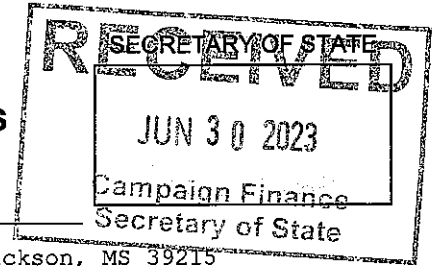


**Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election**



Name of Committee Mississippi Democratic Party State

Address P.O. Box 1583

City/State/Zip Jackson, MS 39215

Telephone (601) 354-1599

Fax _____

Treasurer Zakiya Summers

Email Address info@mississippidemocrats.org

☐ Check here if above is different from previous report

TYPE OF REPORT

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> May Periodic Report | (January 1, 2023 through April 30, 2023) | Mandatory |
| <input type="checkbox"/> June Periodic Report | | Mandatory |
| <input type="checkbox"/> July Periodic Report | | Mandatory |
| <input type="checkbox"/> Primary Pre-Election Report (| through) | Mandatory |
| <input type="checkbox"/> Primary Pre-Runoff Report (| through) | Runoff Candidates Only |
| <input type="checkbox"/> October Periodic Report | | Mandatory |
| <input type="checkbox"/> Pre-Election Report (| through) | Mandatory |
| <input type="checkbox"/> Pre-Runoff Report (| through) | Runoff Candidates Only |
| <input type="checkbox"/> January Periodic Report | | Mandatory |
| <input type="checkbox"/> Termination Report | (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) | Required to terminate reporting obligations |

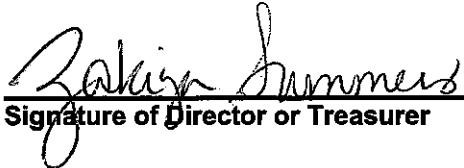
IMPORTANT

- (1) Political Committees which accept contributions and/or make expenditures for the purpose of influencing or attempting to influence the action of voters for or against any candidate regularly elected in 2023 are required to file periodic, pre-election and annual reports until the filing of a Termination Report.
- (2) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the deadline. 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.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

JAN 1, 2023 CASH ON HAND BALANCE					\$628,734.54
	Itemized (+)		Non-Itemized (=)	This Period	Calendar Year-To-Date
TOTAL AMT OF CONTRIBUTIONS	\$130,653.55	+	\$21,941.11	\$152,594.66	\$152,594.66
TOTAL AMT OF DISBURSEMENTS	\$104,633.15	+	\$2,265.86	\$106,899.01	\$106,899.01
CASH ON HAND BALANCE					\$674,430.19

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

6/30/23

 Date

Authority: Miss. Code Ann. §23-15-801 et. seq.

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§23-15-811 and 813 (1972).

Send To: Political Committees supporting or opposing Statewide, State District or Legislative candidates file this form with the Secretary of State: hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P. O. Box 136, Jackson, MS 39205; faxed to (601) 576-2545; or emailed to CampaignFinance@sos.ms.gov. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Candace Abdul-Tawwab	02/06/2023	\$515.00
Mailing Address PO Box 31762		
City, State, Zip Code Jackson, MS 39286-1762		
Name of Employer (Required) People's Advocacy Institute		
Occupation (Required) Director of Finance & Admin	Aggregate year-to-date	\$515.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Agron	04/29/2023	\$500.00
Mailing Address 99 S 12th St		
City, State, Zip Code San Jose, CA 95112-2046		
Name of Employer (Required) Intel		
Occupation (Required) Computer Engineer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marc Amos	01/27/2023	\$250.00
Mailing Address 66 Laurel Dr		
City, State, Zip Code Columbus, MS 39705-5509		
Name of Employer (Required) 16th Judicial District		
Occupation (Required) Assistant District Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeramey Anderson	01/20/2023	\$250.00
Mailing Address 4213 Joseph Ave		
City, State, Zip Code Moss Point, MS 39563-4122		
Name of Employer (Required) Mississippi House of Representatives		
Occupation (Required) State Representative	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Otis Anthony II	01/06/2023	\$250.00
Mailing Address PO Box 962		
City, State, Zip Code Indianola, MS 38751-0962		
Name of Employer (Required) Self-Employed		
Occupation (Required) Insurance/Pastor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Willie L. Bailey	01/03/2023	\$250.00
Mailing Address PO Box 189		
City, State, Zip Code Greenville, MS 38702-0189		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Representative	Aggregate year-to-date	\$610.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Willie L. Bailey	03/23/2023	\$360.00
Mailing Address PO Box 189		
City, State, Zip Code Greenville, MS 38702-0189		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Representative	Aggregate year-to-date	\$610.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Earle S. Banks Sr.	01/03/2023	\$250.00
Mailing Address 2307 Martin Luther King Jr Dr		
City, State, Zip Code Jackson, MS 39213-7464		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nickita Banks	01/25/2023	\$250.00
Mailing Address PO Box 124		
City, State, Zip Code Port Gibson, MS 39150-0124		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Juan R. Barnett	01/03/2023	\$250.00
Mailing Address 417 Short Pine Ave		
City, State, Zip Code Heidelberg, MS 39439-3295		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Senator	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrick Beasley	01/31/2023	\$250.00
Mailing Address PO Box 3362		
City, State, Zip Code Brookhaven, MS 39603-7362		
Name of Employer (Required) Office of District Attorney		
Occupation (Required) Lawyer	Aggregate year-to-date	\$1,022.50
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrick Beasley	03/02/2023	\$772.50
Mailing Address PO Box 3362		
City, State, Zip Code Brookhaven, MS 39603-7362		
Name of Employer (Required) Office of District Attorney		
Occupation (Required) Lawyer	Aggregate year-to-date	\$1,022.50

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christopher M Bell	01/04/2023	\$250.00
Mailing Address 504 N Park Ln		
City, State, Zip Code Jackson, MS 39206-3815		
Name of Employer (Required) The Bell Group		
Occupation (Required) Partner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thompson Benton	01/23/2023	\$250.00
Mailing Address 7359 E Barron Rd		
City, State, Zip Code Summit, MS 39666-9282		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dianne Black	01/03/2023	\$250.00
Mailing Address 7802 Weaver Rd		
City, State, Zip Code Olive Branch, MS 38654-4154		
Name of Employer (Required) The Hair Fashion		
Occupation (Required) Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Blackmon	01/03/2023	\$250.00
Mailing Address PO Box 105		
City, State, Zip Code Canton, MS 39046-0105		
Name of Employer (Required) Blackmon & Blackmon, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bradford Blackmon	02/01/2023	\$250.00
Mailing Address PO Box 105		
City, State, Zip Code Canton, MS 39046-0105		
Name of Employer (Required) Blackmon & Blackmon PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward Blackmon Jr	01/03/2023	\$250.00
Mailing Address PO Box 105		
City, State, Zip Code Canton, MS 39046-0105		
Name of Employer (Required) Blackmon Law Firm		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lawrence Blackmon	02/01/2023	\$250.00
Mailing Address 320 Martin Luther King Dr		
City, State, Zip Code Canton, MS 39046-3654		
Name of Employer (Required) Blackmon & Blackmon		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Lamar Blount	01/03/2023	\$250.00
Mailing Address PO Box 1018		
City, State, Zip Code Jackson, MS 39215-1018		
Name of Employer (Required) State of MS		
Occupation (Required) State Senate	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Annita Bonner	02/01/2023	\$250.00
Mailing Address 38 Horseshoe Dr		
City, State, Zip Code Waynesboro, MS 39367-9068		
Name of Employer (Required) GBC Tax Pros		
Occupation (Required) Virtual Inbound Call Specialist	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Larry Bradford	01/30/2023	\$250.00
Mailing Address PO Box 131		
City, State, Zip Code Anguilla, MS 38721-0131		
Name of Employer (Required) Anquilla, MS		
Occupation (Required) Mayor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Bradford Sr	01/04/2023	\$500.00
Mailing Address PO Box 42		
City, State, Zip Code Natchez, MS 39121-0042		
Name of Employer (Required) Adams County		
Occupation (Required) EMA Director	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brandon Presley Campaign	01/13/2023	\$1,000.00
Mailing Address 182 Verona Ave		
City, State, Zip Code Nettleton, MS 38858-6004		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$3,500.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brandon Presley Campaign	01/13/2023	\$2,500.00
Mailing Address 182 Verona Ave		
City, State, Zip Code Nettleton, MS 38858-6004		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Briggs	01/31/2023	\$500.00
Mailing Address 5452 River Thames Rd		
City, State, Zip Code Jackson, MS 39211-4133		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lance Brown	01/19/2023	\$250.00
Mailing Address 6022 Fernwood Rd		
City, State, Zip Code Magnolia, MS 39652-9720		
Name of Employer (Required) Lance Brown for Mississippi's 98th House District		
Occupation (Required) Candidate	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William R. Brown	01/03/2023	\$250.00
Mailing Address PO Box 3434		
City, State, Zip Code Jackson, MS 39207-3434		
Name of Employer (Required) Wellington Associates Inc.		
Occupation (Required) Commercial Lines Coverage Specialist	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Brumfield	01/24/2023	\$250.00
Mailing Address 1129 Clearview Dr W		
City, State, Zip Code Magnolia, MS 39652-6206		
Name of Employer (Required) Rose Hill Missionary Baptist Church		
Occupation (Required) Pastor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hob Bryan	01/03/2023	\$250.00
Mailing Address PO Box 75		
City, State, Zip Code Amory, MS 38821-0075		
Name of Employer (Required) Mississippi State Senate		
Occupation (Required) Member	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark S. Buckner Sr	01/30/2023	\$250.00
Mailing Address 804 Hoover St		
City, State, Zip Code Indianola, MS 38751-3622		
Name of Employer (Required) Self Employed		
Occupation (Required) Pastor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Buford	01/23/2023	\$250.00
Mailing Address 49 Gibbs Rd		
City, State, Zip Code Fayette, MS 39069-4704		
Name of Employer (Required) Jefferson County School District		
Occupation (Required) Teacher	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tamarra Grace Bulter-Washington	01/31/2023	\$250.00
Mailing Address 938 Royal Oak Dr		
City, State, Zip Code Jackson, MS 39209-6737		
Name of Employer (Required) Butler Enterprises LLC		
Occupation (Required) Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cedric Burnett	01/03/2023	\$250.00
Mailing Address PO Box 961		
City, State, Zip Code Tunica, MS 38676-0961		
Name of Employer (Required) Mississippi House of Representatives		
Occupation (Required) Member	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bruce W. Burton	02/01/2023	\$500.00
Mailing Address PO Box 23144		
City, State, Zip Code Jackson, MS 39225-3144		
Name of Employer (Required) Burton Law Firm		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Albert Butler	01/05/2023	\$250.00
Mailing Address PO Box 614		
City, State, Zip Code Port Gibson, MS 39150-0614		
Name of Employer (Required) Self		
Occupation (Required) Retired State Senator	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Carr	01/03/2023	\$250.00
Mailing Address 301 W Sunflower Rd		
City, State, Zip Code Cleveland, MS 38732-2625		
Name of Employer (Required) Carr Law Firm, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Carr	01/03/2023	\$150.00
Mailing Address 301 W Sunflower Rd		
City, State, Zip Code Cleveland, MS 38732-2625		
Name of Employer (Required) Carr Law Firm, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bryant Wandrick Clark	01/04/2023	\$250.00
Mailing Address 271 Clark Rd		
City, State, Zip Code Pickens, MS 39146-3212		
Name of Employer (Required) Clark and Clark Law Firm		
Occupation (Required) attorney; legislator	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Allan Cole	02/01/2023	\$250.00
Mailing Address 337 Columbus St		
City, State, Zip Code Jackson, MS 39209-6314		
Name of Employer (Required) Dharma Professional Services LLC		
Occupation (Required) Executive	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shameca Collins	01/13/2023	\$250.00
Mailing Address PO Box 971		
City, State, Zip Code Natchez, MS 39121-0971		
Name of Employer (Required) City of Natchez		
Occupation (Required) City Prosecutor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Colom	01/09/2023	\$250.00
Mailing Address PO Box 403		
City, State, Zip Code Columbus, MS 39703-0403		
Name of Employer (Required) Mississippi Center for Justice		
Occupation (Required) lawyer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jarvis Cook	01/30/2023	\$250.00
Mailing Address 4028 Amherst Dr		
City, State, Zip Code Olive Branch, MS 38654-8647		
Name of Employer (Required) Kuehne-Nagel		
Occupation (Required) Human Resource Coordinator	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ronnie Crudup Jr.	01/05/2023	\$250.00
Mailing Address PO Box 7003		
City, State, Zip Code Jackson, MS 39282-7003		
Name of Employer (Required) New Horizon Church		
Occupation (Required) Minister	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Matthew Anthony Daves	02/01/2023	\$250.00
Mailing Address 3116 Piave Plaza Rd		
City, State, Zip Code Richton, MS 39476-7716		
Name of Employer (Required) N/A		
Occupation (Required) Student	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Blount Campaign Account	01/03/2023	\$750.00
Mailing Address PO Box 641		
City, State, Zip Code Jackson, MS 39205-0641		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sid K Davis	01/19/2023	\$100.00
Mailing Address 177 Main St N		
City, State, Zip Code Mendenhall, MS 39114-3523		
Name of Employer (Required) Self-Employed		
Occupation (Required) Lawyer	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sid K Davis	02/15/2023	\$100.00
Mailing Address 177 Main St N		
City, State, Zip Code Mendenhall, MS 39114-3523		
Name of Employer (Required) Self-Employed		
Occupation (Required) Lawyer	Aggregate year-to-date	\$400.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sid K Davis	03/17/2023	\$100.00
Mailing Address 177 Main St N		
City, State, Zip Code Mendenhall, MS 39114-3523		
Name of Employer (Required) Self-Employed		
Occupation (Required) Lawyer	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sid K Davis	04/18/2023	\$100.00
Mailing Address 177 Main St N		
City, State, Zip Code Mendenhall, MS 39114-3523		
Name of Employer (Required) Self-Employed		
Occupation (Required) Lawyer	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andre DeBerry	01/26/2023	\$250.00
Mailing Address 160 Owens Dr		
City, State, Zip Code Holly Springs, MS 38635-1126		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Dedeaux	01/19/2023	\$250.00
Mailing Address 850 Clark Ave		
City, State, Zip Code Pass Christian, MS 39571-2924		
Name of Employer (Required) John Dedeaux for Mississippi HD 121		
Occupation (Required) Candidate	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Democratic Grassroots Victory Fund	01/25/2023	\$24,756.19
Mailing Address 430 S Capitol St SE		
City, State, Zip Code Washington, DC 20003-4024		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$52,256.19
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Democratic Grassroots Victory Fund	02/24/2023	\$12,500.00
Mailing Address 430 S Capitol St SE		
City, State, Zip Code Washington, DC 20003-4024		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$52,256.19
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Democratic Grassroots Victory Fund	03/24/2023	\$15,000.00
Mailing Address 430 S Capitol St SE		
City, State, Zip Code Washington, DC 20003-4024		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$52,256.19
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Democratic National Committee	02/24/2023	\$2,500.00
Mailing Address 430 S Capitol St SE		
City, State, Zip Code Washington, DC 20003-4024		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$26,323.51

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Democratic National Committee	04/25/2023	\$15,000.00
Mailing Address 430 S Capitol St SE		
City, State, Zip Code Washington, DC 20003-4024		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$26,323.51
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Oscar Denton	01/03/2023	\$250.00
Mailing Address 5024 Rollingwood Estates Dr		
City, State, Zip Code Vicksburg, MS 39180-6333		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Representative	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregg Divinity	01/30/2023	\$250.00
Mailing Address 19 Nelson Cir		
City, State, Zip Code Jackson, MS 39212-4344		
Name of Employer (Required) New Vineyard Church		
Occupation (Required) Pastor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Emil Evans	01/03/2023	\$250.00
Mailing Address PO Box 636		
City, State, Zip Code Monticello, MS 39654-0636		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Faulkner	01/03/2023	\$250.00
Mailing Address PO Box 5995		
City, State, Zip Code Holly Springs, MS 38634-5995		
Name of Employer (Required) State of Mississippi		
Occupation (Required) State Representative	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Faulkner	01/13/2023	\$100.00
Mailing Address PO Box 5995		
City, State, Zip Code Holly Springs, MS 38634-5995		
Name of Employer (Required) State of Mississippi		
Occupation (Required) State Representative	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephanie Foster	01/03/2023	\$250.00
Mailing Address PO Box 200		
City, State, Zip Code Raymond, MS 39154-0200		
Name of Employer (Required) Mississippi House of Representatives		
Occupation (Required) State Representative	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hillman Terome Frazier	01/03/2023	\$250.00
Mailing Address 2066 Queensroad Ave		
City, State, Zip Code Jackson, MS 39213-4736		
Name of Employer (Required) Mississippi State Senate		
Occupation (Required) State Senator	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Justis Gibbs	01/03/2023	\$250.00
Mailing Address 210 E Capitol St		
City, State, Zip Code Jackson, MS 39201-2306		
Name of Employer (Required) GibbsTravis PLLC		
Occupation (Required) Lawyer	Aggregate year-to-date	\$765.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Justis Gibbs	01/23/2023	\$515.00
Mailing Address 210 E Capitol St		
City, State, Zip Code Jackson, MS 39201-2306		
Name of Employer (Required) GibbsTravis PLLC		
Occupation (Required) Lawyer	Aggregate year-to-date	\$765.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karl Malinski Gibbs	01/03/2023	\$250.00
Mailing Address 543 George Walker Rd		
City, State, Zip Code West Point, MS 39773-5072		
Name of Employer (Required) Mississippi House of Representatives		
Occupation (Required) Member	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Angela Grayson	02/01/2023	\$250.00
Mailing Address 5880 Old Canton Rd		
City, State, Zip Code Jackson, MS 39211-3214		
Name of Employer (Required) NCM Consulting		
Occupation (Required) Closing Agent	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Addie Lee Green	02/01/2023	\$500.00
Mailing Address PO Box 449		
City, State, Zip Code Bolton, MS 39041-0449		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Synarus Green	01/03/2023	\$515.00
Mailing Address 138 Pine Island Dr		
City, State, Zip Code Jackson, MS 39206-3234		
Name of Employer (Required) Green Consulting Group LLC		
Occupation (Required) President/CEO	Aggregate year-to-date	\$765.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Synarus Green	01/03/2023	\$250.00
Mailing Address 138 Pine Island Dr		
City, State, Zip Code Jackson, MS 39206-3234		
Name of Employer (Required) Green Consulting Group LLC		
Occupation (Required) President/CEO	Aggregate year-to-date	\$765.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name D. Ryan Grover	01/25/2023	\$500.00
Mailing Address 1500 N Main St		
City, State, Zip Code Hattiesburg, MS 39401-1911		
Name of Employer (Required) Ryan Grover MS LT Governor		
Occupation (Required) Candidate	Aggregate year-to-date	\$500.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffery Harness	01/03/2023	\$250.00
Mailing Address PO Box 758		
City, State, Zip Code Fayette, MS 39069-0758		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Representative	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terell Harris	01/03/2023	\$250.00
Mailing Address PO Box 1011		
City, State, Zip Code West Point, MS 39773-1011		
Name of Employer (Required) kustom world printz		
Occupation (Required) CEO	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roshunda Harris-Allen	01/18/2023	\$250.00
Mailing Address 178 Mccarty Rd		
City, State, Zip Code Byram, MS 39212-9635		
Name of Employer (Required) ougatoo College		
Occupation (Required) Associate Professor of Education	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bob Hickingbottom	02/01/2023	\$1,000.00
Mailing Address 3856 Noble St		
City, State, Zip Code Jackson, MS 39209-4953		
Name of Employer (Required) Elect Bob Hickingbottom		
Occupation (Required) Candidate	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rod Hickman	01/03/2023	\$250.00
Mailing Address 2829 Jefferson St		
City, State, Zip Code Macon, MS 39341-2271		
Name of Employer (Required) Hickman Fondren, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marvin E. Hightower	01/30/2023	\$250.00
Mailing Address 1215 Manchester Dr		
City, State, Zip Code Clinton, MS 39056-3532		
Name of Employer (Required) Ntense Fitness 247		
Occupation (Required) Business Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bethany Hill	01/27/2023	\$500.00
Mailing Address 1133 County Road 227		
City, State, Zip Code Dumas, MS 38625-9608		
Name of Employer (Required) Bethany Hill for Commissioner of Agriculture and C		
Occupation (Required) Candidate	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Everette Hill	01/31/2023	\$250.00
Mailing Address PO Box 174		
City, State, Zip Code Como, MS 38619-0174		
Name of Employer (Required) Como, MS		
Occupation (Required) Mayor	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John W. Hines Sr.	01/03/2023	\$250.00
Mailing Address PO Box 114		
City, State, Zip Code Greenville, MS 38702-0114		
Name of Employer (Required) Mississippi House of Representatives		
Occupation (Required) State Representative	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory L. Holloway Sr.	01/03/2023	\$250.00
Mailing Address 115 Edgewood Dr		
City, State, Zip Code Hazlehurst, MS 39083-2905		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Representative	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenji Holloway	02/01/2023	\$250.00
Mailing Address 143 Yellow Creek Rd		
City, State, Zip Code Carthage, MS 39051-9168		
Name of Employer (Required) The Vincit Group		
Occupation (Required) Area Manager QSI	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Horhn	01/10/2023	\$250.00
Mailing Address PO Box 2030		
City, State, Zip Code Jackson, MS 39225-2030		
Name of Employer (Required) Mississippi State Senate		
Occupation (Required) Member	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffrey Hulum III	01/03/2023	\$250.00
Mailing Address 1410 Genevieve Dr		
City, State, Zip Code Gulfport, MS 39501-3612		
Name of Employer (Required) US Military		
Occupation (Required) Soldier	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bernice Jackson	03/04/2023	\$240.00
Mailing Address 436 Peyton Rd		
City, State, Zip Code Coldwater, MS 38618-3925		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$240.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hester Jackson	01/03/2023	\$250.00
Mailing Address PO Box 92		
City, State, Zip Code Horn Lake, MS 38637-0092		
Name of Employer (Required) Mississippi House of Representatives		
Occupation (Required) State Representative	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Keith K. Jackson	01/06/2023	\$250.00
Mailing Address 95 Zachery Rd		
City, State, Zip Code Preston, MS 39354-8920		
Name of Employer (Required) Keith Jackson for MS HD-45		
Occupation (Required) Candidate	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lataisha Jackson	01/03/2023	\$250.00
Mailing Address PO Box 358		
City, State, Zip Code Como, MS 38619-0358		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Representative	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reginald Jackson	02/01/2023	\$250.00
Mailing Address PO Box 383		
City, State, Zip Code Marks, MS 38646-0383		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Jackson	01/04/2023	\$250.00
Mailing Address PO Box 383		
City, State, Zip Code Marks, MS 38646-0383		
Name of Employer (Required) Mississippi State Senate		
Occupation (Required) Member	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Timaka James-Jones	02/01/2023	\$250.00
Mailing Address 308 Kennedy St		
City, State, Zip Code Belzoni, MS 39038-4012		
Name of Employer (Required) Humphreys County		
Occupation (Required) Circuit Clerk	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert L. Johnson III	01/03/2023	\$250.00
Mailing Address PO Box 1678		
City, State, Zip Code Natchez, MS 39121-1678		
Name of Employer (Required) Self		
Occupation (Required) Lawyer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kia Jones	02/01/2023	\$250.00
Mailing Address PO Box 16309		
City, State, Zip Code Jackson, MS 39236-6309		
Name of Employer (Required) For Brown Girls, Inc.		
Occupation (Required) Founder and CEO	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Lee Jordan	01/18/2023	\$250.00
Mailing Address PO Box 8173		
City, State, Zip Code Greenwood, MS 38935-8173		
Name of Employer (Required) State of Mississippi		
Occupation (Required) State Senator	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kabir Karriem JR.	01/03/2023	\$250.00
Mailing Address 1326 15th St N		
City, State, Zip Code Columbus, MS 39701-3610		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Legislator	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sandy Kerr	01/17/2023	\$250.00
Mailing Address PO Box 725		
City, State, Zip Code Olive Branch, MS 38654-0725		
Name of Employer (Required) Self-Employed		
Occupation (Required) Executive Coach	Aggregate year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lindsey Kidd	01/18/2023	\$250.00
Mailing Address PO Box 1041		
City, State, Zip Code Philadelphia, MS 39350-1041		
Name of Employer (Required) New Bethlehem		
Occupation (Required) Pastor	Aggregate year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Danny Lampley	02/01/2023	\$250.00
Mailing Address 496 County Road 445		
City, State, Zip Code Oxford, MS 38655-9468		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney at Law	Aggregate year-to-date	\$250.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Lehr III	01/09/2023	\$250.00
Mailing Address 15 Jenkins Rd		
City, State, Zip Code Carriere, MS 39426-8468		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rukia Lumumba	01/13/2023	\$250.00
Mailing Address PO Box 68426		
City, State, Zip Code Jackson, MS 39286-8426		
Name of Employer (Required) People's Advocacy Institute		
Occupation (Required) Executive Director	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gail Lyons	01/30/2023	\$250.00
Mailing Address 5260 Elmore Rd		
City, State, Zip Code Southaven, MS 38671-9639		
Name of Employer (Required) Self		
Occupation (Required) Lyons Group	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Greta Martin	02/01/2023	\$500.00
Mailing Address PO Box 16204		
City, State, Zip Code Jackson, MS 39236-6204		
Name of Employer (Required) Disability Rights Mississippi		
Occupation (Required) Litigation Director	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pam McKelvy	01/27/2023	\$250.00
Mailing Address 5225 Windy Ridge Dr		
City, State, Zip Code Southaven, MS 38671-8452		
Name of Employer (Required) Self-Employed		
Occupation (Required) Journalist	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carl L. Mickens	01/03/2023	\$250.00
Mailing Address PO Box 427		
City, State, Zip Code Brooksville, MS 39739-0427		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Representative	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Legislative Black Caucus	02/07/2023	\$5,000.00
Mailing Address 5024 Rollingwood Estates Dr		
City, State, Zip Code Vicksburg, MS 39180-6333		
Name of Employer (Required) 		
Occupation (Required) 	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenda F. Mitchell	01/06/2023	\$250.00
Mailing Address PO Box 845		
City, State, Zip Code Cleveland, MS 38732-0845		
Name of Employer (Required) Eleventh Circuit Court District		
Occupation (Required) District Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sharon Moman	01/03/2023	\$250.00
Mailing Address PO Box 1204		
City, State, Zip Code Clinton, MS 39060-1204		
Name of Employer (Required) MOMAN Realty		
Occupation (Required) Realtor	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MS Party Victory Fund	01/27/2023	\$1,390.43
Mailing Address 430 S Capitol St SE		
City, State, Zip Code Washington, DC 20003-4024		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,390.43
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fabian Nelson	01/18/2023	\$250.00
Mailing Address 750 Parks Road Pl		
City, State, Zip Code Jackson, MS 39212-9633		
Name of Employer (Required) Mississippi United Realty Group		
Occupation (Required) Managing Broker	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donna Niewiaroski	02/01/2023	\$250.00
Mailing Address 12002 Water Ridge Dr		
City, State, Zip Code Oxford, MS 38655-6019		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$765.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donna Niewiaroski	02/07/2023	\$15.00
Mailing Address 12002 Water Ridge Dr		
City, State, Zip Code Oxford, MS 38655-6019		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$765.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Akillie Malone Oliver	01/10/2023	\$250.00
Mailing Address 265 Dixon King Rd		
City, State, Zip Code Benton, MS 39039-8397		
Name of Employer (Required) State of Mississippi		
Occupation (Required) District Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Solomon Osborne	01/03/2023	\$250.00
Mailing Address 216 Star St		
City, State, Zip Code Greenwood, MS 38930-7527		
Name of Employer (Required) Mississippi House of Representatives		
Occupation (Required) State Representative	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jody Owens II	01/04/2023	\$250.00
Mailing Address 109 Inez Owens Dr		
City, State, Zip Code Byram, MS 39212-3263		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Lawyer	Aggregate year-to-date	\$1,030.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jody Owens II	04/29/2023	\$780.00
Mailing Address 109 Inez Owens Dr		
City, State, Zip Code Byram, MS 39212-3263		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Lawyer	Aggregate year-to-date	\$1,030.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Orlando W. Paden	01/03/2023	\$250.00
Mailing Address PO Box 1626		
City, State, Zip Code Clarksdale, MS 38614-8426		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patty Patterson	02/01/2023	\$250.00
Mailing Address PO Box 21483		
City, State, Zip Code Jackson, MS 39289-2483		
Name of Employer (Required) Sundial Solar Power Developers		
Occupation (Required) Communication Director	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dwayne Pickett	02/01/2023	\$250.00
Mailing Address 2639 Dry Grove Rd		
City, State, Zip Code Crystal Springs, MS 39059-8872		
Name of Employer (Required) Dwayne Pickett Ministries		
Occupation (Required) Bishop	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Pigott	01/19/2023	\$85.00
Mailing Address 829 Arlington St		
City, State, Zip Code Jackson, MS 39202-1619		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$340.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Pigott	02/15/2023	\$85.00
Mailing Address 829 Arlington St		
City, State, Zip Code Jackson, MS 39202-1619		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$340.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Pigott	03/17/2023	\$85.00
Mailing Address 829 Arlington St		
City, State, Zip Code Jackson, MS 39202-1619		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$340.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Pigott	04/18/2023	\$85.00
Mailing Address 829 Arlington St		
City, State, Zip Code Jackson, MS 39202-1619		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$340.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Daryl Lamar Porter Jr.	01/04/2023	\$250.00
Mailing Address PO Box 772		
City, State, Zip Code Summit, MS 39666-0772		
Name of Employer (Required) Pepper & Odom P.C.		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brandon Presley	01/12/2023	\$1,000.00
Mailing Address 182 Verona Ave		
City, State, Zip Code Nettleton, MS 38858-6004		
Name of Employer (Required) Public Service Commission		
Occupation (Required) Commissioner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W. Dewayne Richardson	01/04/2023	\$250.00
Mailing Address 1220 Montrose St		
City, State, Zip Code Greenville, MS 38701-6346		
Name of Employer (Required) Fourth Circuit Court District of Mississippi		
Occupation (Required) District Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry Rogers II	02/01/2023	\$500.00
Mailing Address 1832 County Road 110		
City, State, Zip Code Quitman, MS 39355-9500		
Name of Employer (Required) N/A		
Occupation (Required) Student	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tracey Rosebud	01/05/2023	\$250.00
Mailing Address PO Box 236		
City, State, Zip Code Tutwiler, MS 38963-0236		
Name of Employer (Required) State of Mississippi		
Occupation (Required) State Representative	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenny Rush	01/06/2023	\$250.00
Mailing Address 50 Wilson Ave		
City, State, Zip Code De Kalb, MS 39328-6006		
Name of Employer (Required) Mississippi Department of Corrections		
Occupation (Required) Probation Parole Agent	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David K. Rushing	01/08/2023	\$100.00
Mailing Address 102 N Sunflower Ave		
City, State, Zip Code Indianola, MS 38751-2552		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David K. Rushing	02/08/2023	\$100.00
Mailing Address 102 N Sunflower Ave		
City, State, Zip Code Indianola, MS 38751-2552		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David K. Rushing	03/08/2023	\$100.00
Mailing Address 102 N Sunflower Ave		
City, State, Zip Code Indianola, MS 38751-2552		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$400.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Omeria M. Scott	01/04/2023	\$250.00
Mailing Address 615 E 19th St		
City, State, Zip Code Laurel, MS 39440-2470		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Daniella Shorter	01/04/2023	\$250.00
Mailing Address 1401 Church St		
City, State, Zip Code Port Gibson, MS 39150-2613		
Name of Employer (Required) Office of the Distric Attorney, State of MS		
Occupation (Required) Assistant District Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Derrick T. Simmons	01/05/2023	\$250.00
Mailing Address 705 S Washington Ave		
City, State, Zip Code Greenville, MS 38701-5832		
Name of Employer (Required) Simmons & Simmons		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sarita Simmons	01/10/2023	\$250.00
Mailing Address PO Box 1813		
City, State, Zip Code Cleveland, MS 38732-1813		
Name of Employer (Required) Mississippi State Senate		
Occupation (Required) Member	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Willie Simmons	01/10/2023	\$500.00
Mailing Address PO Box 891		
City, State, Zip Code Cleveland, MS 38732-0891		
Name of Employer (Required) State of Mississippi		
Occupation (Required) State Senator	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Smith	01/05/2023	\$250.00
Mailing Address PO Box 648		
City, State, Zip Code Vicksburg, MS 39181-0648		
Name of Employer (Required) Warren County		
Occupation (Required) District Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sedrick Smith	01/31/2023	\$250.00
Mailing Address 309 Dorothy St		
City, State, Zip Code Charleston, MS 38921-1203		
Name of Employer (Required) Mississippi Department of Corrections		
Occupation (Required) Deputy Warden	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shira Carletta Stallworth	01/20/2023	\$250.00
Mailing Address PO Box 1501		
City, State, Zip Code Gautier, MS 39553-0019		
Name of Employer (Required) Creative Women Enterprises		
Occupation (Required) Chief	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dekeither Stamps	01/03/2023	\$500.00
Mailing Address 4542 Robinson Rd		
City, State, Zip Code Jackson, MS 39284-7073		
Name of Employer (Required) Friends of Dekeither Stamps		
Occupation (Required) Campaign	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tania Stepanian	04/29/2023	\$500.00
Mailing Address 2109 Baker St		
City, State, Zip Code San Francisco, CA 94115-1605		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Iva Steptoe	02/01/2023	\$250.00
Mailing Address 1655 First Ave		
City, State, Zip Code Jackson, MS 39209-6306		
Name of Employer (Required) Self-Employed		
Occupation (Required) Salon Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerutha Steptoe	03/10/2023	\$180.00
Mailing Address PO Box 824		
City, State, Zip Code Forest, MS 39074-0824		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$360.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerutha Steptoe	03/15/2023	\$180.00
Mailing Address PO Box 824		
City, State, Zip Code Forest, MS 39074-0824		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$360.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kimberly Stevens	02/01/2023	\$250.00
Mailing Address 309 Cairo Dr		
City, State, Zip Code Vicksburg, MS 39180-5905		
Name of Employer (Required) Mississippi Tobacco Free Coalition		
Occupation (Required) Director	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ailean C Stingley	01/09/2023	\$250.00
Mailing Address 1106 Avon Way		
City, State, Zip Code Jackson, MS 39206-2101		
Name of Employer (Required) Self-Employed		
Occupation (Required) Dentist	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ailean Stingley	02/01/2023	\$515.00
Mailing Address 1106 Avon Way		
City, State, Zip Code Jackson, MS 39206-2101		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$515.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Erwin Straehley	04/29/2023	\$250.00
Mailing Address 4533 Carriage Hill Dr		
City, State, Zip Code Santa Barbara, CA 93110-2023		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rufus E. Straughter	01/03/2023	\$250.00
Mailing Address 107 Van Buren St		
City, State, Zip Code Belzoni, MS 39038-4050		
Name of Employer (Required) Mississippi House of Representatives		
Occupation (Required) Member	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Zakiya Summers	01/03/2023	\$250.00
Mailing Address PO Box 21210		
City, State, Zip Code Jackson, MS 39289-2002		
Name of Employer (Required) ACLU of MS		
Occupation (Required) Communications Director	Aggregate year-to-date	\$310.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Zakiya Summers	02/28/2023	\$20.00
Mailing Address PO Box 21210		
City, State, Zip Code Jackson, MS 39289-2002		
Name of Employer (Required) ACLU of MS		
Occupation (Required) Communications Director	Aggregate year-to-date	\$310.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Zakiya Summers	03/28/2023	\$20.00
Mailing Address PO Box 21210		
City, State, Zip Code Jackson, MS 39289-2002		
Name of Employer (Required) ACLU of MS		
Occupation (Required) Communications Director	Aggregate year-to-date	\$310.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Zakiya Summers	04/28/2023	\$20.00
Mailing Address PO Box 21210		
City, State, Zip Code Jackson, MS 39289-2002		
Name of Employer (Required) ACLU of MS		
Occupation (Required) Communications Director	Aggregate year-to-date	\$310.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cheikh Taylor	01/03/2023	\$250.00
Mailing Address 383 Steele Rd		
City, State, Zip Code Starkville, MS 39759-4716		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Representative	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph C. Thomas Sr.	01/03/2023	\$250.00
Mailing Address PO Box 524		
City, State, Zip Code Yazoo City, MS 39194-0524		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benton Thompson	02/24/2023	\$515.00
Mailing Address 7359 E Barron Rd		
City, State, Zip Code Summit, MS 39666-9282		
Name of Employer (Required) Mount Zion Economic Community Center Inc.		
Occupation (Required) Administrator	Aggregate year-to-date	\$515.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rickey W. Thompson	01/03/2023	\$250.00
Mailing Address 191 County Road 301		
City, State, Zip Code Shannon, MS 38868-8102		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Judith C. Turner	04/29/2023	\$250.00
Mailing Address 4731 Bonita Bay Blvd		
City, State, Zip Code Bonita Springs, FL 34134-6714		
Name of Employer (Required) N/A		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Angela Turner-Ford	01/03/2023	\$250.00
Mailing Address PO Box 1500		
City, State, Zip Code West Point, MS 39773-1500		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C. Sade Turnipseed	02/01/2023	\$250.00
Mailing Address PO Box 64		
City, State, Zip Code Indianola, MS 38751-0064		
Name of Employer (Required) MVSU		
Occupation (Required) Assistant Professor of History	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Watson Turnipseed	02/01/2023	\$250.00
Mailing Address 7043 Magazine St		
City, State, Zip Code New Orleans, LA 70118-4802		
Name of Employer (Required) Turnipseed		
Occupation (Required) Watson	Aggregate year-to-date	\$770.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Watson Turnipseed	04/06/2023	\$520.00
Mailing Address 7043 Magazine St		
City, State, Zip Code New Orleans, LA 70118-4802		
Name of Employer (Required) Turnipseed		
Occupation (Required) Watson	Aggregate year-to-date	\$770.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name VLM Cooperative Inc	02/21/2023	\$1,249.43
Mailing Address PO Box 9		
City, State, Zip Code Lexington, KY 40588-0009		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate year-to-date	\$1,249.43

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth Walker	01/03/2023	\$250.00
Mailing Address PO Box 265		
City, State, Zip Code Carthage, MS 39051-0265		
Name of Employer (Required) State of Mississippi		
Occupation (Required) State Representative	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory Wash	01/04/2023	\$1,000.00
Mailing Address PO Box 1795		
City, State, Zip Code Jackson, MS 39215-1795		
Name of Employer (Required) Self-Employed		
Occupation (Required) Songwriter	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Percy W. Watson	01/03/2023	\$250.00
Mailing Address PO Box 1767		
City, State, Zip Code Hattiesburg, MS 39403-1767		
Name of Employer (Required) Mississippi House of Representatives		
Occupation (Required) Member	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dyamone White	01/31/2023	\$250.00
Mailing Address 1018 Tucker Ln		
City, State, Zip Code Edwards, MS 39066-8951		
Name of Employer (Required) Trustmark National Bank		
Occupation (Required) Analyst	Aggregate year-to-date	\$770.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dyamone White	04/24/2023	\$520.00
Mailing Address 1018 Tucker Ln		
City, State, Zip Code Edwards, MS 39066-8951		
Name of Employer (Required) Trustmark National Bank		
Occupation (Required) Analyst	Aggregate year-to-date	\$770.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward A. Williamson	01/19/2023	\$100.00
Mailing Address 509 S Church Ave		
City, State, Zip Code Philadelphia, MS 39350-2502		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward A. Williamson	02/15/2023	\$100.00
Mailing Address 509 S Church Ave		
City, State, Zip Code Philadelphia, MS 39350-2502		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward A. Williamson	03/17/2023	\$100.00
Mailing Address 509 S Church Ave		
City, State, Zip Code Philadelphia, MS 39350-2502		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward A. Williamson	04/18/2023	\$100.00
Mailing Address 509 S Church Ave		
City, State, Zip Code Philadelphia, MS 39350-2502		
Name of Employer (Required) Self-Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William F. Winter	01/19/2023	\$100.00
Mailing Address 4205 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3408		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William F. Winter	02/15/2023	\$100.00
Mailing Address 4205 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3408		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William F. Winter	03/17/2023	\$100.00
Mailing Address 4205 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3408		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William F. Winter	04/18/2023	\$100.00
Mailing Address 4205 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3408		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Woods	01/12/2023	\$250.00
Mailing Address 614 Naylor St		
City, State, Zip Code Carthage, MS 39051-3343		
Name of Employer (Required) Quartermain MediaLLC		
Occupation (Required) Business Owner	Aggregate year-to-date	\$350.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Woods	01/20/2023	\$100.00
Mailing Address 614 Naylor St		
City, State, Zip Code Carthage, MS 39051-3343		
Name of Employer (Required) Quartermain MediaLLC		
Occupation (Required) Business Owner	Aggregate year-to-date	\$350.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles L. Young Jr	01/03/2023	\$250.00
Mailing Address PO Box 5393		
City, State, Zip Code Meridian, MS 39302-5393		
Name of Employer (Required) State of MS		
Occupation (Required) State Representative	Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shuwaski Young	01/24/2023	\$500.00
Mailing Address PO Box 1232		
City, State, Zip Code Philadelphia, MS 39350-1232		
Name of Employer (Required) Shuwaski Young for Mississippi		
Occupation (Required) Candidate	Aggregate year-to-date	\$500.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS - IN-KIND CONTRIBUTIONS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)
Full Name Charles Brown	04/20/2023
Mailing Address 334 W 86th St	Estimated Amount of In-Kind Contribution*
City, State, Zip Code New York, NY 10024-3130	
Name of Employer (Required) Fitch Ratings, Inc.	\$1,000.00
Occupation (Required) Executive Vice President	
In-Kind Contribution: In-kind - Food and Beverages for Fundraising Event	

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)
Full Name Democratic National Committee	01/31/2023
Mailing Address 430 S Capitol St SE	Estimated Amount of In-Kind Contribution*
City, State, Zip Code Washington, DC 20003-4024	
Name of Employer (Required)	\$2,941.17
Occupation (Required)	
In-Kind Contribution: In-kind - Voter File Access	

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS - IN-KIND CONTRIBUTIONS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)
Full Name Democratic National Committee	02/28/2023
Mailing Address 430 S Capitol St SE	Estimated Amount of In-Kind Contribution*
City, State, Zip Code Washington, DC 20003-4024	
Name of Employer (Required)	\$2,941.17
Occupation (Required)	
In-Kind Contribution: In-kind - Voter File Access	

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)
Full Name Democratic National Committee	03/31/2023
Mailing Address 430 S Capitol St SE	Estimated Amount of In-Kind Contribution*
City, State, Zip Code Washington, DC 20003-4024	
Name of Employer (Required)	\$2,941.17
Occupation (Required)	
In-Kind Contribution: In-kind - Voter File Access	

* Do not add estimated amount of in-kind contribution into total amount of contributions on Report of Receipts and Disbursements.

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
811 E River Place LLC	01/11/2023	\$1,275.00
Mailing Address		
811 E River Pl		
City, State, Zip Code	01/11/2023	\$1,275.00
Jackson, MS 39202-3432		
Purpose of Disbursement (Optional)		
Office Rent	Aggregate year-to-date	\$6,150.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
811 E River Place LLC	02/07/2023	\$1,275.00
Mailing Address		
811 E River Pl		
City, State, Zip Code	02/07/2023	\$1,275.00
Jackson, MS 39202-3432		
Purpose of Disbursement (Optional)		
Office Rent	Aggregate year-to-date	\$6,150.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
811 E River Place LLC	03/16/2023	\$1,800.00
Mailing Address		
811 E River Pl		
City, State, Zip Code	03/16/2023	\$1,800.00
Jackson, MS 39202-3432		
Purpose of Disbursement (Optional)		
Office Rent	Aggregate year-to-date	\$6,150.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
811 E River Place LLC	04/17/2023	\$1,800.00
Mailing Address		
811 E River Pl		
City, State, Zip Code	04/17/2023	\$1,800.00
Jackson, MS 39202-3432		
Purpose of Disbursement (Optional)		
Office Rent	Aggregate year-to-date	\$6,150.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
A Complete Flag Source	01/13/2023	\$663.87
Mailing Address		
5295 Interstate 55 North Frontage Rd		
City, State, Zip Code	01/13/2023	\$663.87
Jackson, MS 39211		
Purpose of Disbursement (Optional)		
Purchase of American Flags for Office and General	Aggregate year-to-date	\$1,279.23

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
A Complete Flag Source		
Mailing Address		
5295 Interstate 55 North Frontage Rd	02/02/2023	\$615.36
City, State, Zip Code		
Jackson, MS 39211		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$1,279.23
Printing of Fundraising Envelopes		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services		
Mailing Address		
366 Summer St	01/19/2023	\$28.66
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$938.89
Credit Card Processing Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services		
Mailing Address		
366 Summer St	02/15/2023	\$5.91
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$938.89
Credit Card Processing Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services		
Mailing Address		
366 Summer St	02/15/2023	\$23.81
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$938.89
Credit Card Processing Fees		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services		
Mailing Address		
366 Summer St	02/15/2023	\$24.55
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$938.89
Credit Card Processing Fees		

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	02/22/2023	\$52.97
Mailing Address		
366 Summer St		
City, State, Zip Code	02/22/2023	\$28.97
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	02/22/2023	\$28.97
Mailing Address		
366 Summer St		
City, State, Zip Code	02/22/2023	\$28.97
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	02/28/2023	\$8.31
Mailing Address		
366 Summer St		
City, State, Zip Code	02/28/2023	\$8.31
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	03/07/2023	\$26.26
Mailing Address		
366 Summer St		
City, State, Zip Code	03/07/2023	\$26.26
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	03/15/2023	\$8.27
Mailing Address		
366 Summer St		
City, State, Zip Code	03/15/2023	\$8.27
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	03/15/2023	\$49.06
Mailing Address		
366 Summer St		
City, State, Zip Code	03/23/2023	\$11.68
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	03/23/2023	\$11.68
Mailing Address		
366 Summer St		
City, State, Zip Code	04/05/2023	\$9.70
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	04/05/2023	\$4.44
Mailing Address		
366 Summer St		
City, State, Zip Code	04/05/2023	\$9.23
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	04/05/2023	\$9.23
Mailing Address		
366 Summer St		
City, State, Zip Code	04/05/2023	\$9.23
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	04/17/2023	\$4.99
Mailing Address		
366 Summer St		
City, State, Zip Code	04/27/2023	\$26.95
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	04/27/2023	\$26.95
Mailing Address		
366 Summer St		
City, State, Zip Code	04/27/2023	\$26.95
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	04/27/2023	\$19.15
Mailing Address		
366 Summer St		
City, State, Zip Code	04/27/2023	\$19.15
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
ActBlue Technical Services	04/30/2023	\$595.98
Mailing Address		
366 Summer St		
City, State, Zip Code	04/30/2023	\$595.98
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)		
Credit Card Processing Fees	Aggregate year-to-date	\$938.89
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Amazon	02/09/2023	\$1,034.21
Mailing Address		
410 Terry Ave N		
City, State, Zip Code	02/09/2023	\$1,034.21
Seattle, WA 98109-5210		
Purpose of Disbursement (Optional)		
Office Equipment	Aggregate year-to-date	\$1,050.25

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Amazon	03/10/2023	\$16.04
Mailing Address 410 Terry Ave N		
City, State, Zip Code Seattle, WA 98109-5210		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$1,050.25
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Best Buy	01/11/2023	\$200.07
Mailing Address 175 Grandview Blvd		
City, State, Zip Code Madison, MS 39110-6039		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$200.07
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mikel Bolden	03/01/2023	\$2,829.42
Mailing Address PO Box 59234		
City, State, Zip Code Byram, MS 39272		
Purpose of Disbursement (Optional) Payroll	Aggregate year-to-date	\$8,836.19
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mikel Bolden	03/31/2023	\$3,177.34
Mailing Address PO Box 59234		
City, State, Zip Code Byram, MS 39272		
Purpose of Disbursement (Optional) Payroll	Aggregate year-to-date	\$8,836.19
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mikel Bolden	04/27/2023	\$2,829.43
Mailing Address PO Box 59234		
City, State, Zip Code Byram, MS 39272		
Purpose of Disbursement (Optional) Payroll	Aggregate year-to-date	\$8,836.19

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Comcast	01/19/2023	\$244.32
Mailing Address		
5915 I 55 N		
City, State, Zip Code	01/19/2023	\$244.32
Jackson, MS 39213-9722		
Purpose of Disbursement (Optional)		
Cable and Internet Service	Aggregate year-to-date	\$488.64
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Comcast	02/21/2023	\$244.32
Mailing Address		
5915 I 55 N		
City, State, Zip Code	02/21/2023	\$244.32
Jackson, MS 39213-9722		
Purpose of Disbursement (Optional)		
Cable and Internet Service	Aggregate year-to-date	\$488.64
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Delta Airlines	01/11/2023	\$346.40
Mailing Address		
PO Box 20706		
City, State, Zip Code	01/11/2023	\$346.40
Atlanta, GA 30320-6001		
Purpose of Disbursement (Optional)		
Travel	Aggregate year-to-date	\$994.80
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Delta Airlines	04/12/2023	\$648.40
Mailing Address		
PO Box 20706		
City, State, Zip Code	04/12/2023	\$648.40
Atlanta, GA 30320-6001		
Purpose of Disbursement (Optional)		
Travel	Aggregate year-to-date	\$994.80
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Democratic Grassroots Victory Fund	01/20/2023	\$9,756.19
Mailing Address		
430 S Capitol St SE		
City, State, Zip Code	01/20/2023	\$9,756.19
Washington, DC 20003-4024		
Purpose of Disbursement (Optional)		
Return of Contribution from Sam Bankman-Fried	Aggregate year-to-date	\$9,756.19

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Google	01/03/2023	\$96.00
Mailing Address 1600 Amphitheatre Pkwy		
City, State, Zip Code Mountain View, CA 94043-1351		
Purpose of Disbursement (Optional) Website Hosting	Aggregate year-to-date	\$404.56
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Google	02/02/2023	\$96.00
Mailing Address 1600 Amphitheatre Pkwy		
City, State, Zip Code Mountain View, CA 94043-1351		
Purpose of Disbursement (Optional) Website Hosting	Aggregate year-to-date	\$404.56
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Google	03/02/2023	\$104.56
Mailing Address 1600 Amphitheatre Pkwy		
City, State, Zip Code Mountain View, CA 94043-1351		
Purpose of Disbursement (Optional) Website Hosting	Aggregate year-to-date	\$404.56
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Google	04/03/2023	\$108.00
Mailing Address 1600 Amphitheatre Pkwy		
City, State, Zip Code Mountain View, CA 94043-1351		
Purpose of Disbursement (Optional) Website Hosting	Aggregate year-to-date	\$404.56
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Harvey Dallas Printing and Graphics, Inc.	02/22/2023	\$782.17
Mailing Address PO Box 902		
City, State, Zip Code Jackson, MS 39205-0902		
Purpose of Disbursement (Optional) Printing of Fundraising Mail	Aggregate year-to-date	\$782.17

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hilton Memphis	04/11/2023	\$515.89
Mailing Address		
939 Ridge Lake Blvd		
City, State, Zip Code	04/11/2023	\$515.89
Memphis, TN 38120-9407		
Purpose of Disbursement (Optional)		
Lodging	Aggregate year-to-date	\$2,063.56
Hilton Memphis	04/11/2023	\$515.89
Mailing Address		
939 Ridge Lake Blvd		
City, State, Zip Code	04/11/2023	\$515.89
Memphis, TN 38120-9407		
Purpose of Disbursement (Optional)		
Lodging	Aggregate year-to-date	\$2,063.56
Hilton Memphis	04/11/2023	\$515.89
Mailing Address		
939 Ridge Lake Blvd		
City, State, Zip Code	04/11/2023	\$515.89
Memphis, TN 38120-9407		
Purpose of Disbursement (Optional)		
Lodging	Aggregate year-to-date	\$2,063.56
Hilton Memphis	04/11/2023	\$515.89
Mailing Address		
939 Ridge Lake Blvd		
City, State, Zip Code	04/11/2023	\$515.89
Memphis, TN 38120-9407		
Purpose of Disbursement (Optional)		
Lodging	Aggregate year-to-date	\$2,063.56
Innovative Staffing Services	03/16/2023	\$425.00
Mailing Address		
407 Briarwood Dr		
City, State, Zip Code	03/16/2023	\$425.00
Jackson, MS 39206-3034		
Purpose of Disbursement (Optional)		
Staff Recruitment	Aggregate year-to-date	\$425.00

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tyree Irving	01/20/2023	\$1,271.18
Mailing Address		
PO Box 1249		
City, State, Zip Code	03/20/2023	\$1,576.86
Madison, MS 39130-1249		
Purpose of Disbursement (Optional)		
Reimbursement	Aggregate year-to-date	\$2,848.04
Tyree Irving	01/12/2023	\$350.00
Mailing Address		
PO Box 1249		
City, State, Zip Code	01/27/2023	\$371.00
Madison, MS 39130-1249		
Purpose of Disbursement (Optional)		
Reimbursement	Aggregate year-to-date	\$2,848.04
J'villes	01/11/2023	\$4,411.80
Mailing Address		
PO Box 1249		
City, State, Zip Code	01/27/2023	\$371.00
Madison, MS 39130-1249		
Purpose of Disbursement (Optional)		
Meals	Aggregate year-to-date	\$721.00
J'villes	01/11/2023	\$4,411.80
Mailing Address		
PO Box 1249		
City, State, Zip Code	01/27/2023	\$371.00
Madison, MS 39130-1249		
Purpose of Disbursement (Optional)		
Meals	Aggregate year-to-date	\$721.00
Johnny T's Bistro & Blues	01/11/2023	\$4,411.80
Mailing Address		
538 N Farish St		
City, State, Zip Code	01/27/2023	\$371.00
Jackson, MS 39202-3201		
Purpose of Disbursement (Optional)		
Fundraiser Event Space Rental and Catering	Aggregate year-to-date	\$5,360.10

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Johnny T's Bistro & Blues	03/16/2023	\$948.30
Mailing Address		
538 N Farish St		
City, State, Zip Code	03/06/2023	\$1,000.00
Jackson, MS 39202-3201		
Purpose of Disbursement (Optional)		
Fundraiser Event Catering	Aggregate year-to-date	\$5,360.10
Low & Slow	03/06/2023	\$1,000.00
Mailing Address		
101 Hampstead Pl		
City, State, Zip Code	01/26/2023	\$283.55
Clinton, MS 39056-5047		
Purpose of Disbursement (Optional)		
Fundraiser Event Space Rental and Catering	Aggregate year-to-date	\$1,000.00
Mailchimp	01/26/2023	\$283.55
Mailing Address		
675 Ponce De Leon Ave NE		
City, State, Zip Code	02/27/2023	\$283.55
Atlanta, GA 30308-2172		
Purpose of Disbursement (Optional)		
E-Mail Service	Aggregate year-to-date	\$1,134.20
Mailchimp	02/27/2023	\$283.55
Mailing Address		
675 Ponce De Leon Ave NE		
City, State, Zip Code	03/27/2023	\$283.55
Atlanta, GA 30308-2172		
Purpose of Disbursement (Optional)		
E-mail Service	Aggregate year-to-date	\$1,134.20
Mailchimp	03/27/2023	\$283.55
Mailing Address		
675 Ponce De Leon Ave NE		
City, State, Zip Code	03/27/2023	\$283.55
Atlanta, GA 30308-2172		
Purpose of Disbursement (Optional)		
E-mail Service	Aggregate year-to-date	\$1,134.20

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailchimp	04/26/2023	\$283.55
Mailing Address		
675 Ponce De Leon Ave NE		
City, State, Zip Code	04/26/2023	\$775.00
Atlanta, GA 30308-2172		
Purpose of Disbursement (Optional)		
E-mail Service	Aggregate year-to-date	\$1,134.20
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mississippi College	04/26/2023	\$775.00
Mailing Address		
200 Capitol St		
City, State, Zip Code	04/26/2023	\$775.00
Clinton, MS 39056-4026		
Purpose of Disbursement (Optional)		
Party Meeting Event Space Rental	Aggregate year-to-date	\$775.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
MS Federation of Democratic Women	02/09/2023	\$500.00
Mailing Address		
811 E River Pl		
City, State, Zip Code	02/09/2023	\$500.00
Jackson, MS 39202-3432		
Purpose of Disbursement (Optional)		
Donation to Non-Federal Committee	Aggregate year-to-date	\$500.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Matt Nappe	01/30/2023	\$3,886.52
Mailing Address		
1039 Riviera Rd		
City, State, Zip Code	01/30/2023	\$3,886.52
Starkville, MS 39759-5192		
Purpose of Disbursement (Optional)		
Payroll	Aggregate year-to-date	\$15,546.08
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Matt Nappe	03/01/2023	\$3,886.52
Mailing Address		
1039 Riviera Rd		
City, State, Zip Code	03/01/2023	\$3,886.52
Starkville, MS 39759-5192		
Purpose of Disbursement (Optional)		
Payroll	Aggregate year-to-date	\$15,546.08

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Matt Nappe		
Mailing Address		
1039 Riviera Rd	03/31/2023	\$3,886.52
City, State, Zip Code		
Starkville, MS 39759-5192		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$15,546.08
Payroll		
Matt Nappe		
Mailing Address		
1039 Riviera Rd	04/27/2023	\$3,886.52
City, State, Zip Code		
Starkville, MS 39759-5192		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$15,546.08
Payroll		
Netlink Voice		
Mailing Address		
1060 E County Line Rd	01/18/2023	\$416.88
City, State, Zip Code		
Ridgeland, MS 39157-1937		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$1,250.64
Telephone and Cloud Services		
Netlink Voice		
Mailing Address		
1060 E County Line Rd	04/10/2023	\$833.76
City, State, Zip Code		
Ridgeland, MS 39157-1937		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$1,250.64
Telephone and Cloud Services		
NGP VAN		
Mailing Address		
655 15th St NW	02/16/2023	\$500.00
City, State, Zip Code		
Washington, DC 20005-5738		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$4,050.00
Software		

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
NGP VAN		
Mailing Address		
655 15th St NW	02/16/2023	\$2,250.00
City, State, Zip Code		
Washington, DC 20005-5738		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$4,050.00
Software		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
NGP VAN		
Mailing Address		
655 15th St NW	02/16/2023	\$300.00
City, State, Zip Code		
Washington, DC 20005-5738		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$4,050.00
Software		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
NGP VAN		
Mailing Address		
655 15th St NW	04/21/2023	\$1,000.00
City, State, Zip Code		
Washington, DC 20005-5738		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$4,050.00
Software		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Paychex		
Mailing Address		
401 Whitney Ave	01/30/2023	\$3,306.36
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$16,441.25
Payroll - Taxes		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Paychex		
Mailing Address		
401 Whitney Ave	01/31/2023	\$305.84
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$16,441.25
Payroll - Invoice		

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Paychex		
Mailing Address		
401 Whitney Ave	02/28/2023	\$172.04
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$16,441.25
Payroll - Invoice		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Paychex		
Mailing Address		
401 Whitney Ave	03/01/2023	\$4,123.26
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$16,441.25
Payroll - Taxes		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Paychex		
Mailing Address		
401 Whitney Ave	03/31/2023	\$172.04
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$16,441.25
Payroll - Invoice		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Paychex		
Mailing Address		
401 Whitney Ave	03/31/2023	\$4,209.93
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$16,441.25
Payroll - Taxes		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Paychex		
Mailing Address		
401 Whitney Ave	04/27/2023	\$3,964.74
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$16,441.25
Payroll - Taxes		

Name of Candidate or Committee Mississippi Democratic Party StateReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Paychex		
Mailing Address		
401 Whitney Ave	04/28/2023	\$187.04
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$16,441.25
Payroll - Invoice		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Princess Cleaning Services LLC		
Mailing Address		
5670 I-55 S FRONTAGE Rd	04/05/2023	\$328.00
City, State, Zip Code		
Byram, MS 39272		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$328.00
Office Cleaning		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sam's Club		
Mailing Address		
90 Bass Pro Dr	02/10/2023	\$219.23
City, State, Zip Code		
Pearl, MS 39208-9242		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$219.23
Office Supplies		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Sheraton Philadelphia Downtown		
Mailing Address		
201 N 17th St	02/07/2023	\$568.58
City, State, Zip Code		
Philadelphia, PA 19103-1201		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$568.58
Lodging		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
T-Mobile		
Mailing Address		
PO Box 790047	01/20/2023	\$120.00
City, State, Zip Code		
Saint Louis, MO 63179-0047		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$480.00
Telephone Services		

Name of Candidate or Committee Mississippi Democratic Party StateReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
T-Mobile		
Mailing Address		
PO Box 790047	02/21/2023	\$120.00
City, State, Zip Code		
Saint Louis, MO 63179-0047		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$480.00
Telephone Services		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
T-Mobile		
Mailing Address		
PO Box 790047	03/20/2023	\$120.00
City, State, Zip Code		
Saint Louis, MO 63179-0047		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$480.00
Telephone Services		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
T-Mobile		
Mailing Address		
PO Box 790047	04/20/2023	\$120.00
City, State, Zip Code		
Saint Louis, MO 63179-0047		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$480.00
Telephone Services		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Tougaloo College		
Mailing Address		
500 W County Line Rd	02/22/2023	\$220.00
City, State, Zip Code		
Tougaloo, MS 39174-9700		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$220.00
Party Meeting Rental Space		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
United Airlines		
Mailing Address		
233 S Wacker Dr	04/12/2023	\$314.30
City, State, Zip Code		
Chicago, IL 60606-7147		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$622.50
Travel		

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
United Airlines		
Mailing Address		
233 S Wacker Dr	04/12/2023	\$308.20
City, State, Zip Code		
Chicago, IL 60606-7147		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$622.50
Travel		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Andre Wagner		
Mailing Address		
3100 Cleburne St	01/30/2023	\$4,671.59
City, State, Zip Code		
Houston, TX 77004-4501		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$18,686.36
Payroll		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Andre Wagner		
Mailing Address		
3100 Cleburne St	03/01/2023	\$4,671.59
City, State, Zip Code		
Houston, TX 77004-4501		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$18,686.36
Payroll		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Andre Wagner		
Mailing Address		
3100 Cleburne St	03/31/2023	\$4,671.59
City, State, Zip Code		
Houston, TX 77004-4501		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$18,686.36
Payroll		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Andre Wagner		
Mailing Address		
3100 Cleburne St	04/27/2023	\$4,671.59
City, State, Zip Code		
Houston, TX 77004-4501		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$18,686.36
Payroll		

Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

☐ Prior to January 1, 2018 or☒ On or After January 1, 2018

Full Name Walmart Supercenter	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2711 Greenway Dr	03/22/2023	\$229.70
City, State, Zip Code Jackson, MS 39204-3304		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$229.70
Full Name Zoom	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 55 Almaden Blvd	01/25/2023	\$70.19
City, State, Zip Code San Jose, CA 95113-1608		
Purpose of Disbursement (Optional) Software	Aggregate year-to-date	\$282.92
Full Name Zoom	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 55 Almaden Blvd	02/24/2023	\$70.19
City, State, Zip Code San Jose, CA 95113-1608		
Purpose of Disbursement (Optional) Software	Aggregate year-to-date	\$282.92
Full Name Zoom	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 55 Almaden Blvd	03/24/2023	\$71.27
City, State, Zip Code San Jose, CA 95113-1608		
Purpose of Disbursement (Optional) Software	Aggregate year-to-date	\$282.92
Full Name Zoom	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 55 Almaden Blvd	04/24/2023	\$71.27
City, State, Zip Code San Jose, CA 95113-1608		
Purpose of Disbursement (Optional) Software	Aggregate year-to-date	\$282.92