this period \$ 1.500.00 \$
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC / Individual Loan	Date (Mo., Day, Year) 07 / 25 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 1,500.00 \$
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 25 / 16 1 / 1 / 1 Aggregate year-to-date	receipt this period \$ 1.500.00 \$
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 25 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 1,500.00 \$
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 25 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,500.00 \$
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify) Full name Luke Dove Mailing Address	Date (Mo., Day, Year) 07 / 25 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,500.00 \$
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 25 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1.500.00 \$
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify) Full name Luke Dove Mailing Address 4140 Dandridge Drive	Date (Mo., Day, Year) 07 / 25 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,500.00 \$
Other (please specify) Full name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify) Full name Luke Dove Mailing Address 4140 Dandridge Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 25 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1.500.00 \$
Other (please specify) Fuil name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify) Fuil name Luke Dove Mailing Address 4140 Dandridge Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Dove & Chill	Date (Mo., Day, Year) 07 / 25 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1.500.00 \$
Other (please specify) Fuil name Lisa P. Dallas Mailing Address 130 Sundown Cove City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify) Fuil name Luke Dove Mailing Address 4140 Dandridge Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 25 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1.500.00 \$

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Name of Candidate	e or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period	July 1. 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(MO., Day, Teal)	this period
Full name	07 / 26 / 16	\$ 1,000.00
James J. Wilson, Jr. Mailing Address		+ 1,000.00
		\$
23086 Highway 51 South		
City, State, Zip Code		\$
Crystal Springs, MS 39059		<u> </u>
Name of Employer (Required)		\$
Wilson's Meat House, Inc. Occupation (Required)		·
Businessman	Aggregate	\$ 1,000.00
	year-to-date	
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Brandi D. Gatewood	07 / 28 / 16	\$ 5,000.00
Mailing Address		
2309 Pointe of View		\$
City, State, Zip Code		\$
Ocean Springs, MS 39564		
Name of Employer (Required)		\$
Self Occupation (Required)	A	
Attorney	Aggregate year–to-date	\$ 5,000.00
Intonicy	year-to-date	
		AA of cook
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 1 / 1 / 1	receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required) Herrera Law Firm	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required) Herrera Law Firm Occupation (Required)	Date (Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 Aggregate	receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required) Herrera Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required) Herrera Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jorge Herrera	Date (Mo., Day, Year) 07 / 28 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required) Herrera Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jorge Herrera Mailing Address	Date (Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required) Herrera Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jorge Herrera Mailing Address 111 Soledad Street, Suite 1900	Date (Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required) Herrera Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jorge Herrera Mailing Address 111 Soledad Street, Suite 1900 City, State, Zip Code	Date (Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required) Herrera Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jorge Herrera Mailing Address 111 Soledad Street, Suite 1900 City, State, Zip Code San Antonio, TX 78205	Date (Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required) Herrera Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jorge Herrera Mailing Address 111 Soledad Street, Suite 1900 City, State, Zip Code San Antonio, TX 78205 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required) Herrera Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jorge Herrera Mailing Address 111 Soledad Street, Suite 1900 City, State, Zip Code San Antonio, TX 78205 Name of Employer (Required) Herrera Law Firm	Date (Mo., Day, Year) 07 / 28 / 16	receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Javier Herrera Mailing Address 2727 Sonata Park City, State, Zip Code San Antonio, TX 78230 Name of Employer (Required) Herrera Law Firm Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jorqe Herrera Mailing Address 111 Soledad Street, Suite 1900 City, State, Zip Code San Antonio, TX 78205 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 1

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens

Reporting period July 1. 2016 through September 30. 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Thomas Penfield	07 / 28 / 16	\$ 250.00
Mailing Address		
2127 Manchester Avenue	1 1 1 1 1 1 1 1 1	\$
City, State, Zip Code		
Cardiff by the Sea, CA 92007	<u> </u>	\$
Name of Employer (Required)		
Casey Gerry	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 250.00
Attorney	year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Bruce H. Stern	07 / 28 / 16	\$ 250.00
Mailing Address		
14 Tara Way	<u> </u>	\$
City, State, Zip Code		\$
Pennington, NJ 08534		3
Name of Employer (Required) Stark & Stark		\$
Occupation (Required)	Aggregate	\$ 250.00
Attorney	year-to-date	\$ 250.00
p	your to-auto	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood	Date	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Malling Address 1716 Martins Lane	Date (Mo., Day, Year)	receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address 1716 Martins Lane City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address 1716 Martins Lane City, State, Zip Code Gladwyne, PA 19035	Date (Mo., Day, Year)	receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address 1716 Martins Lane City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address 1716 Martins Lane City, State, Zip Code Gladwyne, PA 19035 Name of Employer (Required) Poqust Braslow Millrood Occupation (Required)	Date (Mo., Day, Year) 07	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address 1716 Martins Lane City, State, Zip Code Gladwyne, PA 19035 Name of Employer (Required) Poqust Braslow Millrood	Date (Mo., Day, Year) O7	receipt this period \$ 250.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address 1716 Martins Lane City, State, Zip Code Gladwyne, PA 19035 Name of Employer (Required) Poqust Braslow Millrood Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Tobias Millrood Malling Address 1716 Martins Lane City, State, Zip Code Gladwyne, PA 19035 Name of Employer (Required) Poqust Braslow Millrood Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) O7	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address 1716 Martins Lane City, State, Zip Code Gladwyne, PA 19035 Name of Employer (Required) Poqust Braslow Millrood Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name O. Fayrell Furr	Date (Mo., Day, Year) O7	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ Amount of each receipt
Other (please specify) Full name Tobias Millrood Malling Address 1716 Martins Lane City, State, Zip Code Gladwyne, PA 19035 Name of Employer (Required) Poqust Braslow Millrood Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) O7	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address 1716 Martins Lane City, State, Zip Code Gladwyne, PA 19035 Name of Employer (Required) Poqust Braslow Millrood Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name O. Fayrell Furr Mailing Address Post Office Box 2909 City, State, Zip Code	Date (Mo., Day, Year) O7	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address 1716 Martins Lane City, State, Zip Code Gladwyne, PA 19035 Name of Employer (Required) Poqust Braslow Millrood Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name O. Fayrell Furr Mailing Address Post Office Box 2909 City, State, Zip Code Myrtle Beach, SC 29578	Date (Mo., Day, Year) O7	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address 1716 Martins Lane City, State, Zip Code Gladwyne, PA 19035 Name of Employer (Required) Poqust Braslow Millrood Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name O. Fayrell Furr Mailing Address Post Office Box 2909 City, State, Zip Code Myrtle Beach, SC 29578 Name of Employer (Required)	Date (Mo., Day, Year) O7	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Tobias Millrood Mailing Address 1716 Martins Lane City, State, Zip Code Gladwyne, PA 19035 Name of Employer (Required) Poqust Braslow Millrood Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name O. Fayrell Furr Mailing Address Post Office Box 2909 City, State, Zip Code Myrtle Beach, SC 29578	Date (Mo., Day, Year) O7	receipt this period \$ 250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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Name of Candidat	e or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period	July 1, 2016		through	September 30, 2016
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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	07 / 28 / 16	\$ 1,000.00
Gary M. Paul		¥ [1,000.00
Mailing Address		\$
4227 Morietta Avenue		
City, State, Zip Code		\$
Sherman Oaks, CA 91427		<u> </u>
Name of Employer (Required) Waters Kraus Paul	\square , \square , \square	\$
Occupation (Required)	Aggregate	\$ 1,000.00
Attorney	year-to-date	
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	07 / 28 / 16	\$ 1000.00
Larry A. Tawwater		¥ 1000.00
Malling Address		\$
14001 Quail Springs Parkway		
City, State, Zip Code	$\square \square \square \square \square$	\$
Oklahoma City, OK 73134		
Name of Employer (Required) Tawwater Law Firm		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period \$ 1,000.00
Other (please specify) Full name Wayne Willoughby	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Wayne Willoughby Mailing Address	(Mo., Day, Year)	receipt this period \$ 1,000.00
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304	(Mo., Day, Year)	receipt this period \$ 1,000.00
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208	(Mo., Day, Year)	receipt this period \$ 1,000.00
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC Occupation (Required)	(Mo., Day, Year) 07	receipt this period \$ 1,000.00 \$
Cother (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC Occupation (Required) Attorney	(Mo., Day, Year) 07 / 28 / 16	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC Occupation (Required)	(Mo., Day, Year) 07	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) O7	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pamela Mullis Mailing Address	(Mo., Day, Year) 07	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pamela Mullis Mailing Address 2907 Wheat Street	(Mo., Day, Year) 07	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pamela Mullis Mailing Address 2907 Wheat Street City, State, Zip Code	(Mo., Day, Year) 07	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pamela Mullis Mailing Address 2907 Wheat Street	(Mo., Day, Year) 07	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pamela Mullis Mailing Address 2907 Wheat Street City, State, Zip Code Columbia, SC 29205	(Mo., Day, Year) 07	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Wayne Willoughby Mailing Address 25 Hooks Lane, Suite 304 City, State, Zip Code Baltimore, MD 21208 Name of Employer (Required) Gershon, Willoughby, Getz & Smith, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Pamela Mullis Mailing Address 2907 Wheat Street City, State, Zip Code Columbia, SC 29205 Name of Employer (Required)	(Mo., Day, Year) 07	receipt this period \$ 1,000.00 \$

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Name of Candidate or Committe	e Committee	to Re-Elect Jim	Kitchens
Reporting period July 1, 2016		$oldsymbol{1}$ through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Shane F. Langston	07 / 28 / 16	\$ 3,500.00
Mailing Address		
1161 La Mirada Court		\$
City, State, Zip Code		
Southlake, TX 76092		\$
Name of Employer (Required)		
Self		\$
Occupation (Required)	Aggregate	\$ 5.000.00
Attorney	year-to-date	5.000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Foley Lamy & Jefferson	07 / 28 / 16	\$ 1.000.00
Mailing Address		
2285 Saint Charles Avenue Suite 1110		\$
City, State, Zip Code		
New Orleans, LA 70130		\$
Name of Employer (Required)		
Self		\$
Occupation (Required)	Aggregate	\$ 1.000.00
Attorneys-at-Law	year-to-date	\$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		
Other (please specify)		receipt
Other (please specify) Full name Frank Gallucci	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Frank Gallucci Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Frank Gallucci Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113	(Mo., Day, Year)	receipt this period \$ 250.00 \$
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required)	(Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 Aggregate	receipt this period \$ 250.00 \$
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required) Attorney	(Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 1 / 1 / 1	receipt this period \$ 250.00 \$
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required)	(Mo., Day, Year) 07 / 28 / 16 1 / 1 / 1 Aggregate	receipt this period \$ 250.00 \$
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07	receipt this period \$ 250.00 \$
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07	receipt this period \$ 250.00 \$
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07	receipt this period \$ 250.00 \$
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07	receipt this period \$ 250.00 \$
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sandra T. Herman Mailing Address 625 St. Charles Avenue Penthouse D	(Mo., Day, Year) 07	receipt this period \$ 250.00 \$
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sandra T. Herman Mailing Address 625 St. Charles Avenue Penthouse D City, State, Zip Code	(Mo., Day, Year) 07	receipt this period \$ 250.00 \$
Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sandra T. Herman Mailing Address 625 St. Charles Avenue Penthouse D City, State, Zip Code New Orleans, LA 70130	(Mo., Day, Year) 07	receipt this period \$ 250.00 \$
Other (please specify) Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sandra T. Herman Mailing Address 625 St. Charles Avenue Penthouse D City, State, Zip Code New Orleans, LA 70130 Name of Employer (Required)	(Mo., Day, Year) 07	receipt this period \$ 250.00 \$
Full name Frank Gallucci Mailing Address 55 Public Square Sutie 2222 City, State, Zip Code Cleveland, OH 44113 Name of Employer (Required) Plevin & Gallucci Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sandra T. Herman Mailing Address 625 St. Charles Avenue Penthouse D City, State, Zip Code New Orleans, LA 70130	(Mo., Day, Year) 07	receipt this period \$ 250.00 \$

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period July 1.2016	through September 30, 2016
<u> </u>	

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Morgan & Morgan	07 / 19 / 16	\$ 1,000.00
Mailing Address		
302 Monterey Drive		\$
City, State, Zip Code		
Clinton, MS 39056		\$
Name of Employer (Required)		
Self		\$
Occupation (Required)	Aggregate	
Attorneys-at-Law	year-to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
John Morgan	07 / 19 / 16	\$ 5,000.00
Mailing Address		
20 North Orange Avenue, Suite 1600	므'므'므	\$
City, State, Zip Code		
Orlando, FL 32801		\$
Name of Employer (Required)		
Morgan & Morgan		\$
Occupation (Required)	Aggregate	•
Attorney	year-to-date	\$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Other (blease specify)	(,, , ,	
		this period
Full name	08 / 01 / 16	
Full name A. Scott Cumbest	08 / 01 / 16	
Full name A. Scott Cumbest Mailing Address	08 / 01 / 16	
Full name A. Scott Cumbest Mailing Address Post Office Drawer 1287	08 / 01 / 16	\$ 1,000.00
A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code	08 / 01 / 16	\$ 1,000.00
A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568	08 / 01 / 16	\$ 1,000.00
Full name A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required)	08 / 01 / 16	\$ 1,000.00
Full name A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568		\$ [1,000.00] \$ [
Full name A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Cumbest, Cumbest, Hunter & McCormick	08 / 01 / 16 / / / / Aggregate year-to-date	\$ 1,000.00 \$
Full name A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Cumbest, Cumbest, Hunter & McCormick Occupation (Required)	//	\$ [1,000.00] \$ [
Full name A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Cumbest, Cumbest, Hunter & McCormick Occupation (Required) Attorney		\$ [1,000.00] \$ [
Full name A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Cumbest, Cumbest, Hunter & McCormick Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	//	\$ 1,000.00 \$
A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Cumbest, Cumbest, Hunter & McCormick Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	//	\$ 1,000.00 \$
Full name A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Cumbest, Cumbest, Hunter & McCormick Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Leigh-Ann Tabor Mailing Address	Aggregate year-to-date Date (Mo., Day, Year)	\$ 1.000.00 \$
A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Cumbest, Cumbest, Hunter & McCormick Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Leigh-Ann Tabor Mailing Address 308 East Pearl Street, Suite 201	//	\$ 1,000.00 \$
A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Cumbest, Cumbest, Hunter & McCormick Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Leigh-Ann Tabor Mailing Address 308 East Pearl Street, Suite 201 City, State, Zip Code	Aggregate year-to-date Date (Mo., Day, Year)	\$ 1.000.00 \$
A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Cumbest, Cumbest, Hunter & McCormick Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Leigh-Ann Tabor Mailling Address 308 East Pearl Street, Suite 201 City, State, Zip Code Jackson, MS 39201	Aggregate year-to-date Date (Mo., Day, Year)	\$ 1,000.00 \$
Full name A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Cumbest, Cumbest, Hunter & McCormick Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Leigh-Ann Tabor Mailing Address 308 East Pearl Street, Suite 201 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required)	Aggregate year-to-date Date (Mo., Day, Year)	\$ 1,000.00 \$
A. Scott Cumbest Mailing Address Post Office Drawer 1287 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) Cumbest, Cumbest, Hunter & McCormick Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Leigh-Ann Tabor Mailling Address 308 East Pearl Street, Suite 201 City, State, Zip Code Jackson, MS 39201	Aggregate year-to-date Date (Mo., Day, Year)	\$ 1,000.00 \$

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Name of Candidat	e or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period_	July 1. 2016		through	September 30, 2016

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A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
William L. Deas	08 / 01 / 16	\$ 5,000.00
Mailing Address		
		\$
2659 Lake Circle		
City, State, Zip Code		\$
Jackson, MS 39211		
Name of Employer (Required)		\$
Liston & Deas, PLLC		<u> </u>
Occupation (Required) Attorney	Aggregate	\$ 5,000.00
	year-to-date	
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
		this period
Full name	08 / 01 / 16	\$ 5,000.00
William Liston III		
Mailing Address		\$
3838 Redbud Road		
City, State, Zip Code		\$
Jackson, MS 39211		•
Name of Employer (Required)		\$
Liston & Deas, PLLC	<u> </u>	*
Occupation (Required)	Aggregate	\$ 5,000.00
Attorney	year-to-date	▼ [3,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required) Waters Kraus & Paul	Date (Mo., Day, Year) 07 / 29 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required) Waters Kraus & Paul Occupation (Required)	Date (Mo., Day, Year) 07 / 29 / 16 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required) Waters Kraus & Paul Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07 / 29 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required) Waters Kraus & Paul Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 29 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required) Waters Kraus & Paul Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07 / 29 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required) Waters Kraus & Paul Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Frank Verderame	Date (Mo., Day, Year) 07 / 29 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required) Waters Kraus & Paul Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Frank Verderame Mailing Address 5327 North 26th Street	Date (Mo., Day, Year) 07 / 29 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required) Waters Kraus & Paul Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Frank Verderame Mailing Address 5327 North 26th Street City, State, Zip Code	Date (Mo., Day, Year) 07 / 29 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required) Waters Kraus & Paul Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Frank Verderame Mailing Address 5327 North 26th Street City, State, Zip Code Phoenix, AZ 85016	Date (Mo., Day, Year) 07 / 29 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required) Waters Kraus & Paul Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Frank Verderame Mailing Address 5327 North 26th Street City, State, Zip Code Phoenix, AZ 85016 Name of Employer (Required)	Date (Mo., Day, Year) 07 / 29 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Charles Siegel Mailing Address 7426 Kenshire City, State, Zip Code Dallas, TX 75230 Name of Employer (Required) Waters Kraus & Paul Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Frank Verderame Mailing Address 5327 North 26th Street City, State, Zip Code Phoenix, AZ 85016	Date (Mo., Day, Year) 07 / 29 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 1

Name of Candidate or Committe	Committee to Re-Elect	Jim Kitchens
Reporting period July 1, 2016	through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jonathan Tabor	08 / 01 / 16	\$ 1,000.00
Mailing Address		
308 East Pearl Street, Suite 201	8 / 16 / 16	\$ 1,000.00
City, State, Zip Code		
Jackson, MS 39201	<u> </u>	\$
Name of Employer (Required)		•
Tabor Law Firm, P.A.	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 2.000.00
Attorney	year-to-date	\$ 2,000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
James Ashley Ogden	08 / 04 / 16	\$ 5,000.00
Mailing Address		_
500 East Capitl Street, Suite 3	<u> </u>	\$
City, State, Zip Code		
Jackson, MS 39201	<u> </u>	\$
Name of Employer (Required)		\$
Ogden & Associates, PLLC	<u> </u>	a I
Occupation (Required)	Aggregate	\$ 5,000,00
Attorney	year-to-date	\$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Chris Weldy	Date	receipt
Other (please specify) Full name Chris Weldy Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name Chris Weldy Mailing Address 461 East Ridgway Street	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
Cother (please specify) Full name Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206	Date (Mo., Day, Year)	receipt this period \$ 1,000,00
Other (please specify) Full name Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 1,000,00
Cother (please specify) Full name Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Weldy Law Firm, PLLC	Date (Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required)	Date (Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ [
Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Weldy Law Firm, PLLC Occupation (Required)	Date (Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Weldy Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
Other (please specify) Full name Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Weldy Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name S. Everett Pepper	Date (Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt
Other (please specify) Full name Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Weldy Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name S. Everett Pepper Mailing Address	Date (Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
Other (please specify) Full name Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Weldy Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name S. Everett Pepper Mailing Address 571 Highway 51	Date (Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00
Other (please specify) Full name Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Weldy Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name S. Everett Pepper Mailing Address	Date (Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00
Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Weldy Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name S. Everett Pepper Mailing Address 571 Highway 51 City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required)	Date (Mo., Day, Year) 08	receipt this period \$ 1,000,00 \$
Cther (please specify) Full name Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Weldy Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name 5. Everett Pepper Mailing Address 571 Highway 51 City, State, Zip Code Ridgeland, MS 39157	Date (Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00
Chris Weldy Mailing Address 461 East Ridgway Street City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Weldy Law Firm, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name S. Everett Pepper Mailing Address 571 Highway 51 City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required)	Date (Mo., Day, Year) 08	receipt this period \$ 1,000,00 \$

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1, 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(WO., Day, Tear)	this period
Full name Stephan Peskin	08 / 05 / 16	\$ 500.00
Mailing Address	===	
20 Versey Street		\$
City, State, Zip Code		
New York, NY 10007		\$
Name of Employer (Required)		
Tolmage Peskin Harris & Falick		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 500.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		
Willie T. Abston	08 / 08 / 16	\$ 350.00
Mailing Address		
Post Office Box 320727		\$
City, State, Zip Code		
Flowood, MS 369232	<u> </u>	\$
Name of Employer (Required)		\$
Willie T. Abston, LLC	<u> </u>	<u> </u>
Occupation (Required)	Aggregate	\$ 350.00
Attorney	year-to-date	+ 1550.00
المستحد	, ca. 10 a.a.c	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC	Date (Mo., Day, Year) 08 / 08 / 16 1	receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required)	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorneys at Law	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required)	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorneys at Law	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Vicki R. Slater	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Vicki R. Slater Mailing Address	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Vicki R. Slater Mailing Address 121 Fenwick Circle	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Vicki R. Slater Mailing Address 121 Fenwick Circle City, State, Zip Code	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Vicki R. Slater Mailing Address 121 Fenwick Circle City, State, Zip Code Madison, MS 39110	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Vicki R. Slater Mailing Address 121 Fenwick Circle City, State, Zip Code	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Baron & Budd, PC Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Vicki R. Slater Mailing Address 121 Fenwick Circle City, State, Zip Code Madison, MS 39110 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period July 1.2016	through September 30, 2016
1T	CMIZED DECEIDT

I I EMIZED RECEIPTS Corporation PAC Individual Loan A. Source: Amount of each **Date** receipt (Mo., Day, Year) Other (please specify) this period Full name 08 / 08 / 16 \$ 1,000.00 Benjamin Taylor Mailing Address \$ 961 Main Street City, State, Zip Code Southaven, MS 38671 Name of Employer (Required) Taylor, Jones, Taylor Occupation (Required) Aggregate \$ 2,000.00 Attorney year-to-date B. Source: Corporation PAC I Individual Loan **Amount of each Date** receipt (Mo., Day, Year) Other (please specify) this period Full name / 11 *j* 16 \$ 1,000.00 John D. Giddens Mailing Address Post Office Box 22546 City, State, Zip Code \$ Jackson, MS 39225 Name of Employer (Required) \$ Occupation (Required) Aggregate \$ 1,000.00 Attorney year-to-date Corporation PAC Individual Loan C. Source **Amount of each** Date receipt (Mo., Day, Year) Other (please specify) this period Full name / 11 \$ 1,000.00 Wayne R. Dickey Mailing Address \$ 2125 John E. Lewis Drive City, State, Zip Code McComb, MS 39648 Name of Employer (Required) \$ Dickey Steel, Inc. Occupation (Required) **Aggregate** \$ 1,000.00 Businessman vear-to-date Corporation D. Source: PAC 🗸 Individual | **Amount of each** Date receipt (Mo., Day, Year) Other (please specify) this period Full name 08 / 12 / 16 \$ 2,000.00 David O. McCormick Mailing Address Post Office Box 865 City, State, Zip Code Pascagoula, MS 39568 Name of Employer (Required) \$ Self Occupation (Required) Aggregate 2,000.00 Attorney year-to-date

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Page	22	of	63

Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1. 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	08 / 15 / 16	
Lance L. Stevens		\$ 1,000.00
Mailing Address	09 / 06 / 16	\$ 1,000,00
104 Keystone Place	<u>@</u> / <u>@</u> / <u>@</u>	\$ 1,000.00
City, State, Zip Code		\$
Brandon, MS 39042	<u></u> / <u></u> / <u></u>	a
Name of Employer (Required)		\$
Stevens & Ward		•
Occupation (Required)	Aggregate	\$ 2,000.00
Attorney	year-to-date	¥ [2,000.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	08 / 15 / 16	\$ [
John G. Clark		\$ 500.00
Mailing Address	09 / 14 / 16	e -
Post Office Drawer 1268	103 / 114 / 116	\$ 500.00
City, State, Zip Code		\$
Pascagoula, MS 39568		•
Name of Employer (Required)		\$
Self		<u> </u>
Occupation (Required)	Aggregate	\$ 1,500.00
Attorney S. Comoration S. BAC S. Individual S. Lean S.	year-to-date	
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A.	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 08 / 15 / 16	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorneys at Laws	Date (Mo., Day, Year) 08 / 15 / 16	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorneys at Laws D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08 / 15 / 16	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorneys at Laws	Date (Mo., Day, Year) 08 / 15 / 16	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorneys at Laws D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 15 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorneys at Laws D. Source: Corporation PAC Individual Loan Other (please specify) Full name Paul T. Benton	Date (Mo., Day, Year) 08 / 15 / 16	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorneys at Laws D. Source: Corporation PAC Individual Loan Other (please specify) Full name Paul T. Benton Mailing Address	Date (Mo., Day, Year) 08 / 15 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorneys at Laws D. Source: Corporation PAC Individual Loan Other (please specify) Full name Paul T. Benton Mailing Address Post Office Box 1341	Date (Mo., Day, Year) 08 / 15 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorneys at Laws D. Source: Corporation PAC Individual Loan Other (please specify) Full name Paul T. Benton Mailing Address Post Office Box 1341 City, State, Zip Code	Date (Mo., Day, Year) 08 / 15 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorneys at Laws D. Source: Corporation PAC Individual Loan Other (please specify) Full name Paul T. Benton Mailing Address Post Office Box 1341 City, State, Zip Code Biloxi, MS 39533	Date (Mo., Day, Year) 08 / 15 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorneys at Laws D. Source: Corporation PAC Individual Loan Other (please specify) Full name Paul T. Benton Mailing Address Post Office Box 1341 City, State, Zip Code	Date (Mo., Day, Year) 08 / 15 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stevens & Ward, P.A. Mailing Address 1855 Lakeland Drive, Suite Q-200 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Attorneys at Laws D. Source: Corporation PAC Individual Loan Other (please specify) Full name Paul T. Benton Mailing Address Post Office Box 1341 City, State, Zip Code Biloxi, MS 39533 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 15 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$

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Name of Candidate or Committee		Committee to Re-Elect Jim Kitchens			
Reporting period_	July 1. 2016		through	September 30, 2016	_
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A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Purdie & Metz	08 / 17 / 16	\$ 250.00
Mailing Address		
Post Office BOx 2659		\$
City, State, Zip Code		
		\$
Ridgeland, MS 39158		
Name of Employer (Required) Self		\$
Occupation (Required)	Aggragata	
Attorneys at Law	Aggregate year–to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	year-to-date	Amount of each
D. Cource. [Corporation [FAC V individual [Coun [Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	00 . 17 . 16	• -
Christopher Smith	08 / 17 / 16	\$ 500.00
Mailing Address		<u> </u>
2209 23rd Avenue	느/느/느	\$
City, State, Zip Code		
Gulfport, MS 39501	$\sqcup ' \sqcup ' \sqcup$	\$
Name of Employer (Required)		
Smith & Holder		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		uns period
Full name Paul Scott	08 / 17 / 16	\$ 5,000.00
Mailing Address		
Post Office Box 346		\$
City, State, Zip Code		
Hernando, MS 38632		\$
Name of Employer (Required)		
Smith, Phillips, Mitchell, Scott & Nowak, LLP		\$
Occupation (Required)	Aggregate	
Attorney	Aggregate year–to-date	\$ 5,000.00
D. Source: Corporation PAC I Individual Loan	Date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Roxanne Conlin		receipt
Other (please specify) Full name Roxanne Conlin Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Roxanne Conlin Mailing Address 2900 Southern Hills Circle	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Roxanne Conlin Mailing Address 2900 Southern Hills Circle City, State, Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Roxanne Conlin Mailing Address 2900 Southern Hills Circle City, State, Zip Code Des Moines, IA 50321	(Mo., Day, Year)	receipt this period \$ 2,000.00 \$
Other (please specify) Full name Roxanne Conlin Mailing Address 2900 Southern Hills Circle City, State, Zip Code Des Moines, IA 50321 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 2,000.00
Other (please specify) Full name Roxanne Conlin Mailing Address 2900 Southern Hills Circle City, State, Zip Code Des Moines, IA 50321	(Mo., Day, Year)	receipt this period \$ 2,000.00 \$

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1.2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan		
Other (please specify) (M	Date fo., Day, Year)	Amount of each receipt
Full name		this period
Robert W. Sneed	8 / 19 / 16	\$ 250.00
Mailing Address		
Post Office Box 2251	<u> </u>	\$
City, State, Zip Code		
Jackson, MS 39225	$\exists I \square I \square$	\$
Name of Employer (Required)		
Self	$\Box I \square I \square$	\$
Occupation (Required)	A	
	Aggregate /ear–to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify) (Mo	lo., Day, Year)	this period
Full name		<u> </u>
Kevin Hamilton	B / 19 / 16	\$ 1,000.00
Mailing Address	7 []	
2100 45th CT	╛╵ ┖ ╧╵┖═┙╽	\$
City, State, Zip Code		
	」/□/□	\$
Meridian, MS 39305 Name of Employer (Required)		
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC		\$
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required)	/	\$
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney	/ _ / _ / _ Aggregate rear-to-date	
Attorney ye C. Source Corporation PAC Individual Loan	rear-to-date Date	\$ 1,000.00 Amount of each receipt
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify)	ear-to-date	\$
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Davis Crump, PC	Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Davis Crump, PC Mailing Address	Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Davis Crump, PC Mailing Address 2601 14th Street	Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period \$ 1,000.00
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Davis Crump, PC Mailing Address 2601 14th Street City, State, Zip Code	Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period \$ 1,000.00
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Davis Crump, PC Malling Address 2601 14th Street City, State, Zip Code Gulfport, MS 39501	Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period \$ 1,000.00
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Davis Crump, PC Mailing Address 2601 14th Street City, State, Zip Code	Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period \$ 1,000.00
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Davis Crump, PC Malling Address 2601 14th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Self Occupation (Required)	Date o., Day, Year)	\$ [1,000.00] Amount of each receipt this period \$ [1,000.00] \$ [
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Full name Davis Crump, PC Mailing Address 2601 14th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Self Occupation (Required) Attorneys at Law	Date o., Day, Year) 1 19 / 16 1	\$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan	Date o., Day, Year) 1 19 / 16 1	\$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Malling Address 2601 14th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Self Occupation (Required) Attorneys at Law Other (please specify) Other (please specify) (Mc	Date o., Day, Year) / 19 / 16 / 19 / 16 / 10 / 10 Aggregate rear-to-date Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan	Date o., Day, Year) / 19 / 16 / 19 / 16 / 10 / 10 Aggregate rear-to-date Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Mailing Address 2601 14th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Self Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) (Mo	Date o., Day, Year) / 19 / 16 / 19 / 16 / 10 / 10 Aggregate rear-to-date Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Mailing Address 2601 14th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Self Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Minima Mailing Address Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name The Hamilton Law Firm, PLLC	Date o., Day, Year) / 19 / 16 / 19 / 16 / 10 / 10 Aggregate rear-to-date Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan	Date o., Day, Year) / 19 / 16 / 19 / 16 / 10 / 10 Aggregate rear-to-date Date o., Day, Year)	\$ 1.000.00 Amount of each receipt this period \$ 1.000.00 \$ 1.000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan	Date o., Day, Year) / 19 / 16 / 19 / 16 / 10 / 10 Aggregate rear-to-date Date o., Day, Year)	\$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Mailing Address 2601 14th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Self Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Mailing Address D. Source: Mailing Address City, State, Zip Code Occupation (Required) Mattorneys at Law D. Source: More Corporation PAC Individual Loan Other (please specify) Mailing Address Post Office BOx 1511 City, State, Zip Code Merdian, MS 39302 Name of Employer (Required)	Date o., Day, Year) / 19 / 16 / 19 / 16 / 10 / 10 Aggregate rear-to-date Date o., Day, Year)	\$ 1.000.00 Amount of each receipt this period \$ 1,000.00 \$
Meridian, MS 39305 Name of Employer (Required) The Hamilton Law Firm, PLLC Occupation (Required) Attorney C. Source Corporation PAC Individual Loan Other (please specify) Mailing Address 2601 14th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Self Occupation (Required) Attorneys at Law D. Source: Corporation PAC Individual Loan Other (please specify) Mailing Address D. Source: Corporation PAC Individual Loan Other (please specify) Mailing Address Post Office BOx 1511 City, State, Zip Code Merdian, MS 39302 Name of Employer (Required) Self	Date o., Day, Year) / 19 / 16 / 19 / 16 / 10 / 10 Aggregate rear-to-date Date o., Day, Year)	\$ 1.000.00 Amount of each receipt this period \$ 1.000.00 \$ 1.000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period July 1. 2016	through September 30, 2016

A. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	08 / 19 / 16	
Benjamin Seth Thompson		\$ 1,000.00
Mailing Address		\$
141 Memory Lane	' '	3
City, State, Zip Code		e -
Madison, MS 39110		\$
Name of Employer (Required)		\$ -
Maggio Thompson		*
Occupation (Required)	Aggregate	\$ 1,000.00
Attorney	year-to-date	
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		
Jason Ruiz	08 / 19 / 16	\$ 250.00
Mailing Address		<u> </u>
2060 Beach Blvd.		\$
City, State, Zip Code		
Biloxi, MS 39531		\$
Name of Employer (Required)		• -
Morris Bart, LTD		\$
Occupation (Required)	Aggregate	\$ 250.00
Attorney	year to date	\$ 250.00
	year-to-date	
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
		Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debbie Minor	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debble Minor Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debble Minor Mailing Address 113 Sharpe Road	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debbie Minor Mailing Address 113 Sharpe Road City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debbie Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debble Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debbie Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required)	Date (Mo., Day, Year) 08 / 19 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debbie Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debbie Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required)	Date (Mo., Day, Year) 08 / 19 / 16 10 / 10 / 10 Aggregate year-to-date	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debbie Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Pharmacy D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 19 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debble Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Pharmacy D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 19 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debble Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Pharmacy D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dorsey R. Carson, Jr.	Date (Mo., Day, Year) 08 / 19 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debbie Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Pharmacy D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dorsey R. Carson, Jr. Mailing Address	Date (Mo., Day, Year) 08 / 19 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debbie Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Pharmacy D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dorsey R. Carson, Jr. Mailing Address 2037 London Avenue	Date (Mo., Day, Year) 08 / 19 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debble Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Pharmacy D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dorsey R. Carson, Jr. Mailing Address 2037 London Avenue City, State, Zip Code	Date (Mo., Day, Year) 08 / 19 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debble Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Pharmacy D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dorsey R. Carson, Jr. Mailing Address 2037 London Avenue City, State, Zip Code Jackson, MS 39211	Date (Mo., Day, Year) 08 / 19 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debble Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Pharmacy D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dorsey R. Carson, Jr. Mailing Address 2037 London Avenue City, State, Zip Code	Date (Mo., Day, Year) 08 / 19 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Debble Minor Mailing Address 113 Sharpe Road City, State, Zip Code Madison, MS 39110 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Pharmacy D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dorsey R. Carson, Jr. Mailing Address 2037 London Avenue City, State, Zip Code Jackson, MS 39211 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 19 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$

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Name of Candidate or Committee Committee to Re-Elect Jim Kitchens	
Reporting period July 1. 2016	through September 30, 2016

A. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	08 / 22 / 16	
Pyramid Industries, Inc.	00 / 22 / 10	\$ 1,000.00
Mailing Address		\$
1720 23rd Avenue		• []
City, State, Zip Code		•
Gulfport, MS 39501	-'-'-	\$
Name of Employer (Required)		\$
Pyramid Industries, Inc.		*
Occupation (Required) Real Estate	Aggregate	\$ 1,000.00
	year-to-date	
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		
Glenn L. White	08 / 19 / 16	\$ 1,000.00
Mailing Address		
Post Office Box 672		\$
City, State, Zip Code		
Petal, MS 39465		\$
Name of Employer (Required)		\$
Self	<u> </u>	<u> </u>
Occupation (Required)	Aggregate	\$ 1,000.00
Attorney	VASK_tA_data	
	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Environmental Organization	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Environmental Organization D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08 / 22 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Environmental Organization	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Enviromental Organization D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Enviromental Organization D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dyer, Dyer, Jones and Daniels, PA	Date (Mo., Day, Year) 08 / 22 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Enviromental Organization D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dyer, Dyer, Jones and Daniels, PA Mailing Address	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Enviromental Organization D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dyer, Dyer, Jones and Daniels, PA Mailing Address Post Office Drawer 560	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Enviromental Organization D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dyer, Dyer, Jones and Daniels, PA Mailing Address	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Environmental Organization D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dyer, Dyer, Jones and Daniels, PA Mailing Address Post Office Drawer 560 City, State, Zip Code Greenville, MS 38701 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Enviromental Organization D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dyer, Dyer, Jones and Daniels, PA Mailing Address Post Office Drawer 560 City, State, Zip Code Greenville, MS 38701 Name of Employer (Required) Self	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name MS Sierra Club Mailing Address Post Office Box 4335 City, State, Zip Code Jackson, MS 39216 Name of Employer (Required) Self Occupation (Required) Environmental Organization D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dyer, Dyer, Jones and Daniels, PA Mailing Address Post Office Drawer 560 City, State, Zip Code Greenville, MS 38701 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$

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Name of Candidate or Committee	Committee to Re	e-Elect Jim	Kitchens
Reporting period July 1. 2016	t	hrough	September 30, 2016

A. Source: Corporation PAC / Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	08 / 22 / 16	
Richard A. Courtney	1 22 / 10	\$ 250.00
Mailing Address		•
Post Office Box 23126	- ' - ' -	\$
City, State, Zip Code		
Jackson, MS 39225		\$
Name of Employer (Required)		•
Frascogna Courtney, PLLC		\$
Occupation (Required)	Aggregate	\$ 250.00
Attorney	year-to-date	\$ 250.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐	Date	Amount of each
Other (places area)	(Mo., Day, Year)	receipt
Other (please specify)	, , , ,	this period
Full name	08 / 22 / 16	\$ 500.00
David L. Sullivan		. [500.00
Mailing Address		\$
Post Office BOx 4413		·
City, State, Zip Code		\$
Laurel, MS 39441		<u> </u>
Name of Employer (Required)		\$.
Self	<u> </u>	<u> </u>
Occupation (Required)	Aggregate	\$ 500.00
Attorney Service Servi	year-to-date	
C. Source Corporation PAC Individual Loan	year-to-date Date	Amount of each
C. Source Corporation PAC Individual Loan	-	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required)	Date (Mo., Day, Year) 08 / 22 / 16	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required) Retired Educator	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required)	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required) Retired Educator D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08 / 22 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required) Retired Educator D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required) Retired Educator D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required) Retired Educator D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robert Greenlee	Date (Mo., Day, Year) 08 / 22 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required) Retired Educator D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robert Greenlee Mailing Address	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required) Retired Educator D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robert Greenlee Mailing Address 175 Commonwealth Avenue	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt this period \$ 250.00 \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required) Retired Educator D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robert Greenlee Mailing Address	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 250.00 \$ 250.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required) Retired Educator D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robert Greenlee Mailing Address 175 Commonwealth Avenue City, State, Zip Code	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required) Retired Educator D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robert Greenlee Mailing Address 175 Commonwealth Avenue City, State, Zip Code Brandon, MS 39047	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt this period \$ 250.00 \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Warren S. Thompson Mailing Address 101 Marilyn Lane City, State, Zip Code Starkville, MS 39759 Name of Employer (Required) Retired Occupation (Required) Retired Educator D. Source: Corporation PAC Individual Loan Other (please specify) Full name Robert Greenlee Mailing Address 175 Commonwealth Avenue City, State, Zip Code Brandon, MS 39047 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 22 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$

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Name of Candidate or Committee Committee to Re		-Elect Jim I	Kitchens
Reporting period July 1. 2016	th	rough	September 30, 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Christopher Winter	08 / 23 / 16	\$ 500.00
Mailing Address		
		\$
Post Office Box 1388		
City, State, Zip Code		\$
Clarksdale, MS 38614		
Name of Employer (Required)		\$
Merkel & Cocke		
Occupation (Required) Attorney	Aggregate	\$ 500.00
	year-to-date	
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(, 20), 1021,	this period
Full name	08 / 23 / 16	\$ 2,000.00
John H. Cocke		+ [2,000.00
Mailing Address		\$
30 Delta Avenue	-'-'-	
City, State, Zip Code		•
Clarksdale, MS 38614		\$
Name of Employer (Required)		e -
Merkel & Cocke		\$
Occupation (Required)	Aggregate	\$ 2,000,00
Attorney	year-to-date	\$ 2,000.00
Attorney C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 23 / 16 1 / 1 / 1	Amount of each receipt this period \$ 5,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Don Evans, PLLC	Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Don Evans, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08 / 23 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Don Evans, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 23 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailling Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Don Evans, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 23 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Don Evans, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jan Sojourner	Date (Mo., Day, Year) 08 / 23 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Don Evans, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jan Sojourner Mailing Address	Date (Mo., Day, Year) 08 / 23 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Don Evans, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jan Sojourner Mailing Address 8 Pear Orchard Park	Date (Mo., Day, Year) 08 / 23 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Don Evans, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jan Sojourner Mailing Address	Date (Mo., Day, Year) 08 / 23 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Don Evans, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jan Sojourner Mailing Address B Pear Orchard Park City, State, Zip Code	Date (Mo., Day, Year) 08 / 23 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 250.00 \$ 1
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Don Evans, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jan Sojourner Mailing Address 8 Pear Orchard Park City, State, Zip Code Jackson, MS 39211	Date (Mo., Day, Year) 08 / 23 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Christie E. Ogden Mailing Address 1700 Sheffield Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Don Evans, PLLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jan Sojourner Mailing Address B Pear Orchard Park City, State, Zip Code Jackson, MS 39211 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 23 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 5,000.00 \$ 5,000.00 Amount of each receipt this period \$ 250.00 \$ 1

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1. 2016		through	September 30, 2016

		A
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	08 / 25 / 16	\$ 1,000,00
Bobbye Sojourner		\$ 1,000.00
Mailing Address		\$
5 Spring Hollow Drive		•
City, State, Zip Code		\$
Crystal Springs, MS 39059	<u> </u>	4
Name of Employer (Required) Retired		\$
Occupation (Required)	Aggregate	\$ 1,000,00
Retired	year-to-date	\$ [1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	08 / 25 / 16	\$ 1,000,00
Wayne Sojourner		\$ 1,000.00
Mailing Address		\$
2126 Sandy Yarn Road		9
City, State, Zip Code		•
Crystal Springs, MS 39059		\$
Name of Employer (Required)		\$
Sojourner Timber Co., Inc.		•
Occupation (Required)	Aggregate	\$ 1.000.00
Timber Buisness	year-to-date	\$ 1,000.00
	year-to-date	
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr.	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481	Date (Mo., Day, Year)	receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324	Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self	Date (Mo., Day, Year)	receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 08 / 25 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self Occupation (Required) Attorney	Date (Mo., Day, Year) 08 / 25 / 16	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 08 / 25 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08 / 25 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 25 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John G. Corlew Mailing Address	Date (Mo., Day, Year) 08 / 25 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John G. Corlew Mailing Address 2124 Eastover Drive	Date (Mo., Day, Year) 08 / 25 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John G. Corlew Mailing Address 2124 Eastover Drive City, State, Zip Code	Date (Mo., Day, Year) 08 / 25 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Malling Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John G. Corlew Mailing Address 2124 Eastover Drive City, State, Zip Code Jackson, MS 39211	Date (Mo., Day, Year) 08 / 25 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Mailing Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John G. Corlew Mailing Address 2124 Eastover Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 25 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Richard M. Rawdon, Jr. Malling Address Post Office Box 1481 City, State, Zip Code Georgetown, KY 40324 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name John G. Corlew Mailing Address 2124 Eastover Drive City, State, Zip Code Jackson, MS 39211	Date (Mo., Day, Year) 08 / 25 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 250.00 \$

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Name of Candidate or Committee Committee to		Re-Elect Jim	Kitchens
Reporting period July 1, 2016		through	September 30, 2016

	10	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	08 / 25 / 16	\$ 500.00
Gerald Blessey		♥ [300.00
Mailing Address		\$
Post Office Box 4648		<u> </u>
City, State, Zip Code		\$
Biloxi, MS 39535		*
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Control Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	[00] (DE) (16]	
Charlie Baglan	08 / 25 / 16	\$ 500.00
Mailing Address Post Office Box 1289		\$
City, State, Zip Code		
Batesville, MS 38606		\$
Name of Employer (Required)		
Charlie Baqlan and Associates		\$
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		-
Full name		
Full name Fred M. Harrell	08 / 25 / 16	\$ 500.00
Fred M. Harrell		
	08 / 25 / 16	\$ 500.00 \$ 500.00
Fred M. Harrell Mailing Address		\$ 500.00
Fred M. Harrell Mailing Address Post Office Box 1825		
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required)		\$ 500.00
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required) Harrell & Rester	09 / 06 / 16	\$ [500.00 \$ [
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required) Harrell & Rester Occupation (Required)	09 / 06 / 16	\$ 500.00
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required) Harrell & Rester	09 / 06 / 16	\$ 500.00 \$
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required) Harrell & Rester Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	09 / 06 / 16 / / / / Aggregate year-to-date	\$ 500.00 \$ 500.00 \$ 500.00
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required) Harrell & Rester Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	09 / 06 / 16	\$ 500.00 \$ 1,000.00 Amount of each receipt
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required) Harrell & Rester Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sherra Lane	09 / 06 / 16 / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 \$ 1.000.00 Amount of each receipt this period \$ 225.00
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required) Harrell & Rester Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	09 / 06 / 16 / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 \$ 1,000.00 Amount of each receipt this period
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required) Harrell & Rester Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sherra Lane Mailing Address	09 / 06 / 16 / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 \$
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required) Harrell & Rester Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sherra Lane Mailing Address 1042 Old River Road	09 / 06 / 16 / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 \$ 1.000.00 Amount of each receipt this period \$ 225.00
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required) Harrell & Rester Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sherra Lane Mailing Address 1042 Old River Road City, State, Zip Code Waynesboro, MS 39367 Name of Employer (Required)	09 / 06 / 16 / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 \$
Fred M. Harrell Mailing Address Post Office Box 1825 City, State, Zip Code Brandon, MS 39043 Name of Employer (Required) Harrell & Rester Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Sherra Lane Mailing Address 1042 Old River Road City, State, Zip Code Waynesboro, MS 39367	09 / 06 / 16 / / / / Aggregate year-to-date Date (Mo., Day, Year)	\$ 500.00 \$

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Name of Candidate or Committee Committee to Re-Elect Jim Kitchens			Kitchens
Reporting period July 1. 2016	t	hrough	September 30, 2016

	<u> </u>	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)Full name		uns periou
Robert E. Tyler	08 / 26 / 16	\$ 500.00
Mailing Address		
Post Office Box 268		\$
City, State, Zip Code		
Brookhaven, MS 39601		\$
Name of Employer (Required)		
R. E. Tyler Funeral Home		\$
Occupation (Required)	Aggregate	
Businessman	year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	08 / 30 / 16	\$ 1,000.00
Michael E. Maher		1,000.00
Mailing Address		\$
616 Seminole Drive		
City, State, Zip Code		\$
Winter Park, FL 32789		•
Name of Employer (Required)		\$
Maher Law Firm		•
Occupation (Required)	Aggregate	\$ 1,000.00
Attorney	year-to-date	+ [1,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	year–to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219	Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08 / 08 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 4,000.00 \$ 4,000.00 \$ 4,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 08 / 16 10 / 10 / 10 Aggregate year-to-date	Amount of each receipt this period \$ 4,000.00 \$ 4,000.00 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 08 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00 \$ 4,000.00 \$ 4,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ross Barnett, Jr.	Date (Mo., Day, Year) 08 / 08 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 4,000.00 \$ 4,000.00 \$ 4,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 08 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00 \$ 4,000.00 \$ 4,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ross Barnett, Jr. Mailing Address	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year) 08 / 24 / 16	Amount of each receipt this period \$ 4,000.00 \$ 4,000.00 \$ 4,000.00 Amount of each receipt this period \$ 200.00 \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ross Barnett, Jr. Mailing Address 501 South State Street	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year) 08 / 24 / 16	Amount of each receipt this period \$ 4,000.00 \$ 4,000.00 \$ 4,000.00 Amount of each receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ross Barnett, Jr. Mailing Address 501 South State Street City, State, Zip Code Jackson, MS 39201 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year) 08 / 24 / 16	Amount of each receipt this period \$ 4,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ross Barnett, Jr. Mailing Address 501 South State Street City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Self	Date (Mo., Day, Year) 08 / 08 / 16	Amount of each receipt this period \$ 4,000.00 \$ 4,000.00 \$ 4,000.00 Amount of each receipt this period \$ 200.00 \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Russell Budd Mailing Address 3102 Oak Lawn Avenue, Suite 1100 City, State, Zip Code Dallas, TX 75219 Name of Employer (Required) Baron & Budd, PC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Ross Barnett, Jr. Mailing Address 501 South State Street City, State, Zip Code Jackson, MS 39201 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 08 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year) 08 / 24 / 16	Amount of each receipt this period \$ 4,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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Name of Candidate or Committee Committee to Re-Elect Jim Kitchens			Kitchens
Reporting period July 1, 2016	thro	ugh	September 30, 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
City Drugs of Crystal Springs, Inc.	08 / 24 / 16	\$ 1,000.00
Mailing Address		
113 Bobo Driveg		\$
City, State, Zip Code		
Crystal Springs, MS 39059		\$
Name of Employer (Required)		
Self		\$
Occupation (Required)	Aggregate	
Drug Store	year-to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	08 / 24 / 16	\$ 500.00
Joseph A. Kieronski, Jr.		\$ 500.00
Mailing Address		\$
2818 14th Place		3
City, State, Zip Code		
Meridian, MS 39305		\$
Name of Employer (Required)		*
Self, Jacob, & Kieronski, LLP		\$
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		uns periou
Fuil name Merkel and Cocke, PA	08 / 24 / 16	\$ 1,000.00
Mailing Address		
Post Office Box 1388		\$
City, State, Zip Code		
Cleveland. MS 38614		\$
Name of Employer (Required)		
Self		\$
Occupation (Required) Attorneys at Law	Aggregate year-to-date	\$ 1,000.00
D. Source: Corporation PAC I Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	08 / 24 / 16	•
Cynthia H. Speetjens	108 / 124 / 116	\$ 500.00
Mailing Address		\$
2088 Main Street, Suite A		"
City, State, Zip Code		\$
Madison, MS 39110		
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period July 1. 2016	through September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert H. Oswald	08 / 25 / 16	\$ 1,500.00
Mailing Address Post Office Box 1428		\$
Pascagoula, MS 39568		\$
Name of Employer (Required) Oswald & Reed		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 1,500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name William T. Reed	08 / 25 / 16	\$ 1,500.00
Mailing Address Post Office Box 1428		\$ [
City, State, Zip Code		\$
Pascagoula, MS 39568 Name of Employer (Required) Oswald & Reed`		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 1,500.00
C. Source Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
'		receipt
Other (please specify) Full name Charles M. Merkel III Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Charles M. Merkel III Mailing Address 915 Friars Point Road City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 1,000.00
Other (please specify) Full name Charles M. Merkel III Mailing Address 915 Friars Point Road City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$ 1,000,00
Other (please specify) Full name Charles M. Merkel III Mailing Address 915 Friars Point Road City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Merkel & Cocke Occupation (Required)	(Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Charles M. Merkel III Mailing Address 915 Friars Point Road City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Merkel & Cocke	(Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Charles M. Merkel III Mailing Address 915 Friars Point Road City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Merkel & Cocke Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt
Other (please specify) Full name Charles M. Merkel III Mailing Address 915 Friars Point Road City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Merkel & Cocke Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
Other (please specify) Full name Charles M. Merkel III Mailing Address 915 Friars Point Road City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Merkel & Cocke Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Martin Bradley Mills Mailing Address	(Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 500.00
Other (please specify) Full name Charles M. Merkel III Mailing Address 915 Friars Point Road City, State, Zip Code Clarksdale, MS 38614 Name of Employer (Required) Merkel & Cocke Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Martin Bradley Mills Mailing Address 282 West Government Street City, State, Zip Code	(Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$ \$

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1, 2016		through	September 30. 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
James Bartimus	08 / 29 / 16	\$ 1,000.00
Mailing Address		
11150 Overbrook Road, Suite 200		\$
City, State, Zip Code		
		\$
Leawood, KS 66211 Name of Employer (Required)		
Bartimus, Frickleton, & Robertson, PC		\$
Occupation (Required)		·
Attorney	Aggregate year–to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	08 / 29 / 16	\$ 500.00
Ralph M. Cloar, Jr.		\$ 500.00
Mailing Address	□.□.□	*
42 Nob View Circle	<u> </u>	\$
City, State, Zip Code		\$
Little Rock, AR 77205	<u>'-'-</u>	*
Name of Employer (Required)		\$
Self (Developed)	<u> </u>	<u> </u>
Occupation (Required)	Aggregate	\$ 500.00
C. Source C Corporation PAC Individual Loan	year-to-date	[535.55]
C. Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		this period
Fuil name George F. Hollowell, Jr., PA	(Mo., Day, Year) 08 / 29 / 16	
Full name George F. Hollowell, Jr., PA Mailing Address		this period
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407		\$ 1,000.00
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code		\$ 1,000.00
Fuil name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702		\$ 1,000.00
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code		\$ 1,000.00
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self	08 / 29 / 16	\$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self Occupation (Required) Attorney-at-Law		\$ 1,000.00 \$
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan	08 / 29 / 16	\$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	08 / 29 / 16	\$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan	08 / 29 / 16	\$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clyde H. Gunn III Mailing Address	08 / 29 / 16	\$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clyde H. Gunn III Mailing Address Post Office Drawer 1916	08 / 29 / 16	\$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clyde H. Gunn III Mailing Address Post Office Drawer 1916 City, State, Zip Code	08 / 29 / 16	\$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clyde H. Gunn III Mailing Address Post Office Drawer 1916 City, State, Zip Code Biloxi, MS 39533	08 / 29 / 16	\$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clyde H. Gunn III Mailing Address Post Office Drawer 1916 City, State, Zip Code Biloxi, MS 39533 Name of Employer (Required)	08 / 29 / 16	this period \$ 1,000.00 \$
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clyde H. Gunn III Mailing Address Post Office Drawer 1916 City, State, Zip Code Biloxi, MS 39533 Name of Employer (Required) Corbun Gunn & Van Cleave	08 / 29 / 16	this period \$ 1,000.00 \$
Full name George F. Hollowell, Jr., PA Mailing Address Post Office Box 1407 City, State, Zip Code Greenville, MS 38702 Name of Employer (Required) Self Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Clyde H. Gunn III Mailing Address Post Office Drawer 1916 City, State, Zip Code Biloxi, MS 39533 Name of Employer (Required)	08 / 29 / 16	this period \$ 1,000.00 \$

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1. 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Joseph P. Moschetta	08 / 29 / 16	\$ 1,000.00
Mailing Address		
5 Redstone Lane		\$
City, State, Zip Code		
Washington, PA 15301		\$
Name of Employer (Required)		
Self (Required)		\$
Occupation (Required)	Aggragato	
Attorney	Aggregate year–to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		
Robert Sachs	08 / 29 / 16	\$ 250.00
Mailing Address		_
2300 One Commerce Square, 2005 Market Street		\$
City, State, Zip Code		
Philadelphia, PA 19103		\$
Name of Employer (Required)		• —
Shrager, Spivey, & Sachs		\$
Occupation (Required)	Aggregate	\$ 250.00
Attorney	year-to-date	≸ 250.00
	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 08 / 29 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law	Date (Mo., Day, Year) 08 / 29 / 16 1 / 1 / 1 1 / 1 / 1	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08 / 29 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 29 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year) 08 / 29 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Christopher C. Van Cleave	Date (Mo., Day, Year) 08 / 29 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year) 08 / 29 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Christopher C. Van Cleave Mailing Address Post Office Drawer 1916 City, State, Zip Code	Date (Mo., Day, Year) 08 / 29 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Christopher C. Van Cleave Mailing Address Post Office Drawer 1916 City, State, Zip Code Biloxi, MS 39533	Date (Mo., Day, Year) 08 / 29 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Christopher C. Van Cleave Mailing Address Post Office Drawer 1916 City, State, Zip Code Biloxi, MS 39533 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 29 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Christopher C. Van Cleave Mailing Address Post Office Drawer 1916 City, State, Zip Code Biloxi, MS 39533 Name of Employer (Required) Corbun Gunn & Van Cleave	Date (Mo., Day, Year) 08	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Townsend, McWilliams, & Holladay, LLP Mailing Address Post Office Box 288 City, State, Zip Code Drew, MS 38737 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Christopher C. Van Cleave Mailing Address Post Office Drawer 1916 City, State, Zip Code Biloxi, MS 39533 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 29 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1, 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Carby & Carby, PC	08 / 30 / 16	\$ 1,000.00
Mailing Address		
Post Office Box 1047		\$
City, State, Zip Code		\$
Natchez, MS 39121		<u> </u>
Name of Employer (Required)		\$
Self		
Occupation (Required)	Aggregate	\$ 1,000.00
Attorneys-at-Law	year-to-date	¥ [1,000.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(,, ,	this period
Full name	08 / 30 / 16	\$ 250.00
Logan & Mayo, PA		▼ [230.00
Mailing Address		\$
Post Office Box 218	!=' !=	•
City, State, Zip Code		
Newton, MS 39345	<u> </u> /	\$
Name of Employer (Required)		\$
Self		•
Occupation (Required)	Aggregate	\$ 250.00
Attorneys-at-Law		\$ 250.00
	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive	Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059	Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Druq Store	Date (Mo., Day, Year) 08 / 30 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 4,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Druq Store Occupation (Required) Owner D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08 / 30 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 4,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Drug Store Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 30 / 16	Amount of each receipt this period \$ 4,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Drug Store Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 30 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Druq Store Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Stephen L. Shackelford, Sr.	Date (Mo., Day, Year) 08 / 30 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 4,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Druq Store Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Stephen L. Shackelford, Sr. Mailing Address	Date (Mo., Day, Year) 08 / 30 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00 \$ 4,000.00 \$ 4,000.00 Amount of each receipt this period \$ 2,500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Druq Store Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Stephen L. Shackelford, Sr. Mailing Address Post Office Box 1646	Date (Mo., Day, Year) 08 / 30 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00 \$ 4,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Druq Store Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Stephen L. Shackelford, Sr. Mailing Address Post Office Box 1646 City, State, Zip Code	Date (Mo., Day, Year) 08 / 30 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Malling Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Druq Store Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Stephen L. Shackelford, Sr. Malling Address Post Office Box 1646 City, State, Zip Code Jackson, MS 39215	Date (Mo., Day, Year) 08 / 30 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00 \$ 4,000.00 \$ 4,000.00 Amount of each receipt this period \$ 2,500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Druq Store Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Stephen L. Shackelford, Sr. Mailing Address Post Office Box 1646 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 30 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Druq Store Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Stephen L. Shackelford, Sr. Mailing Address Post Office Box 1646 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required) Stephen L. Shackelford, Sr., PLLC	Date (Mo., Day, Year) 08	Amount of each receipt this period \$ 4,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anne B. Sojourner Mailing Address 13 Canebrake Drive City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) City Druq Store Occupation (Required) Owner D. Source: Corporation PAC Individual Loan Other (please specify) Full name Stephen L. Shackelford, Sr. Mailing Address Post Office Box 1646 City, State, Zip Code Jackson, MS 39215 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 30 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 4,000.00 \$

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1, 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Jonathan Barrett	08 / 31 / 16	\$ 500.00
Mailing Address		
121 Colony Crossing, Suite D	09 / 29 / 16	\$ 500.00
City, State, Zip Code		
Madison, MS 39110		\$
Name of Employer (Required) Barrett Law PLLC		\$
Occupation (Required)		
Attorney at Law	Aggregate	\$ 1,000.00
	year-to-date	
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		- and period
Carroll V. Hood	08 / 31 / 16	\$ 1,000.00
Mailing Address		
	\square , \square , \square \square	\$
Post Office Box 727		
City, State, Zip Code		\$
Hazlehurst, MS 39083		Ψ
Name of Employer (Required)		\$
Hood Petroleum		•
Occupation (Required)	Aggregate	\$ 1,000,00
Businessman	year-to-date	\$ [1,000.00
Businessman C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr.	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Maiting Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required) Hood Petroleum	Date (Mo., Day, Year) 08 / 31 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 31 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required) Hood Petroleum Occupation (Required)	Date (Mo., Day, Year) 08 / 31 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required) Hood Petroleum Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 31 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required) Hood Petroleum Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 31 / 16	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required) Hood Petroleum Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify) Full name Emily McInnis	Date (Mo., Day, Year) 08 / 31 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required) Hood Petroleum Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08 / 31 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required) Hood Petroleum Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify) Full name Emily McInnis Mailling Address	Date (Mo., Day, Year) 08 / 31 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required) Hood Petroleum Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify) Full name Emily McInnis Mailing Address Post Office Box 176	Date (Mo., Day, Year) 08 / 31 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required) Hood Petroleum Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify) Full name Emily McInnis Mailing Address Post Office Box 176 City, State, Zip Code	Date (Mo., Day, Year) 08 / 31 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required) Hood Petroleum Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify) Full name Emily McInnis Mailing Address Post Office Box 176 City, State, Zip Code Clinton, MS 39060	Date (Mo., Day, Year) 08 / 31 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jerry W. Hood, Sr. Mailing Address 1059 Collier Street City, State, Zip Code Wesson, MS 39191 Name of Employer (Required) Hood Petroleum Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify) Full name Emily McInnis Mailing Address Post Office Box 176 City, State, Zip Code Clinton, MS 39060 Name of Employer (Required)	Date (Mo., Day, Year) 08 / 31 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1. 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Myles Parker	09 / 01 / 16	\$ 250.00
Mailing Address		
Post Office Box 1005		\$
City, State, Zip Code		
Jackson, MS 39215		\$
Name of Employer (Required)		
Carroll, Warren & Parker		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	, , , ,	this period
Full name	09 / 02 / 16	\$ 500.00
Edward P. Connell, Jr.		1500.00
Mailing Address		\$
Post Office Box 1388		
City, State, Zip Code		\$
Clarksdale, MS 38614		<u> </u>
Name of Employer (Required)		\$
Merkel & Cocke		
Occupation (Required)	Aggregate	\$ 500.00
IAttornov I	voar-to dato	¥ [300.00
Attorney Servers Server Serv	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker Occupation (Required) Attorney	Date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09 / 02 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 02 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 02 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 02 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 250.00 \$ 250.00 Amount of each receipt this period \$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David H. Nutt	Date (Mo., Day, Year) 09 / 02 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$ 250.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David H. Nutt Mailing Address	Date (Mo., Day, Year) 09 / 02 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David H. Nutt Mailing Address 605 Crescent Blvd., Suite 200 City, State, Zip Code Ridgeland, MS 39157	Date (Mo., Day, Year) 09 / 02 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David H. Nutt Mailing Address 605 Crescent Blvd., Suite 200 City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 02 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David H. Nutt Mailing Address 605 Crescent Blvd., Suite 200 City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) David Nutt & Associates	Date (Mo., Day, Year) 09 / 02 / 16	Amount of each receipt this period \$ 250.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert Douglas Morgan Mailing Address 2204 Culleywood Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Carroll, Warren & Parker Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David H. Nutt Mailing Address 605 Crescent Blvd., Suite 200 City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 02 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 250.00 \$

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Name of Candidate or Committee	Committee to Re-Elect Jim	Kitchens
Reporting period July 1. 2016	through	September 30. 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>-</u>
Daniel Ware	09 / 02 / 16	\$ 500.00
Mailing Address]	
2609 Highway 49 South		\$
City, State, Zip Code		
		\$
Florence, MS 39073		
Name of Employer (Required)	$ \square \square $	\$
Ware Law Firm Occupation (Required)		<u> </u>
Attorney	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	09 / 06 / 16	\$ 300.00
Kenneth Anderson Brister	1 100 / 100	\$ 300.00
Mailing Address		*
Post Office Box 266		\$
City, State, Zip Code		\$
Lake Providence, LA 71254		Ψ
Name of Employer (Required)		\$
Brister & Brister		<u> </u>
Occupation (Required) Attorney	Aggregate year–to-date	\$ 300.00
	year-to-uate	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 06 / 16	\$ 2,000.00
Morris Bart	<u> </u>	4 [2,000.00
Mailing Address		\$
172 15th Street, Suite 300		
City, State, Zip Code		•
Gulfport, MS 39501		SS
	<u> </u>	\$
Name of Employer (Required)		
		\$
Name of Employer (Required) Morris Bart, LTD Occupation (Required)	Aggregate	
Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorneys-at-Law	Aggregate year-to-date	\$ 2,000.00
Name of Employer (Required) Morris Bart, LTD Occupation (Required)		\$
Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan	year-to-date Date (Mo., Day, Year)	\$ 2,000.00 Amount of each receipt this period
Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William Ready	year–to-date Date	\$ 2,000.00 Amount of each receipt
Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William Ready Mailing Address	year-to-date Date (Mo., Day, Year)	\$ 2,000.00 Amount of each receipt this period \$ 500.00
Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William Ready Mailing Address 2103 5th Street	year-to-date Date (Mo., Day, Year)	\$ 2,000.00 Amount of each receipt this period
Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William Ready Mailing Address 2103 5th Street City, State, Zip Code	year-to-date Date (Mo., Day, Year)	\$ 2,000.00 Amount of each receipt this period \$ 500.00
Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William Ready Mailing Address 2103 5th Street City, State, Zip Code Meridian, MS 39301	year-to-date Date (Mo., Day, Year)	\$ 2,000.00 Amount of each receipt this period \$ 500.00
Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William Ready Mailing Address 2103 5th Street City, State, Zip Code Meridian, MS 39301 Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	\$ 2,000.00 Amount of each receipt this period \$ 500.00
Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William Ready Mailing Address 2103 5th Street City, State, Zip Code Meridian, MS 39301 Name of Employer (Required) Ready Law Firm	year-to-date Date (Mo., Day, Year) 09 / 06 / 16 1 / 1 / 1 1 / 1 / 1	\$ [2,000.00] Amount of each receipt this period \$ [500.00] \$ []
Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name William Ready Mailing Address 2103 5th Street City, State, Zip Code Meridian, MS 39301 Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	\$ 2,000.00 Amount of each receipt this period \$ 500.00

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1. 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Ken Sugas	09 / 06 / 16	\$ 1,000.00
Mailing Address		
500 Taylor Street		\$
City, State, Zip Code		
Columbia, SC 29201		\$
Name of Employer (Required)		
Suggs Trial Lawyers, LLC		\$
Occupation (Required)	Aggregate	
Attorneys-at-Law	Aggregate year–to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	09 / 06 / 16	\$ 500.00
Vollor Law Firm, PA		\$ 500.00
Mailing Address		•
127 East Main Street		\$
City, State, Zip Code		\$
Starkville, MS 39759		3
Name of Employer (Required)		\$ [
Self		•
Occupation (Required)	Aggregate	\$ 500.00
Attorneys-at-Law	year-to-date	¥ [300.00
Attorneys-at-Law C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Kenneth M. Altman Mailing Address 1712 15th Street	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Kenneth M. Altman Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Kenneth M. Altman Mailing Address 1712 15th Street	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Fuil name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Morris Bart, LTD Occupation (Required)	Date (Mo., Day, Year) 09 / 06 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Fuil name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09 / 06 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 06 / 16 1 / 1 / 1 Aggregate year-to-date	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Fuil name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 06 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Fuil name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David N. McCarty	Date (Mo., Day, Year) 09 / 06 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Fuil name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 06 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David N. McCarty Mailing Address 416 East Amite Street	Date (Mo., Day, Year) 09 / 06 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David N. McCarty Mailing Address	Date (Mo., Day, Year) 09 / 06 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 2,000.00 Amount of each receipt this period \$ 200.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David N. McCarty Mailing Address 416 East Amite Street City, State, Zip Code	Date (Mo., Day, Year) 09 / 06 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Kenneth M. Altman Malling Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David N. McCarty Malling Address 416 East Amite Street City, State, Zip Code Jackson, MS 39201	Date (Mo., Day, Year) 09 / 06 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Kenneth M. Altman Mailing Address 1712 15th Street City, State, Zip Code Gulfport, MS 39501 Name of Employer (Required) Morris Bart, LTD Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name David N. McCarty Mailing Address 416 East Amite Street City, State, Zip Code Jackson, MS 39201 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 06 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$

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Name of Candidate or Committee	ee Committee to Re-Elect Jim Kitchens		Kitchens
Reporting period July 1. 2016		through	September 30. 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name		this period
Tom B. Scott III	09 / 06 / 16	\$ 3,000.00
Mailing Address		
Post Office Box 2009		\$
City, State, Zip Code		
	$ \; \square \; \; \square \; $	\$
Jackson, MS 39215		
Name of Employer (Required) Scott & Scott	$\square \square \square \square \square$	\$
Occupation (Required)		· L
Attorney	Aggregate	\$ 5,000.00
	year-to-date	
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
		this period
Full name	09 / 07 / 16	\$ 250.00
Paul D. Snow III		. [250.00
Mailing Address		\$
419 South State Street, Suite A-100		—
City, State, Zip Code		\$
Jackson, MS 39201		• —
Name of Employer (Required)		\$
Self		<u> </u>
Occupation (Required)	Aggregate	\$ 250.00
Attorney	unarto data	¥ [230.00]
	year-to-date	
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)		
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr.	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self	Date (Mo., Day, Year) 09 / 09 / 16 1 / 1 / 1	receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self Occupation (Required) Attorney	Date (Mo., Day, Year)	receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 09 / 09 / 16 1 / 1 / 1 Aggregate	receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 09 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 09 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James Nobles, Jr. Mailing Address	Date (Mo., Day, Year) 09 / 09 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James Nobles, Jr. Mailing Address 1 Saint Charles Place	Date (Mo., Day, Year) 09 / 09 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James Nobles, Jr. Mailing Address 1 Saint Charles Place City, State, Zip Code	Date (Mo., Day, Year) 09 / 09 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,000.00 \$ 1
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James Nobles, Jr. Mailing Address 1 Saint Charles Place City, State, Zip Code Clinton, MS 39056	Date (Mo., Day, Year) 09 / 09 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James Nobles, Jr. Mailing Address 1 Saint Charles Place City, State, Zip Code Clinton, MS 39056 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 09 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,000.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James Nobles, Jr. Mailing Address 1 Saint Charles Place City, State, Zip Code Clinton, MS 39056 Name of Employer (Required) Self	Date (Mo., Day, Year) 09 / 09 / 16	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,000.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Robert S. Hammond, Jr. Mailing Address Post Office Box 471 City, State, Zip Code Hattiesburg, MS 39404 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James Nobles, Jr. Mailing Address 1 Saint Charles Place City, State, Zip Code Clinton, MS 39056 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 09 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 2,000.00 \$ 500.00

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Name of Candidate or Committee Committee to		o Re-Elect Jim Kitchens	
Reporting period July 1.2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)Full name		this period
The Stubbs Law Firm, PLLC	09 / 09 / 16	\$ 750.00
Mailing Address		
Post Office Box 1688		\$
City, State, Zip Code		
Magee, MS 39111		\$
Name of Employer (Required)		
Self		\$
Occupation (Required)	Ammanata	
Attorneys-at-Law	Aggregate year–to-date	\$ 750.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	09 / 09 / 16	¢ [
United Association of Plumbers & Pipefitters, Local 619 PAC Fund	103 / 103 / 110	\$ 2,000.00
Mailing Address		4
Post Office Box 261		\$
City, State, Zip Code		•
Vicksburg, MS 39181		\$
Name of Employer (Required)		\$
Self	<u> </u>	<u> </u>
Occupation (Required)	Aggregate	\$ 2,000.00
Plumbers & Pipefitters Association	year-to-date	. [2,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L. Banks, Jr.	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L Banks, Jr. Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L. Banks, Jr. Mailing Address 25 Saint Andrews Drive	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L Banks, Jr. Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L. Banks, Jr. Mailing Address 25 Saint Andrews Drive	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L. Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP Occupation (Required)	Date (Mo., Day, Year) 09 / 12 / 16 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L. Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP Occupation (Required) Attorney	Date (Mo., Day, Year) 09 / 12 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L. Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 12 / 16 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L. Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L. Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas W. Brock	Date (Mo., Day, Year) 09 / 12 / 16	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L. Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas W. Brock Mailing Address	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas W. Brock Mailing Address Post Office Box 1161	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L. Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas W. Brock Mailing Address	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas W. Brock Mailing Address Post Office Box 1161 City, State, Zip Code	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas W. Brock Mailing Address Post Office Box 1161 City, State, Zip Code McComb, MS 39649 Name of Employer (Required) Self	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Fred L Banks, Jr. Mailing Address 25 Saint Andrews Drive City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Phelps Dunbar, LOLP Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Thomas W. Brock Mailing Address Post Office Box 1161 City, State, Zip Code McComb, MS 39649 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 1,000.00 \$ 500.00

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Name of Candidat	e or Committee	Committee to	Re-Elect Jim	Kitchens	
Reporting period_	July 1. 2016		through	September 30, 2016	_
	ITI	- N 41-		DEALID	_

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Yancy Burns	09 / 12 / 16	\$ 5,000.00
Mailing Address		
629 North Jefferson Street		\$
City, State, Zip Code		
Jackson, MS 39202		\$
Name of Employer (Required)		. —
Burns & Associaties, PLLC	느/ 느/ 느	\$
Occupation (Required)	Aggregate	•
Attorneys-at-Law	year-to-date	\$ 5,000.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name	09 / 12 / 16	\$ 500.00
P. Gregory Cross		
Mailing Address		\$
315 East Charles		
City, State, Zip Code		s
Muncie, IN 47305		
Name of Employer (Required)		\$
The Cross Law Firm		<u> </u>
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	
<u></u>	, ou. to 1110	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source C Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Malling Address	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Mailing Address 344 Highway 51 South	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Malling Address	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Mailing Address 344 Highway 51 South	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Mailing Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ [1,000.00] \$ [
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Mailling Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157	Date (Mo., Day, Year)	receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Mailing Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law	Date (Mo., Day, Year)	receipt this period \$ [1,000.00] \$ [
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Mailing Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09 / 12 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Mailing Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ [1,000.00] \$ [
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Mailling Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 12 / 16	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Malling Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name John F. Hester	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Mailling Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Malling Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name John F. Hester Malling Address Post Office Box 1826 City, State, Zip Code	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Mailling Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name John F. Hester Mailing Address Post Office Box 1826 City, State, Zip Code Gulfport, MS 39502	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Malling Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name John F. Hester Mailing Address Post Office Box 1826 City, State, Zip Code Gulfport, MS 39502 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Gill Ladner & Priest Mailling Address 344 Highway 51 South City, State, Zip Code Ridgeland, MS 39157 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name John F. Hester Mailing Address Post Office Box 1826 City, State, Zip Code Gulfport, MS 39502	Date (Mo., Day, Year) 09 / 12 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 1,000.00 \$

Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens		_
Reporting period July 1. 2016	through	September 30, 2016	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name J. L. Hunter	09 / 12 / 16	\$ 300.00
J. L. Hunter Mailing Address		- 1000111
Post Office Drawer 1287	$ \sqsubseteq_I \sqsubseteq_I \sqsubseteq_I$	\$
City, State, Zip Code		
Pascagoula, MS 39568		\$
Name of Employer (Required)		
Cumbest Cumbest Hunter & McCormick	<u> </u>	\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 300.00
B. Source: Corporation PAC ✓ Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 12 / 16	
Warren L. Martin, Jr.	109 1 112 1 110	\$ 500.00
Mailing Address		
Post Office Box 1870	<u> </u>	\$
City, State, Zip Code		*
Jackson, MS 39215		\$
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate	&
Attorney	year-to-date	\$ 500.00
	7000 00 0000	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Courtney Pyron	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Courtney Pyron Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code	Date (Mo., Day, Year)	receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code Crystal Springs, MS 39059	Date (Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Homemaker	Date (Mo., Day, Year)	receipt this period \$ 500.00
Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required)	Date (Mo., Day, Year) 09	receipt this period \$ 500.00 \$ [
Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Homemaker Occupation (Required)	Date (Mo., Day, Year) 09	receipt this period \$ 500.00 \$ 500.00
Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify) Full name Don Barrett, PA	Date (Mo., Day, Year) 09	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt
Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify) Full name Don Barrett, PA Mailing Address Post Office Box 927	Date (Mo., Day, Year) 09	receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify) Full name Don Barrett, PA Mailing Address Post Office Box 927 City, State, Zip Code	Date (Mo., Day, Year) 09	receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify) Full name Don Barrett, PA Mailing Address Post Office Box 927 City, State, Zip Code Lexington, MS 39095	Date (Mo., Day, Year) 09	s 500.00 \$ 500.00 \$ 500.00 \$ 500.00 \$ 500.00 \$ 500.00 \$ 1.000.00 \$ 1.000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify) Full name Don Barrett, PA Mailing Address Post Office Box 927 City, State, Zip Code Lexington, MS 39095 Name of Employer (Required)	Date (Mo., Day, Year) 09	receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Courtney Pyron Mailing Address 115 Mathis Road City, State, Zip Code Crystal Springs, MS 39059 Name of Employer (Required) Homemaker Occupation (Required) Homemaker D. Source: Corporation PAC Individual Loan Other (please specify) Full name Don Barrett, PA Mailing Address Post Office Box 927 City, State, Zip Code Lexington, MS 39095	Date (Mo., Day, Year) 09	receipt this period \$ 500.00 \$ \$ \$ \$ \$ \$ Amount of each receipt this period \$ \$ \$ \$

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Name of Candidate or Committee Committee to		Re-Elect Jim	Kitchens
Reporting period July 1. 2016		through	September 30, 2016

A. Source: 🗸 Corporation 🔲 PAC 🔲 Individual 🔲 Loan 🗍		
Other (places area)(6.)	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)Full name		this period
Elliott Law Firm	09 / 14 / 16	\$ 1,000.00
Mailing Address		
Post Office Box 110		\$
City, State, Zip Code		
Brandon, MS 39043		\$
Name of Employer (Required)		
Self	$\square_I \square_I \square_I \square_I$	\$
Occupation (Required)		
Attorneys-at-Law	Aggregate year–to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	09 / 14 / 16	\$ 750.00
Hunter Lundy		▼ [730.00
Mailing Address		\$
Post Office Box 3010		<u> </u>
City, State, Zip Code		\$
Lake Charles, LA 70602		
Name of Employer (Required) Lundy, Lundy, Soileau, & South, LLP	$\square \wr \square \wr \square$	\$
Occupation (Required)	Aggregate	
Occupation (Negulieu)	Aggregate	\$ 750.00
Attorneys-at-Law	vear-to-date	¥ [/30.00
Attorneys-at-Law C. Source Corporation PAC / Individual Loan	year-to-date	
Attorneys-at-Law C. Source Corporation PAC Individual Loan Other (please specify)	year–to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Malling Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Malling Address Post Office Box 319 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required) Herring Chapman, PA	Date (Mo., Day, Year) 09 / 15 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required) Herring Chapman, PA Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09 / 15 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required) Herring Chapman, PA Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 15 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required) Herring Chapman, PA Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09 / 15 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required) Herring Chapman, PA Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jak M. Smith, PA Mailing Address	Date (Mo., Day, Year) 09 / 15 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required) Herring Chapman, PA Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jak M. Smith, PA Mailing Address Post Office Box 7213	Date (Mo., Day, Year) 09 / 15 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required) Herring Chapman, PA Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jak M. Smith, PA Mailing Address Post Office Box 7213 City, State, Zip Code	Date (Mo., Day, Year) 09 / 15 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required) Herring Chapman, PA Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jak M. Smith, PA Mailing Address Post Office Box 7213 City, State, Zip Code Tupelo, MS 38802	Date (Mo., Day, Year) 09 / 15 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required) Herring Chapman, PA Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jak M. Smith, PA Mailing Address Post Office Box 7213 City, State, Zip Code Tupelo, MS 38802 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 15 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Jason D. Herring Mailing Address Post Office Box 319 City, State, Zip Code Saltillo, MS 38866 Name of Employer (Required) Herring Chapman, PA Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Jak M. Smith, PA Mailing Address Post Office Box 7213 City, State, Zip Code Tupelo, MS 38802	Date (Mo., Day, Year) 09 / 15 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 1

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Name of Candidate or Committee		Committee to Re-Elect Jim Kitchens		Kitchens
Reporting period	July 1. 2016		through	September 30. 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Kelly Lee Mims	09 / 15 / 16	\$ 500.00
Mailing Address		
407A Road 373		\$
City, State, Zip Code		-
Tupelo, MS 38801		\$
Name of Employer (Required)		
Self		\$
Occupation (Required)	Aggragata	
Attorney	Aggregate year–to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	09 / 15 / 16	\$ 1,000.00
William Wheeler		1,000.00
Mailing Address	09 / 30 / 16	\$ 1,000.00
114 South Broadway		¥ [1,000.00
City, State, Zip Code		\$
Tupelo, MS 38802		<u> </u>
Name of Employer (Required)		\$
Wheeler & Franks Law Firm, PC		<u> </u>
Occupation (Required)	Aggregate	\$ 2,000,00
		ון ממממכושו
Attorneys-at-Law	year-to-date	\$ 2,000.00
Attorneys-at-Law C. Scurce Corporation PAC Individual Loan Other (please specify)	year–to-date Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailing Address 6 Sunset Lane	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailing Address 6 Sunset Lane City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Maifing Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailing Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Maifing Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailing Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC Occupation (Required) Attorney	Date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailing Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC Occupation (Required)	Date (Mo., Day, Year) 09 / 16 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailling Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 16 / 16 10 / 10 / 10 Aggregate year-to-date	Amount of each receipt this period \$ 500.00 \$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailling Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 16 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailling Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James E. Lever	Date (Mo., Day, Year) 09 / 16 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailing Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James E. Lever Mailing Address	Date (Mo., Day, Year) 09 / 16 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailing Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James E. Lever Mailing Address Post Office Box 809	Date (Mo., Day, Year) 09 / 16 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailing Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James E. Lever Mailing Address Post Office Box 809 City, State, Zip Code	Date (Mo., Day, Year) 09 / 16 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailling Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James E. Lever Mailing Address Post Office Box 809 City, State, Zip Code Hazlehurst, MS 39083	Date (Mo., Day, Year) 09 / 16 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 1
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailing Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James E. Lever Mailing Address Post Office Box 809 City, State, Zip Code	Date (Mo., Day, Year) 09 / 16 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 100.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Stewart Casper Mailling Address 6 Sunset Lane City, State, Zip Code Pound Ridge, NY 10576 Name of Employer (Required) Casoer & de Toledo, LLC Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name James E. Lever Mailling Address Post Office Box 809 City, State, Zip Code Hazlehurst, MS 39083 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 16 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 500.00 \$ 500.00 \$ 500.00 Amount of each receipt this period \$ 250.00 \$ 100.00

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period July 1.2016	through September 30, 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Peyton D. Prospere	09 / 16 / 16	\$ 250.00
Mailing Address		
1336 St. Mary Street		\$
City, State, Zip Code		
Jackson, MS 39202		\$
Name of Employer (Required)		
Watkins & Eager		\$
Occupation (Required)	Aggregate	
Attorney	Aggregate year–to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	09 / 16 / 16	\$ 250.00
James Wicker		7 230.00
Mailing Address		\$
3085 Old Highway 24		
City, State, Zip Code McComb, MS 39648	\square \square \square	\$
Name of Employer (Required) Pike County National Bank		\$
Occupation (Required)	Aggregate	
		\$ 250.00
Businessman	year-to-date	. [230.00
C. Source Corporation PAC Individual Loan	year-to-date Date	Amount of each
C. Source Corporation PAC Individual Loan Other (please specify)		
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602	Date (Mo., Day, Year)	Amount of each receipt this period \$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 300.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602 Name of Employer (Required) Self Occupation (Required)	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 300.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brad Morris	Date (Mo., Day, Year) 09 / 19 / 16	Amount of each receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brad Morris Mailing Address	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 300.00 \$ 300.00 \$ 300.00 Amount of each receipt this period \$ 750.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brad Morris Mailing Address Post Office Box 2136	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brad Morris Mailing Address Post Office Box 2136 City, State, Zip Code	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brad Morris Mailing Address Post Office Box 2136 City, State, Zip Code Oxford, MS 38655	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 300.00 \$ 300.00 \$ 300.00 Amount of each receipt this period \$ 750.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brad Morris Mailing Address Post Office Box 2136 City, State, Zip Code Oxford, MS 38655 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Boerner Law Firm, PLLC Mailing Address Post Office Box 205 City, State, Zip Code Brookhaven, MS 39602 Name of Employer (Required) Self Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Brad Morris Mailing Address Post Office Box 2136 City, State, Zip Code Oxford, MS 38655	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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Name of Candidat	e or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period_	Julv 1. 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Scott Colom	09 / 19 / 16	\$ 250.00
Mailing Address		
Post Office Box 866		\$
City, State, Zip Code		
Columbus, MS 39703		\$
Name of Employer (Required)		^
District Attorney's office		\$
Occupation (Required)	Aggregate	\$ 250.00
Attorney	year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
		this period
Full name Wilbur O, Cotom	09 / 19 / 16	\$ 1,000.00
Mailing Address Post Office Box 866	\square \square \square	\$
City, State, Zip Code		
Columbus, MS 39703		\$
Name of Employer (Required)		
The Colom Law Firm		\$
Occupation (Required)	Aggregate	•
Attamos		\$ 1,000.00
Attorney	year-to-date	1.7000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Self	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Self Occupation (Required) Attorney-at-law D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Self Occupation (Required) Attorney-at-law D. Source: Corporation PAC Individual Loan Other (please specify)	Oate (Mo., Day, Year) O9 / 19 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Self Occupation (Required) Attorney-at-law D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09 / 19 / 16 1 / 1 / 1 Aggregate year-to-date Date	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Self Occupation (Required) Attorney-at-law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mark Davis Mailing Address	Oate (Mo., Day, Year) O9 / 19 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Self Occupation (Required) Attorney-at-law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mark Davis Mailing Address 851 Fort, Suite 400	Oate (Mo., Day, Year) O9 / 19 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Self Occupation (Required) Attorney-at-law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mark Davis Mailing Address 851 Fort, Suite 400 City, State, Zip Code	Oate (Mo., Day, Year) O9 / 19 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Self Occupation (Required) Attorney-at-law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mark Davis Mailing Address 851 Fort, Suite 400 City, State, Zip Code Honolulu, HI 96822	Oate (Mo., Day, Year) O9 / 19 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Self Occupation (Required) Attorney-at-law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mark Davis Mailing Address 851 Fort, Suite 400 City, State, Zip Code Honolulu, HI 96822 Name of Employer (Required)	Oate (Mo., Day, Year) O9 / 19 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name David Owen, PA Mailing Address Post Office Box 27 City, State, Zip Code Columbus, MS 39703 Name of Employer (Required) Self Occupation (Required) Attorney-at-law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mark Davis Mailing Address 851 Fort, Suite 400 City, State, Zip Code Honolulu, HI 96822	Oate (Mo., Day, Year) O9 / 19 / 16 O / O / O Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$

Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens	-
Reporting period July 1. 2016	through September 30, 2016	_

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tara Hennington	09 / 19 / 16	\$ 250.00
Mailing Address	Г.Г.	
Post Office Box 117	<u> </u>	\$
City, State, Zip Code		
Summit, MS 39666	 	\$
Name of Employer (Required) Hennington Wellness Center		\$
Occupation (Required) Bookkeeper	Aggregate year-to-date	\$ 250.00
B. Source: Corporation PAC V Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Fuil name	09 / 19 / 16	\$ 250.00
Dudley F. Lampton	102 1115 1110	\$ 250.00
Mailing Address		\$
502 Natchez Drive		
City, State, Zip Code		\$
Brookhaven, MS 39601		-
Name of Employer (Required) Armstrong, Thomas, Berry, Lampton, & McCardle		\$
Occupation (Required)	Aggregate	·1
Attorney	year-to-date	\$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 19 / 16	\$ 500.00
Patrick H. LePley	103 1 119 1 110	a 1500.00
Mailing Address		\$
126010 SE 38th Street, Suite 201		
City, State, Zip Code Bellevue, WA 96006		\$
Name of Employer (Required)	Г,Г,Г	\$
LePley Law Firm		Ψ
Occupation (Required) Attorney	Aggregate year-to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 19 / 16	\$ 500.00
James M. Leventhal	105 7 110	\$ 500.00
Malling Address 950 South Cherry Street, Suite 600		\$
City, State, Zip Code		
Denver, CO 80546	<u> </u>	\$
Name of Employer (Required)	_ ,_,_	\$
Leventhal & Puga, PC		
Occupation (Required) Attorney	Aggregate year–to-date	\$ 500.00

Page 50 of 6	3
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Name of Candidate or Committe	e Committee t	o Re-Elect Jim	Kitchens
Reporting period July 1. 2016		through	September 30, 2016
17			DEALIDE

HEMIZED RECEIP	15	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 19 / 16	\$ 500.00
James D. Moore		4 [500.00
Mailing Address		\$
Post Office Box 911		<u> </u>
City, State, Zip Code Tupelo, MS 38801		\$
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	\$ 500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 19 / 19	\$ 500.00
Claude Wyle	<u> [65] [15] [15] </u>	\$ 500.00
Mailing Address 275 Battery Street, Suite 1300		\$
City, State, Zip Code		
San Francisco, CA 94111		\$
Name of Employer (Required)		•
Choulos, Choulos, & Wyle`	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 500.00
Attorney	year-to-date	▼ 300.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 20 / 16	\$ 3,000.00
Michael B. McMahan		4 [3,000.00
Mailing Address		\$
46 Longwood Drive		
City, State, Zip Code Hattiesburg, MS 39402		\$
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate	¢ [
		เองเรกกกกก
Attorney	year-to-date	\$ 5,000.00
Attorney D. Source: Corporation PAC Individual Loan Other (please specify)		Amount of each receipt this period
D. Source: Corporation PAC Individual Loan Other (please specify)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: Corporation PAC Individual Loan Other (please specify) Full name Erica McHard	year-to-date Date (Mo., Day, Year)	Amount of each receipt
D. Source: Corporation PAC Individual Loan Other (please specify) Full name Erica McHard Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: Corporation PAC Individual Loan Other (please specify) Full name Erica McHard Mailing Address 15 Milbranch Road	Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: Corporation PAC Individual Loan Other (please specify) Full name Erica McHard Mailing Address 15 Milbranch Road City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
D. Source: Corporation PAC Individual Loan Other (please specify) Full name Erica McHard Mailing Address 15 Milbranch Road	Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,000.00 \$ 500.00
D. Source: Corporation PAC Individual Loan Other (please specify) Full name Erica McHard Mailing Address 15 Milbranch Road City, State, Zip Code Hattiesburg, MS 39402	Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,000.00

Name of Candidate or Committee		Committee to Re-Elect Jim Kitchens	
Reporting period July	1. 2016	through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 20 / 16	<u> </u>
Gregory Alston	109 / 120 / 110	\$ 300.00
Mailing Address		\$
110 Candlewick Road	<u> </u>	Ψ
City, State, Zip Code		\$
Hattiesburg, MS 39402		•
Name of Employer (Required)		\$
David L. Lord & Associates	<u>'''</u>	▼ I
Occupation (Required)	Aggregate	\$ 300.00
Attorney	year-to-date	V
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Michael Ratliff	09 / 20 / 16	\$ 500.00
Mailing Address		<u> </u>
Post Office Box 17738		\$
City, State, Zip Code		
		\$
Hattiesburg, MS 39404		<u> </u>
Name of Employer (Required) Johnson & Ratliff	<u> </u>	\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 500.00
C. Source Corporation PAC V Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	
Other (please specify)		receipt
Other (please specify) Full name Keith Blakeney	(Mo., Day, Year)	receipt this period \$ 1,000.00
Other (please specify) Full name Keith Blakeney Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Keith Blakeney Mailing Address Post Office Box 545	(Mo., Day, Year)	receipt this period \$ 1,000.00
Other (please specify) Full name Keith Blakeney Mailing Address Post Office Box 545 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 1,000.00
Other (please specify) Full name Keith Blakeney Mailing Address Post Office Box 545 City, State, Zip Code Bay Springs, MS 39422	(Mo., Day, Year) 09 21 16	receipt this period \$ 1,000.00 \$
Other (please specify) Full name Keith Blakeney Mailing Address Post Office Box 545 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 1,000.00
Coupation (Required) Full name Keith Blakeney Mailing Address Post Office Box 545 City, State, Zip Code Bay Springs, MS 39422 Name of Employer (Required) SIC Occupation (Required)	(Mo., Day, Year) 09	receipt this period \$ [1,000.00] \$ [\$ [\$]
City, State, Zip Code Bay Springs, MS 39422 Name of Employer (Required) SIC Occupation (Required) Businessman	(Mo., Day, Year) 09	receipt this period \$ 1,000.00 \$ [
Coupation (Required) Full name Keith Blakeney Mailing Address Post Office Box 545 City, State, Zip Code Bay Springs, MS 39422 Name of Employer (Required) SIC Occupation (Required)	(Mo., Day, Year) 09	receipt this period \$ [1,000.00] \$ [\$ [\$]
Other (please specify) Full name Keith Blakeney Mailing Address Post Office Box 545 City, State, Zip Code Bay Springs, MS 39422 Name of Employer (Required) SIC Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) O9	receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
City, State, Zip Code Bay Springs, MS 39422 Name of Employer (Required) SIC Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mary Jane Harrison	(Mo., Day, Year) O9	receipt this period \$ 1,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Keith Blakeney Mailing Address Post Office Box 545 City, State, Zip Code Bay Springs, MS 39422 Name of Employer (Required) SIC Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) O9	receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period
Other (please specify) Fuil name Keith Blakeney Mailing Address Post Office Box 545 City, State, Zip Code Bay Springs, MS 39422 Name of Employer (Required) SIC Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify) Fuil name Mary Jane Harrison Mailing Address	(Mo., Day, Year) O9	receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00
City, State, Zip Code Businessman D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mary Jane Harrison Mailing Address 35 Southern Colonel Road City, State, Zip Code Laurel, MS 39443	(Mo., Day, Year) O9	receipt this period \$ 1,000.00 \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00
Other (please specify) Full name Keith Blakeney Mailing Address Post Office Box 545 City, State, Zip Code Bay Springs, MS 39422 Name of Employer (Required) SIC Occupation (Required) Businessman D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mary Jane Harrison Mailing Address 35 Southern Colonel Road City, State, Zip Code	(Mo., Day, Year) O9	receipt this period \$ 1,000.00 \$ 1,000.00 Amount of each receipt this period \$ 1,000.00 \$ 1,000.00

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens

Reporting period July 1. 2016 through September 30, 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(ino., bay, rear)	this period
Full name	09 / 19 / 16	\$ 2,000.00
Samuel S. McHard Mailing Address		
	09 / 19 / 16	\$ 500.00
116 Longwood Drive		
City, State, Zip Code Hattiesburg, MS 39402		\$
Name of Employer (Required)		
McHard & Associates	<u>' </u>	\$
Occupation (Required)	Aggregate	\$ [20000
Attorney	year-to-date	\$ 2,500.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(MO., Day, Teal)	this period
Full name	09 / 21 / 16	\$ 500.00
Wayne Parsons	105 1 121 1 110	\$ 500.00
Mailing Address		\$
3907 Koko Drive	<u> </u>	4 1
City, State, Zip Code		
Honolulu, HI 96816	<u> </u>	\$
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	L <u></u>	uns period
Full name Meredith A. Bass, Jr.	09 / 22 / 16	\$ 250.00
Mailing Address		
Post Office Box 712	<u> </u>	\$
City, State, Zip Code		
Hazlehurst, MS 39083	<u> </u>	\$
Name of Employer (Required)		
Self	<u> </u>	\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 250.00
D. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	09 / 22 / 16	
Texans for Good Leaders PAC	109 / 122 / 110	\$ 1,000.00
Mailing Address		\$
934 Memorial Villiage Drive		
City, State, Zip Code Houston, TX 77024		\$
Name of Employer (Required)	_,_,_	\$
Self	<u>'''</u>	
Occupation (Required)	Aggregate year–to-date	\$ 1,000.00

Name of Candidate	or Committee	Committee to Re-Elect Jim Kitchen
Reporting period	July 1. 2016	through

through September 30, 2016 ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Baldwin & Baldwin, LLP	09 / 23 / 16	\$ 1,000.00
Mailing Address	Г	_
Post Office Drawer 1349	<u> </u>	\$
City, State, Zip Code		
Marshall, TX 75671	<u> </u>	\$
Name of Employer (Required)		
Self	<u> </u>	\$
Occupation (Required) Attorneys-at-Law	Aggregate year–to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	09 / 23 / 16	\$ 750.00
Douglas L. Tynes, Jr.	109 1 123 1 113	\$ 750.00
Mailing Address	Г.Г.Г	\$ [
Post Office Drawer 966	<u> </u>	>
City, State, Zip Code	Г., , , , , ,	*
Pascagoula, MS 39568	<u> </u>	\$
Name of Employer (Required)	一,一,一	\$ [
Tynes Law Firm, PA		¥ I
Occupation (Required)	Aggregate	\$ 750.00
Attorney	year-to-date	, 1, 50,00
DACE Individual Loop	1	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		receipt
Other (please specify) Full name Steve Mullins	(Mo., Day, Year)	receipt this period \$ 1,250.00
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990	(Mo., Day, Year)	receipt this period \$ 1,250.00
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 1,250.00
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566	(Mo., Day, Year) 09	receipt this period \$ 1,250.00 \$ [
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 1,250.00
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566 Name of Employer (Required) Luckey & Mullins, PLLC Occupation (Required)	(Mo., Day, Year) 09	receipt this period \$ 1,250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566 Name of Employer (Required) Luckey & Mullins, PLLC Occupation (Required) Attorneys-at-Law	(Mo., Day, Year) 09	receipt this period \$ 1,250.00 \$ [
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566 Name of Employer (Required) Luckey & Mullins, PLLC Occupation (Required)	(Mo., Day, Year) 09	receipt this period \$ 1,250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566 Name of Employer (Required) Luckey & Mullins, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09	receipt this period \$ 1,250.00 \$
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566 Name of Employer (Required) Luckey & Mullins, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Corban Gunn	(Mo., Day, Year) 09	receipt this period \$ 1,250.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566 Name of Employer (Required) Luckey & Mullins, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Corban Gunn Mailing Address	(Mo., Day, Year) 09	receipt this period \$ 1,250.00 \$
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566 Name of Employer (Required) Luckey & Mullins, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Corban Gunn Mailing Address Post Office Box 1466	(Mo., Day, Year) 09	receipt this period \$ 1.250.00 \$
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566 Name of Employer (Required) Luckey & Mullins, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Corban Gunn Mailing Address Post Office Box 1466 City, State, Zip Code Biloxi, MS 39533	(Mo., Day, Year) 09	receipt this period \$ 1,250.00 \$ 1,250.00 \$ 1,250.00 Amount of each receipt this period \$ 2,000.00
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566 Name of Employer (Required) Luckey & Mullins, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Corban Gunn Mailing Address Post Office Box 1466 City, State, Zip Code Biloxi, MS 39533 Name of Employer (Required)	(Mo., Day, Year) 09	receipt this period \$ 1,250.00 \$
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566 Name of Employer (Required) Luckey & Mullins, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Corban Gunn Mailing Address Post Office Box 1466 City, State, Zip Code Biloxi, MS 39533 Name of Employer (Required) Corban Gunn, PLLC	(Mo., Day, Year) 09	receipt this period \$ 1,250.00 \$ 1,250.00 \$ 1,250.00 Amount of each receipt this period \$ 2,000.00 \$
Other (please specify) Full name Steve Mullins Mailing Address Post Office Box 990 City, State, Zip Code Ocean Springs, MS 39566 Name of Employer (Required) Luckey & Mullins, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name W. Corban Gunn Mailing Address Post Office Box 1466 City, State, Zip Code Biloxi, MS 39533 Name of Employer (Required)	(Mo., Day, Year) 09	receipt this period \$ 1,250.00 \$

Name of Candidate or Committee		Committee to Re-Elect Jim Kitchens		
Reporting period July 1. 2016		through	September 30, 2016	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
The Guice Agency	09 / 23 / 16	\$ 1,000.00
Mailing Address	一,一,一	
Post Office Drawer 1187	<u> </u>	\$
City, State, Zip Code	Γ Γ Γ	\$
Biloxi, MS 39533	<u>'' '</u>	>
Name of Employer (Required)	F,F,F	\$
Self	<u>'-'-'-</u>	P 1
Occupation (Required) Advertising	Aggregate year–to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(IVIO., Day, Tear,	this period
Full name	09 / 23 / 16	\$ 1,000.00
LoCoco and LoCoco, PA	1000 / 1000 / 1	¥ [1,000.00
Mailing Address		\$ [
Post Office Box 6014	<u> </u>	—————
City, State, Zip Code	<u> </u>	\$ [
D'Iberville, MS 39540	<u>''</u>	Ψ ————————
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate	\$ 1,000.00
Attorneys-at-Law	year-to-date	♥ 1,000.00
	7000 00 0000	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	receipt this period \$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address 1161 Robinson Avenue	Date (Mo., Day, Year)	receipt this period \$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address 1161 Robinson Avenue City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 300.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address 1161 Robinson Avenue City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Ellis Law Firm	Date (Mo., Day, Year) 09	receipt this period \$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address 1161 Robinson Avenue City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Ellis Law Firm Occupation (Required) Attorney-at-Law	Date (Mo., Day, Year) 09	receipt this period \$ 300.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address 1161 Robinson Avenue City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Ellis Law Firm Occupation (Required)	Date (Mo., Day, Year) 09	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address 1161 Robinson Avenue City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Ellis Law Firm Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09	receipt this period \$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address 1161 Robinson Avenue City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Ellis Law Firm Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year) 09	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address 1161 Robinson Avenue City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Ellis Law Firm Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name April Skie Parker	Date (Mo., Day, Year) 09	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailling Address 1161 Robinson Avenue City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Ellis Law Firm Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name April Skie Parker Mailling Address	Date (Mo., Day, Year) 09	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address 1161 Robinson Avenue City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Ellis Law Firm Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name April Skie Parker	Date (Mo., Day, Year) 09	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address 1161 Robinson Avenue City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Ellis Law Firm Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name April Skie Parker Mailing Address 1313 Evangeline Drive City, State, Zip Code Picayune, MS 39466	Date (Mo., Day, Year) 09	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Dianne Ellis Mailing Address 1161 Robinson Avenue City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) Ellis Law Firm Occupation (Required) Attorney-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name April Skie Parker Mailing Address 1313 Evangeline Drive City, State, Zip Code	Date (Mo., Day, Year) 09	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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Name of Candidate or Committee Committee		Re-Elect Jim	Kitchens
Reporting period July 1. 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Cynthia I. Mitchell	09 / 23 / 16	\$ 2,500.00
Mailing Address		
1620 Anne Drive		\$
City, State, Zip Code		
Clarksdale, MS 38614		\$
Name of Employer (Required)]	
Self		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 5,000.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(MO., Bay, 10ar)	this period
Full name	09 / 23 / 16	\$ 2,000.00
Judy M. Guice		₹ [2,000.00
Mailing Address	09 / 30 / 16	\$ 1,350.00
410 Rue Chateguay		♥ [1,350.00
City, State, Zip Code		*
Ocean Springs, MS 39564		\$
Name of Employer (Required)		\$
Self		•
Occupation (Required)	Aggregate	\$ 2,000.00
Assessment	4	▼ 12.000.00 1
Attorney	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Malling Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required) Attorney at Law	Date (Mo., Day, Year) 09 / 30 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required) Attorney at Law D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09 / 30 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required) Attorney at Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 30 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required) Attorney at Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 30 / 16 10 / 10 / 10 Aggregate year-to-date Date	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required) Attorney at Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 30 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required) Attorney at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Herman, Herman & Katz, LLC	Date (Mo., Day, Year) 09 / 30 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required) Attorney at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Herman, Herman & Katz, LLC Mailing Address	Date (Mo., Day, Year) 09 / 30 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Malling Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required) Attorney at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Herman, Herman & Katz, LLC Mailing Address 820 O'Keefe Avenue City, State, Zip Code New Orleans, LA 70113	Date (Mo., Day, Year) 09 / 30 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required) Attorney at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Herman, Herman & Katz, LLC Mailing Address B20 O'Keefe Avenue City, State, Zip Code New Orleans, LA 70113 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 30 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Malling Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required) Attorney at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Herman, Herman & Katz, LLC Mailing Address 820 O'Keefe Avenue City, State, Zip Code New Orleans, LA 70113 Name of Employer (Required) Self	Date (Mo., Day, Year) 09 / 30 / 16	Amount of each receipt this period \$ 1,000.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Anthony Simon Mailing Address 621 East Northside Drive City, State, Zip Code Jackson, MS 39206 Name of Employer (Required) Simon & Teeuwissen, PLLC Occupation (Required) Attorney at Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Herman, Herman & Katz, LLC Mailing Address B20 O'Keefe Avenue City, State, Zip Code New Orleans, LA 70113 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 30 / 16 10 / 10 / 10 Aggregate year-to-date (Mo., Day, Year)	Amount of each receipt this period \$ 1,000.00 \$

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period July 1. 2016	through September 30, 2016

A. Source: V Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		
Dornan Law Office, PLLC	09 / 26 / 16	\$ 250.00
Mailing Address		
2200 15th Avenue, Suite B	<u> </u>	\$
City, State, Zip Code		
Gulfport, MS 39501		\$
Name of Employer (Required)		-
Self	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 250.00
Attorney-at-Law	year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(,, ,,	this period
Full name	09 / 26 / 16	\$ 250.00
Susan Dowdy	<u> </u>	7 [230.00
Mailing Address		\$
301 Cherokee Drive		<u> </u>
City, State, Zip Code		\$
McComb, MS 39648	<u> </u>	<u> </u>
Name of Employer (Required)		\$
Homemaker		<u> </u>
Occupation (Required) Homemaker	Aggregate year–to-date	\$ 250.00
IMOMEMSKER	MANTHETTI -	
	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address	Date (Mo., Day, Year)	receipt this period \$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace	Date (Mo., Day, Year)	receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period \$ 300.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Self	Date (Mo., Day, Year)	receipt this period \$ 300.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney	Date (Mo., Day, Year)	receipt this period \$ 300.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09 / 26 / 16 1 / 1 / 1 1 / 1 / 1 Aggregate	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 26 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 26 / 16 10 / 10 / 10 Aggregate year-to-date Date	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 26 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Kathleen Flynn Peterson Mailing Address	Date (Mo., Day, Year) 09 / 26 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, M5 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Kathleen Flynn Peterson Mailing Address 222 2nd Street, Apartment 901	Date (Mo., Day, Year) 09 / 26 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Kathleen Flynn Peterson Mailing Address	Date (Mo., Day, Year) 09 / 26 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Kathleen Flynn Peterson Mailing Address 222 2nd Street, Apartment 901 City, State, Zip Code Minneapolis, MN 55414 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 26 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Kathleen Flynn Peterson Mailing Address 222 2nd Street, Apartment 901 City, State, Zip Code Minneapolis, MN 55414 Name of Employer (Required) Robins Kaplan, LLP	Date (Mo., Day, Year) 09 / 26 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name Julie Ann Epps Mailing Address 504 East Peace City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Self Occupation (Required) Attorney D. Source: Corporation PAC Individual Loan Other (please specify) Full name Kathleen Flynn Peterson Mailing Address 222 2nd Street, Apartment 901 City, State, Zip Code Minneapolis, MN 55414 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 26 / 16 1 / 1 / 1 Aggregate year-to-date Date (Mo., Day, Year)	receipt this period \$ 300.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period July 1. 2016	through September 30, 2016

Other (please specify) Full name Murray Law Firm Mailing Address 650 Poydras Street, Suite 2150 City, State, Zip Code New Orleans, LA 70130 Name of Employer (Required) Total Control Code Street Str	
Mailing Address 650 Poydras Street, Suite 2150 City, State, Zip Code New Orleans, LA 70130 Name of Employer (Required)	
650 Poydras Street, Suite 2150 City, State, Zip Code New Orleans, LA 70130 Name of Employer (Required) \$	
City, State, Zip Code	
New Orleans, LA 70130 Name of Employer (Required) **Time Time Time Time Time Time Time Time	
Name of Employer (Required)	_
	\exists
Occupation (Required)	=,
Attorney-at-Law Aggregate year-to-date \$ 1,000.00	
B. Source: Corporation PAC Individual Loan Date Amount of e	ach
Other (please specify) (Mo., Day, Year) this period	d
Full name 09 / 26 / 16 \$ 250.00	$\overline{}$
T. Michael Reed, PA 250.00	┦.
Mailing Address	
Post Office Box 81	
City, State, Zip Code	
Hattiesburg, MS 39401	
Name of Employer (Required) Self \$	
Occupation (Required) Aggregate \$ 250.00	$\exists \exists$
Attorney-at-Law year-to-date \$ 250.00	
C. Scurce Corporation PAC Individual Loan Date Other (please specify) Date (Mo., Day, Year) Amount of e	
Full name (9) / 26 / 16 \$ 500.00	=
Retti Morgan	
Mailing Address	
POST Office Box 2393	
City, State, Zip Code	
Madison, MS 39130	
Name of Employer (Required) Keith Morgan, PLLC \$	
Occupation (Required) Aggregate \$ 500.00	
year-to-date year-to-date	
D. Source: Corporation PAC Individual Loan Date Other (please specify) Date (Mo., Day, Year) Amount of corporation (Mo., Day, Year)	
Full name	
Waltzer & Wiyqul, LLP 500.00	
Mailing Address	$\overline{}$
1011 Iberville Drive State, Zip Code	
1011 Iberville Drive	
1011 Iberville Drive City, State, Zip Code Ocean Springs, MS 39564 Name of Employer (Required) State Springs of Employer (Required)	
1011 Iberville Drive City, State, Zip Code Ocean Springs, MS 39564 \$// \$	

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period July 1, 2016		through	September 30, 2016

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Central MS Building & Construction Trades Council	09 / 26 / 16	\$ 5,000.00
Mailing Address]	
Post Office Box 821535		\$
City, State, Zip Code		
Vicksburg, MS 39182		\$
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate	
	Aggregate year–to-date	\$ 5,000.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(INO., Day, Tear)	this period
Full name	09 / 27 / 16	\$ 500.00
27-55 Fuel Plaza, LLC		\$ 500.00
Mailing Address		\$
26171 Highway 27	='='=	•
City, State, Zip Code		•
Crystal Springs, MS 39059		\$
Name of Employer (Required)		<u> </u>
Self		*
Occupation (Required)	Aggregate	\$ 500.00
Fuel and Convenience Store	year-to-date	. [500.00
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date	Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Malling Address 3935 Roxbury Road	Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211	Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code	Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 28 / 16 1 / 1 / 1 1 / 1 / 1	Amount of each receipt this period \$ 2,500.00 \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Gadow & Tyler, PLLC	Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Gadow & Tyler, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09 / 28 / 16 1 / 1 / 1 Aggregate	Amount of each receipt this period \$ 2,500.00 \$ 5,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Gadow & Tyler, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 28 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00 \$ 5.000.00 Amount of each
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Gadow & Tyler, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00 \$ 5,000.00 Amount of each receipt
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Gadow & Tyler, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 28 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00 \$ 5,000.00 Amount of each receipt this period \$ 2,500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Gadow & Tyler, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09 / 28 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00 \$ 5,000.00 Amount of each receipt this period
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Gadow & Tyler, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dennis C. Sweet III Mailing Address	Date (Mo., Day, Year) 09 / 28 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00 \$ 5,000.00 Amount of each receipt this period \$ 2,500.00 \$ 2,500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Gadow & Tyler, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dennis C. Sweet III Mailing Address 378 Fannin Landing Circle	Date (Mo., Day, Year) 09 / 28 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00 \$ 5,000.00 Amount of each receipt this period \$ 2,500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Gadow & Tyler, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dennis C. Sweet III Mailing Address 378 Fannin Landing Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 28 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Gadow & Tyler, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dennis C. Sweet III Mailing Address 378 Fannin Landing Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required) Sweet & Associates	Date (Mo., Day, Year) 09 / 28 / 16	Amount of each receipt this period \$ 2,500.00 \$ 5,000.00 Amount of each receipt this period \$ 2,500.00 \$ 1 2,500.00 \$ 2,500.00
C. Source Corporation PAC Individual Loan Other (please specify) Full name John Gadow Mailing Address 3935 Roxbury Road City, State, Zip Code Jackson, MS 39211 Name of Employer (Required) Gadow & Tyler, PLLC Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Dennis C. Sweet III Mailing Address 378 Fannin Landing Circle City, State, Zip Code Brandon, MS 39047 Name of Employer (Required)	Date (Mo., Day, Year) 09 / 28 / 16 10 / 10 / 10 Aggregate year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Name of Candidate or Committe	ommittee to Re-Elect Jim Kitchens
Reporting period July 1, 2016	through September 30, 2016
	MAIZED DEALIDE

		A
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
Walter T. Johnson	09 / 28 / 16	\$ 250.00
Mailing Address		^
Post Office Box 1754		\$
City, State, Zip Code		•
Madison, MS 39130		\$
Name of Employer (Required)		
Watkins & Eager		\$
Occupation (Required)	Aggregate	\$ 250.00
Attorney	year-to-date	250.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		tilla period
Full name	09 / 28 / 16	\$ 250.00
Susan Steffey Susan Steffey		
Mailing Address	$\sqcup \iota \Box \iota \Box \iota$	\$
154 Waterwood Drive		
City, State, Zip Code	$\square \square \square \square$	\$
Brandon, MS 39047		
Name of Employer (Required) Watkins & Eager		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name	09 / 27 / 16	\$ 1,000.00
Kevin Gay		
Mailing Address 2219 Sheffield Drive3		\$
City, State, Zip Code		
Jackson, MS 39211		\$
Name of Employer (Required)		
McNeill, McKay & Gay		\$
Occupation (Required)	Aggregate	¢
Attorney	year-to-date	\$ 1,000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 29 / 16	
	09 / 29 / 16	\$ 200.00
Horn & Payne		
Horn & Payne Mailing Address		
Horn & Payne Mailing Address Post Office Box 2754		\$
Horn & Payne Mailing Address Post Office Box 2754 City, State, Zip Code		
Horn & Payne Mailing Address Post Office Box 2754 City, State, Zip Code Madison, MS 39130		\$
Horn & Payne Mailing Address Post Office Box 2754 City, State, Zip Code Madison, MS 39130 Name of Employer (Required)		\$
Horn & Payne Mailing Address Post Office Box 2754 City, State, Zip Code Madison, MS 39130		\$

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	of of

Name of Candidate or Committee	Committee to Re-Elect Jim	Kitchens
Reporting period July 1.2016	through	September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify) Full name Ashcraft & Gerel, LLP Mailing Address	Date	
Full name Ashcraft & Gerel, LLP	(Mo., Day, Year)	Amount of each receipt
Ashcraft & Gerel, LLP		this period
	09 / 29 / 16	\$ 1,000.00
Mailing Address		
11300 Rockville Pike, Suite 1002		\$
City, State, Zip Code		_
Rockville, MD 208752		\$
Name of Employer (Required)		
Self		\$
Occupation (Required)	Aggregate	
Attorneys-at-Law	year-to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(1111)	this period
Full name	09 / 30 / 16	\$ 1,000.00
Lewis and Lewis Investments, LLC		1,000.00
Mailing Address		\$
1217 Jackson Avenue East		
City, State, Zip Code		s
Oxford, MS 38655	'	•
Name of Employer (Required)		\$
Self		<u> </u>
Occupation (Required)	Aggregate	\$ 1,000.00
Investors	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
(1)		this period
Full name		
	09 / 30 / 16	this period \$ 2,500.00
Full name	09 / 30 / 16	\$ 2,500.00
Full name Arnold Levin	09 / 30 / 16	
Full name Arnold Levin Mailing Address	09 / 30 / 16	\$ 2,500.00
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500	09 / 30 / 16	\$ 2,500.00
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required)	09 / 30 / 16	\$ [2,500.00 \$ [
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106	09 / 30 / 16	\$ 2,500.00
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required) Levin, Fishbein, Sedran & Berman Occupation (Required)		\$ 2,500.00 \$ \$
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required) Levin, Fishbein, Sedran & Berman Occupation (Required) Attorneys-at-Law		\$ [2,500.00] \$ [
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required) Levin, Fishbein, Sedran & Berman Occupation (Required) Attorneys-at-Law D. Source:		\$ 2,500.00 \$ \$
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required) Levin, Fishbein, Sedran & Berman Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify)	//	\$ 2,500.00 \$
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required) Levin, Fishbein, Sedran & Berman Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Roberts Wilson, PA	//	\$ 2,500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ 2,500.00 Amount of each receipt
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required) Levin, Fishbein, Sedran & Berman Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Roberts Wilson, PA Mailing Address	//	\$ 2,500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required) Levin, Fishbein, Sedran & Berman Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Roberts Wilson, PA Mailing Address Post Office Box 2428	//	\$ 2,500.00 \$
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required) Levin, Fishbein, Sedran & Berman Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Roberts Wilson, PA Mailing Address Post Office Box 2428 City, State, Zip Code	//	\$ 2,500.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required) Levin, Fishbein, Sedran & Berman Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Roberts Wilson, PA Mailing Address Post Office Box 2428 City, State, Zip Code Oxford, MS 38655	//	\$ 2,500.00 \$
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required) Levin, Fishbein, Sedran & Berman Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Roberts Wilson, PA Mailing Address Post Office Box 2428 City, State, Zip Code	//	\$ 2,500.00 \$
Full name Arnold Levin Mailing Address 510 Walnut Street, Suite 500 City, State, Zip Code Philadelphia, PA 19106 Name of Employer (Required) Levin, Fishbein, Sedran & Berman Occupation (Required) Attorneys-at-Law D. Source: Corporation PAC Individual Loan Other (please specify) Full name Roberts Wilson, PA Mailing Address Post Office Box 2428 City, State, Zip Code Oxford, MS 38655 Name of Employer (Required)	//	\$ 2,500.00 \$

Name of Candidate or Committee Committee to Re-Elect Jim Kitchens

Reporting period July 1. 2016 through September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dumas Law Firm, LLC	09 / 30 / 16	\$ 500.00
Mailing Address		
Post Office Box 3046	<u> </u>	\$
City, State, Zip Code		
Mobile, AL 36652	<u> </u>	\$
Name of Employer (Required) Self		\$
Occupation (Required) Attorneys-at-Law	Aggregate year–to-date	\$ 500.00
B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐	year-to-date Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	09 / 30 / 16	*
Rick Patt	103 1 120 1 110	\$ 250.00
Mailing Address	Г . Г. , Г.	A
Post Office Box 70	<u> </u>	\$
City, State, Zip Code		\$
Madison, MS 39130	<u>''</u> '	Ψ
Name of Employer (Required) Patt Law Firm, PLLC		\$
Occupation (Required)	Aggregate	\$ 250.00
Attorneys-at-Law	year-to-date	♥ J250.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
John D. Giddens, PA	09 / 30 / 16	\$ 1,000.00
Mailing Address		* * * * * * * * * * * * * * * * * * * *
226 North President Street		\$
City, State, Zip Code		
Jackson, MS 39201	<u> </u>	\$
Name of Employer (Required) Self		\$
Occupation (Required)	Aggregate	\$ 1,000.00
Attorneys-at-Law	year-to-date	¥]1,000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09 / 14 / 16	\$ 750.00
Matt Lundy Mailing Address		₩ J/30.00
Mailing Address Post Office Box 3010		\$
City, State, Zip Code	,-,-	
Lake Charles, LA 70602	<u> </u>	\$
Name of Employer (Required) Lundy, Lundy, Soileau & South, LLP		\$
Occupation (Required)		· · · · · · · · · · · · · · · · · · ·
Attorneys-at-Law	Aggregate year–to-date	\$ 750.00

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens		Kitchens
Reporting period July 1. 2016		through	September 30, 2016

Date (Mo., Day, Year)	Amount of each receipt this period
09 / 15 / 16	\$ 1,000.00
09 / 30 / 16	\$ 1,000.00
	\$
	\$
Aggregate	
	\$ 2,000.00
Date	Amount of each receipt
(MO., Day, Teal)	this period
09 / 02 / 16	\$ 2,000,00
	\$ 2,000.00
	\$
	•
	\$
	Ψ
	\$
	* L
	\$ 2,000.00
year-to-date	
Date (Mo., Day, Year)	Amount of each receipt this period
00 (00 (06	© [1.050.00]
	\$ 1,250.00
	\$
	*
	\$
='-'-	•
	\$
Aggregate year–to-date	\$ 1,250.00
year-to-date Date (Mo., Day, Year)	Amount of each receipt
year-to-date Date (Mo., Day, Year)	Amount of each
year-to-date Date	Amount of each receipt
year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00
year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00 \$
year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$ 2,500.00
	(Mo., Day, Year) 09

Name of Candidate or Committ	Committee to Re-Elect Jim Kitchens
Reporting period July 1, 2016	through September 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mark Teeuwissen	09 / 30 / 16	\$ 1,000.00
Mailing Address 621 East Northside Drive		\$
City, State, Zip Code Jackson, MS 39205		\$
Name of Employer (Required) Simon & Teeuwissen, PLLC		\$
Occupation (Required) Attorney at Law	Aggregate year-to-date	\$ 1,000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address	匚,匚,匚	\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$

Reporting period July 1, 2016

1, 2016

through September 30, 2016

A. Full name A2Z Printing	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address 2125 TV Road	07 / 13 / 16	\$ 367.74
City, State, Zip Code Jackson, MS 39204	07 / 20 / 16	\$ 2,592.00
Purpose of Disbursement (Optional) Car Magnets, Push Cards, Campaign Signs, etc.	Aggregate Year-to-date	§ See Next
B. Full name A2Z Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2125 TV Road	07 / 21 / 16	\$ 826.20
City, State, Zip Code Jackson, MS 39204	09 / 06 / 16	\$ 12,663.00
Purpose of Disbursement (Optional) Car Magnets, Push Cards, Campaign Signs, etc.	Aggregate Year-to-date	\$ 17,400.42
C. Full name Clinton Mississippi NAACP Branch Scholarship and Award Banquet	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address c/o Machelle Kyles, Post Office Box 591	09 / 15 / 16	\$ 125.00
City, State, Zip Code Bolton, MS 39041		\$
Purpose of Disbursement (Optional) Sponsorship	Aggregate Year-to-date	\$ 125.00
D. Full name AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 536216	07 / 13 / 16	\$ 60.80
City, State, Zip Code Atlanta, GA 30353	08 / 10 / 16	\$ 60.80
Purpose of Disbursement (Optional) Uverse Internet for Campaign Headquarters	Aggregate Year-to-date	\$ See Next
E. Full name AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 536216	09 / 19 / 16	\$ 60.80
City, State, Zip Code Atlanta, GA 30353		\$
Purpose of Disbursement (Optional) Uverse Internet for Campaign Headquarters	Aggregate Year-to-date	\$ 526.62
F. Full name Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 790311	07 /27 /16	\$ 29.31
City, State, Zip Code St. Louis, MO 63179	08 / 15 / 16	\$ 29.05
Purpose of Disbursement (Optional) Natural Gas for Campaign Office	Aggregate Year-to-date	\$ See Next

Reporting period ______

through

September 30, 2016

A. Full name Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 790311	09 / 16 / 16	\$ 30.10
City, State, Zip Code St. Louis, MO 63179		\$
Purpose of Disbursement (Optional) Natural Gas for Campaign Office	Aggregate Year-to-date	\$ 197.83
B. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	<u>07</u> / <u>06</u> / <u>16</u>	\$ 675.00
City, State, Zip Code Flora, MS 39071	<u>07</u> / <u>16</u> /	\$ 4,324.84
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
C. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	07 / 20 / 16	\$ 4,050.00
City, State, Zip Code Flora, MS 39071	07 / 29 / 16	\$ 2,537.50
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
D. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	07 / 29 / 16	§ 640.60
City, State, Zip Code Flora, MS 39071	08 / 15 / 16	\$ 2,537.50
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
E. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	08 / 31 / 16	\$ 4,000.00
City, State, Zip Code Flora, MS 39071	08 / 31 / 16	\$ 2,537.50
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
F. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 39071	09 / 15 / 16	\$ 2,610.50
City, State, Zip Code Flora, MS 39071	09 / 16 / 16	\$ ^{275.00}
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next

Reporting period _____

through September 30, 2016

A. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	09 / 19 / 16	\$ 3,500.00
City, State, Zip Code Flora, MS 39071	09 / 23 / 16	\$ 550.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
B. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	09 / 30 / 16	\$ 2,537.50
City, State, Zip Code Flora, MS 39071	09 / 30 / 16	\$ 842.65
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ 52,716.38
C. Full name Canal Partners Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 25 Whitlock Pl SW, Suite 201	07 / 18 / 16	\$ 9,874.00
City, State, Zip Code Marietta, GA 30064	07 / 29 / 16	\$ 9,874.00
Purpose of Disbursement (Optional) Television and Radio Broadcasting	Aggregate Year-to-date	\$ See Next
D. Full name Canal Partners Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 25 Whitlock Pl SW, Suite 201	08 / 15 / 16	\$ 9,874.00
City, State, Zip Code Marietta, GA 30064	08 / 30 / 16	\$ 51,374.00
Purpose of Disbursement (Optional) Television and Radio Broadcasting	Aggregate Year-to-date	\$ See Next
E. Full name Canal Partners Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 25 Whitlock Pl SW, Suite 201	09 / 09 / 16	\$ 20,800.00
City, State, Zip Code Marietta, GA 30064	09 / 16 / 16	\$ 20,800.00
Purpose of Disbursement (Optional) Television and Radio Broadcasting	Aggregate Year-to-date	\$ See Next
F. Full name Canal Partners Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 25 Whitlock Pl SW, Suite 201	09 / 26 / 16	\$ 20,800.00
City, State, Zip Code		e
Marietta, GA 30064	''-	\$

Name of Candidate	or	Committee
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Reporting period July 1, 2016

through September 30, 2016

A. Full name Chase Credit Card	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 15123	07 / 06 / 15	\$ 2,500.00
City, State, Zip Code Wilmington, DE 19850	07 / 19 / 16	\$ 2,730.00
Purpose of Disbursement (Optional) Gasoline and other expenses	Aggregate Year-to-date	§ See Next
B. Full name Chase Credit Card	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 15123	08 / 05 / 16	\$ 5,000.00
City, State, Zip Code Wilmington, DE 19850	09 / 16 / 16	\$ 500.00
Purpose of Disbursement (Optional) Gasoline and Other Expenses	Aggregate Year-to-date	\$ 14,510.35
C. Full name City Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 23092	07 / 13 / 16	\$ 13.41
City, State, Zip Code Jackson, MS 39225	08 / 10 / 16	\$ 22.38
Purpose of Disbursement (Optional) Water, Sewer, Garbage, etc.	Aggregate Year-to-date	\$ See Next
D. Full name City Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 23092	09 / 12 / 16	\$ 13.44
City, State, Zip Code Jackson, MS 39225		\$
Purpose of Disbursement (Optional) Water, Sewer, Garbage, etc.	Aggregate Year-to-date	\$ 118.37
E. Full name Copiah Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 31	07 / 29 / 16	\$ 371.79
City, State, Zip Code Hazlehurst, MS 39083	08 / 31 / 16	\$ 2.59
Purpose of Disbursement (Optional) Bank Service Charges and Fees	Aggregate Year-to-date	\$ See Next
F. Full name Copiah Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 31	09 / 30 / 16	\$ 999.32
City, State, Zip Code Hazlehurst, MS 39083	//	s
Purpose of Disbursement (Optional) Bank Service Charges and Fees	Aggregate Year-to-date	\$ 2,064.16

Reporting period July 1, 2016

through September 30, 2016

A. Full name Copiah County Courier	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 351	07 / 27 / 16	\$ 600.00
City, State, Zip Code Hazlehurst, MS 39083	08 / 23 / 16	\$ 1,215.00
Purpose of Disbursement (Optional) Advertising in various newspapers, Political Fans, etc.	Aggregate Year-to-date	\$ See Next
B. Full name Copiah County Courier	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 351	09 / 01 / 16	\$ 1,215.00
City, State, Zip Code Hazlehurst, MS 39083	09 / 07 / 16	\$ 1,215.00
Purpose of Disbursement (Optional) Advertising in various newspapers, Political Fans, etc.	Aggregate Year-to-date	\$ See Next
C. Full name Copiah County Courier	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 351	09 / 16 / 16	\$ 1,215.00
City, State, Zip Code Hazlehurst, MS 39083	09 / 23 / 16	\$ 1,215.00
Purpose of Disbursement (Optional) Advertising in various newspapers, Political Fans, etc.	Aggregate Year-to-date	\$ See Next
D. Full name Copiah County Courier	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 351	09 / 27 / 16	\$ 1,215.00
City, State, Zip Code Hazlehurst, MS 39083	09 / 28 / 16	\$ ^{273.63}
Purpose of Disbursement (Optional) Advertising in various newspapers, Political Fans, etc.	Aggregate Year-to-date	\$ 8,163.63
E. Full name CSpire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 798	07 / 13 / 16	\$ 216.28
City, State, Zip Code Meadville, MS 39653	07 / 13 / 16	\$ 85.92
	O7 / 13 / 16 Aggregate Year-to-date	\$ 85.92 \$ See Next
Meadville, MS 39653 Purpose of Disbursement (Optional)	Aggregate	
Meadville, MS 39653 Purpose of Disbursement (Optional) Campaign Phones F. Full name	Aggregate Year-to-date	\$ See Next Amount of each
Meadville, MS 39653 Purpose of Disbursement (Optional) Campaign Phones F. Full name CSpire Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year)	\$ See Next Amount of each disbursement this period

Name of Ca	ndidate or	Committee
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Reporting period July 1, 2016

through September 30, 2016

A. Full name CSpire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 798	09 / 12 / 16	\$ 86.55
City, State, Zip Code Meadville, MS 39653	09 / 14 / 16	\$ 216.28
Purpose of Disbursement (Optional) Campaign Phones	Aggregate Year-to-date	\$ 1,596.30
B. Full name Dallas Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 902	08 / 10 / 16	\$ 700.37
City, State, Zip Code Jackson, MS 39205	'	\$
Purpose of Disbursement (Optional) Campaign Letterhead, envelopes, and business cards	Aggregate Year-to-date	\$ 4,487.80
C. Full name David Browne Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2541 North Vermont Street	07 / 08 / 16	\$ 19,490.00
City, State, Zip Code Arlington, VA 22207	_'_'_	\$
Purpose of Disbursement (Optional) Transportation, Lodging and Meals	Aggregate Year-to-date	\$ 22,374.76
D. Full name Debra Sims	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 576 Lowder Drive	07 / 15 / 16	\$ 225.00
City, State, Zip Code Jackson, MS 39209	_'_'_	\$
Purpose of Disbursement (Optional) Cleaning Campaign Office	Aggregate Year-to-date	\$ 225.00
E. Full name Entergy MS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	07 / 15 / 16	\$ 445.22
City, State, Zip Code Jackson, MS 39207	08 / 15 / 16	\$ 430.98
Purpose of Disbursement (Optional) Campaign Electric Bill	Aggregate Year-to-date	\$ See Next
F. Full name Entergy MS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	09 / 19 / 16	\$ 513.84
City, State, Zip Code Jackson, MS 39207	_'_'_	\$

N	ame	of	Candidate	or	Committee
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Committee to Re-Elect Jim Kitchens through September 30, 2016 Reporting period July 1, 2016

A. Full name Fernandez Creative	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Commerce, Suite B	08 / 30 / 16	\$ 625.00
City, State, Zip Code Jackson, MS 39201		\$
Purpose of Disbursement (Optional) Radio Ads	Aggregate Year-to-date	\$ 625.00
B. Full name General Missionary Baptist State Convention c/o Rev. Isaac Jackson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 815 Fulton Street	07 / 15 / 16	\$ 500.00
City, State, Zip Code Canton, MS 39046		s
Purpose of Disbursement (Optional) Banquet Tickets	Aggregate Year-to-date	\$ 500.00
C. Full name Hound Dogs	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6011 New Zion Road	07 / 08 / 16	\$ 909.50
City, State, Zip Code Crystal Springs, MS 39059		s
Purpose of Disbursement (Optional) T-Shirts	Aggregate Year-to-date	\$ 1,509.77
D. Full name Jackson District Missionary Baptist Church	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 450 Culbertson Avenue	09 / 15 / 16	\$ 300.00
City, State, Zip Code Jackson, MS 39209		\$
Purpose of Disbursement (Optional) Sponsorship and tickets	Aggregate Year-to-date	\$ 300.00
E. Full name Jackson Free Press	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 125 South Congress Street #1324	08 / 25 / 16	\$ 2,675.00
City, State, Zip Code Jackson, MS 39201	09 / 28 / 16	\$ 2,675.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 5,350.00
F. Full name James Creer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Hook Hobson Road	08 / 15 / 16	\$ 750.00
City, State, Zip Code Porterville, MS 39352	08 / 31 / 16	\$ 800.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next

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A. Full name James Creer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Hook Hobson Road	09 / 15 / 16	\$ 750.00
City, State, Zip Code Porterville, MS 39352	09 / 30 / 16	\$ 750.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ 3,350.00
B. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 745 Gardner Street	07 / 15 / 16	\$ 2,750.00
City, State, Zip Code Jackson, MS 39209	07 / 29 / 16	\$ 2,750.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	§ See Next
C. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 745 Gardner Street	07 / 29 / 16	\$ 262.30
City, State, Zip Code Jackson, MS 39209	08 / 15 / 16	\$ 3,250.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
D. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 745 Gardner Street	08 / 31 / 16	\$ 3,250.00
City, State, Zip Code Jackson, MS 39209	09 / 15 / 16	\$ 3,250.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	§ See Next
E. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 745 Gardner Street	09 / 30 / 16	\$ 3,250.00
City, State, Zip Code Jackson, MS 39209		s
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ 43,971.30
F. Full name Jasmine McCloud	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 365 Fannin Road	07 / 29 / 16	\$ 462.00
City, State, Zip Code Flowood, MS 39232	08 / 15 / 16	\$ 1,416.00

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A. Full name Jasmine McCloud	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 365 Fannin Road	08 / 31 / 16	\$ 1,440.00
City, State, Zip Code Flowood, MS 39232	09 / 15 / 16	\$ 894.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	§ See Next
B. Full name Jasmine McCloud	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 365 Fannin Road	09 / 30 / 16	\$ 1,050.00
City, State, Zip Code Flowood, MS 39232	/	s
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ 5,262.00
C. Full name Jim Kitchens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 311	07 / 06 / 16	\$ 100.00
City, State, Zip Code Crystal Springs, MS 39059	07 / 29 / 16	\$ 50.00
Purpose of Disbursement (Optional) \$100 for Lunch for Senior Citizens from Flora; \$50 Dinner in Greenville for Pastor and wife	Aggregate Year-to-date	\$ See Next
D. Full name Jim Kitchens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 311	08 / 01 / 16	\$ 250.00
City, State, Zip Code Crystal Springs, MS 39059	09 / 17 / 16	\$ 60.00
Purpose of Disbursement (Optional) \$250 Get Out the Vote Meeting; Claiborne County \$60 for tickets to MS Delta Blues Festival	Aggregate Year-to-date	§ See Next
E. Full name Jim Kitchens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 311	09 / 12 / 16	\$ 120.00
City, State, Zip Code Crystal Springs, MS 39059	09 / 12 / 16	\$ 100.00
Purpose of Disbursement (Optional) \$120 Tickets to Alcorn State Event; \$100 Meal after church meeting	Aggregate Year-to-date	\$ 1,005.00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Joyce Neville	, ,, ,	
Mailing Address 403 Garden Park	07 / 15 / 16	\$ 525.00
Mailing Address		\$ 525.00 \$ 800.00

Committee	to Re-Elect	Jim Kitchen:

Reporting period July 1, 2016

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September 30, 2016

A. Full name Liberty Mutal Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2051	08 / 03 / 16	\$ 932.00
City, State, Zip Code Keene, NH 03431	//	\$
Purpose of Disbursement (Optional) Campaign Office Insurance	Aggregate Year-to-date	\$ 1,907.00
B. Full name Macon Beacon	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2904 Jefferson Street	09 / 12 / 16	\$ 189.00
City, State, Zip Code Macon, MS 39341		\$
Purpose of Disbursement (Optional) Printed Ad	Aggregate Year-to-date	\$ 189.00
C. Full name Marc Silverman d/b/a Thirty-Ninth Street Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3511 39th Street NW	08 / 08 / 16	\$ 17,750.00
City, State, Zip Code Washington, DC 20016	_/_/_	s
Purpose of Disbursement (Optional) Polling Consultant	Aggregate Year-to-date	\$ 17,750.00
D. Full name Mississippi Link Newspaper	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2659 Livingston Road	08 / 18 / 16	\$ 500.00
City, State, Zip Code Jackson, MS 39213	09 / 01 / 16	\$ 3,000.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 3,500.00
E. Full name Neshoba County Fair	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 16800 Highway 21 South	07 / 29 / 16	\$ 210.00
City, State, Zip Code Philadelphia, MS 39350		\$
Purpose of Disbursement (Optional)	Aggregate	\$ 210.00
Tickets for Fair	Year-to-date	
	Date (Mo., Day, Year)	Amount of each disbursement this period
Tickets for Fair F. Full name	Date	
Tickets for Fair F. Full name OCD Media Mailing Address	Date (Mo., Day, Year)	disbursement this period

Committee	to	Re-Elect	Jim	Kitchens
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A. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	07 / 15 / 16	\$ 2,250.00
City, State, Zip Code Brandon, MS 39047	07 / 29 / 16	\$ 2,250.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
B. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	08 / 15 / 16	\$ 2,250.00
City, State, Zip Code Brandon, MS 39047	08 / 15 / 16	§ 306.22
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
C. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	08 / 31 / 16	\$ 2,250.00
City, State, Zip Code Brandon, MS 39047	09 / 15 / 16	\$ 2,250.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	\$ See Next
D. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	09 / 30 / 16	\$ 2,250.00
City, State, Zip Code Brandon, MS 39047	'	\$
	Aggregate Year-to-date	\$ \$ 32,238.08
Brandon, MS 39047 Purpose of Disbursement (Optional)	Aggregate	
Brandon, MS 39047 Purpose of Disbursement (Optional) Salary and Expenses E. Full name	Aggregate Year-to-date	\$ 32,238.08 Amount of each
Brandon, MS 39047 Purpose of Disbursement (Optional) Salary and Expenses E. Full name Patrick Wallace Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year)	\$ 32,238.08 Amount of each disbursement this period
Brandon, MS 39047 Purpose of Disbursement (Optional) Salary and Expenses E. Full name Patrick Wallace Mailing Address 127 Nicholas Street City, State, Zip Code	Aggregate Year-to-date Date (Mo., Day, Year) 08 / 01 / 16	\$ 32,238.08 Amount of each disbursement this period \$ 31.50
Brandon, MS 39047 Purpose of Disbursement (Optional) Salary and Expenses E. Full name Patrick Wallace Mailing Address 127 Nicholas Street City, State, Zip Code Vicksburg, MS 39180 Purpose of Disbursement (Optional)	Aggregate Year-to-date Date (Mo., Day, Year) 08 / 01 / 16 / / Aggregate	\$ 32,238.08 Amount of each disbursement this period \$ 31.50
Brandon, MS 39047 Purpose of Disbursement (Optional) Salary and Expenses E. Full name Patrick Wallace Mailing Address 127 Nicholas Street City, State, Zip Code Vicksburg, MS 39180 Purpose of Disbursement (Optional) Speech Transcript F. Full name	Aggregate Year-to-date Date (Mo., Day, Year) 08 / 01 / 16 // Aggregate Year-to-date Date	\$ 32,238.08 Amount of each disbursement this period \$ 31.50 \$ 31.50 Amount of each
Brandon, MS 39047 Purpose of Disbursement (Optional) Salary and Expenses E. Full name Patrick Wallace Mailing Address 127 Nicholas Street City, State, Zip Code Vicksburg, MS 39180 Purpose of Disbursement (Optional) Speech Transcript F. Full name United States Post Office Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year) 08 / 01 / 16	\$ 32,238.08 Amount of each disbursement this period \$ 31.50 \$ 31.50 Amount of each disbursement this period

Committee	to Re-Elect	Jim Kitchens
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A. Full name United States Post Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 301 East Marion Avenue	09 / 01 / 16	\$ 47.00
City, State, Zip Code Crystal Springs, MS 39059		S
Purpose of Disbursement (Optional) Stamps for Campaign Letters	Aggregate Year-to-date	\$ 1,179.00
B. Full name The Element Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 416 East Amite Street	07 / 19 / 16	\$ 400.00
City, State, Zip Code Jackson, MS 39207		\$
Purpose of Disbursement (Optional) Catering for Event	Aggregate Year-to-date	\$ 400.00
C. Full name Warren Multimedia	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 2614 Southerland Street, Suite 5	<u>09</u> / <u>15</u> / <u>16</u>	\$ 610.00
City, State, Zip Code Jackson, MS 39216		\$
Purpose of Disbursement (Optional) Advertisement	Aggregate Year-to-date	\$ 610.00
D. Full name WMPR / Randy Wildman Brown	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 2647	07 / 15 / 16	\$ 200.00
City, State, Zip Code Jackson, MS 39201		\$
Purpose of Disbursement (Optional) Community Day Sponsorship	Aggregate	
Community Day Sponsorship	Year-to-date	\$ 200.00
E. Full name Will Godfrey		\$ 200.00 Amount of each disbursement this period
E. Full name	Year-to-date Date	Amount of each
E. Full name Will Godfrey Mailing Address	Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period
E. Full name Will Godfrey Mailing Address Post Office Box 3134 City, State, Zip Code	Year-to-date Date (Mo., Day, Year) 07 / 15 / 16	Amount of each disbursement this period
E. Full name Will Godfrey Mailing Address Post Office Box 3134 City, State, Zip Code Jackson, MS 39207 Purpose of Disbursement (Optional)	Year-to-date Date (Mo., Day, Year) 07 / 15 / 16 07 / 29 / 16 Aggregate	Amount of each disbursement this period \$ 1,000.00 \$ 1,000.00
E. Full name Will Godfrey Mailing Address Post Office Box 3134 City, State, Zip Code Jackson, MS 39207 Purpose of Disbursement (Optional) Salary and Expenses F. Full name	Year-to-date Date (Mo., Day, Year) 07 / 15 / 16 07 / 29 / 16 Aggregate Year-to-date Date	Amount of each disbursement this period \$ 1,000.00 \$ 1,000.00 \$ See Next Amount of each
E. Full name Will Godfrey Mailing Address Post Office Box 3134 City, State, Zip Code Jackson, MS 39207 Purpose of Disbursement (Optional) Salary and Expenses F. Full name Will Godfrey Mailing Address	Year-to-date Date (Mo., Day, Year) 07 / 15 / 16 07 / 29 / 16 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each disbursement this period \$ 1,000.00 \$ 1,000.00 \$ See Next Amount of each disbursement this period

Name of Candida	te or Committee
Reporting period	July 1, 2016

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A. Full name Will Godfrey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	09 / 12 / 16	\$ 1,500.00
City, State, Zip Code Jackson, MS 39207	09 / 15 / 16	\$ 1,000.00
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	§ See Next
B. Full name Will Godfrey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 3134	09 / 30 / 16	\$ 1,000.00
City, State, Zip Code Jackson, MS 39207		s
Purpose of Disbursement (Optional) Salary and Expenses	Aggregate Year-to-date	§ 11,500.00
C. Full name James Warren	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 695 Luckney Road	09 / 29 / 16	\$ 2,000.00
City, State, Zip Code Brandon, MS 39042	_/_/_	s
Purpose of Disbursement (Optional) Field Consultant	Aggregate Year-to-date	\$ 2,000.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//_	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$