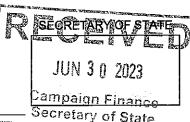
the first working day before the deadline.

Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2023 Election



Name of Co	ommittee Mississippi D	emocratic P	arty State	Secretary - Secretary
Address P.	O. Box 1583		City/State/Zip	Secretary of State Jackson, MS 39215
Telephone	(601) 354-1599		Fax	
Treasurer	Zakiya Summers		Email Address inf	fo@mississippidemocrats.org
	Check here if above is differer	nt from previous	report	
		Γ	YPE OF REPORT	
✓ May Period	dic Report	(January 1, 20)	23 through April 30, 2023)	Mandatory
June Peri	odic Report			Mandatory
July Perio	dic Report		·	Mandatory
	Primary Pre-Election	on Report (through) Mandatory
	Primary Pre-Runot	ff Report (through) Runoff Candidates Only
October F	eriodic Report			Mandatory
	Pre-Election Repo	ort (through) Mandatory
	Pre-Runoff Report	t (through) Runoff Candidates Only
January I	Periodic Report			Mandatory
Terminat			t contributions, make campaign expendi oligation and zero cash on hand balanc	
		_	<u>IMPORTANT</u>	
attempti	ng to influence the action of	of voters for or	s and/or make expenditures for against any candidate regularly e the filing of a Termination Report	lected in 2023 are required to
			pt of the required reports by 5: e must be in actual receipt of the	

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	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					\$674,430.1

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

U

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 CampaignFlnance@sos.ms.gov. Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

Name of Candidat	e or Committee	Mississippi	Democratic	Party	State
Reporting Period	1/1/20	23 thro	ough 4	/30/20	23

Page	3	of	71
-			

Source:	Corporation Other (please specify)	PAC 🗸 Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Candace A	bdul-Tawwab			02/06/2023	\$515.00
Mailing Addre					
PO Box 31	762				
City, State, Zij	Code MS 39286-1762				
	oyer (Required)			1	
-	Advocacy Institute	e			
Occupation (R Director	lequired) of Finance & Admir	1		Aggregate year-to-date	\$515.00
Source:	Corporation	PAC / Individual	Loan	Date	Amount of each
	Other (please specify)			(Mo., Day, Year)	receipt this period
Full Name Jason Agr	on			04/29/2023	\$500.00
Mailing Addre					
99 S 12th					
City, State, Zip]	
	CA 95112-2046				
Name of Empl Intel	oyer (Required)				
Occupation (R				Aggregate	\$500.00
Computer	Engineer			year-to-date	
Source:	Corporation	PAC / Individual	Loan	Date	Amount of each
		7. 14.			receipt this
	Other (please specify)			(Mo., Day, Year)	
Full Name Marc Amos					receipt this
Full Name Marc Amos Mailing Addre	Other (please specify)			(Mo., Day, Year)	receipt this period
Full Name Marc Amos Mailing Addre 66 Laurel	Other (please specify) ss			(Mo., Day, Year)	receipt this period
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zip	Other (please specify) ss			(Mo., Day, Year)	receipt this period
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zig Columbus, Name of Empl	Other (please specify) ss Dr Code MS 39705-5509 over (Required)			(Mo., Day, Year)	receipt this period
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zig Columbus, Name of Empl	Other (please specify) ss Dr Code MS 39705-5509			(Mo., Day, Year)	receipt this period
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zip Columbus, Name of Empl 16th Judi Occupation (R	Other (please specify) ss Dr OCode MS 39705-5509 oyer (Required) cial District Required)			(Mo., Day, Year)	receipt this period
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zip Columbus, Name of Empl 16th Judi Occupation (R	Other (please specify) ss Dr Code MS 39705-5509 oyer (Required) cial District Required) District Attorney		Loan	(Mo., Day, Year) 01/27/2023 Aggregate	\$250.00
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zip Columbus, Name of Empl 16th Judi Occupation (F Assistant	Other (please specify) ss Dr Code MS 39705-5509 oyer (Required) cial District Required) District Attorney	7		(Mo., Day, Year) 01/27/2023 Aggregate year-to-date	\$250.00
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zip Columbus, Name of Empl 16th Judi Occupation (F Assistant Source:	Other (please specify) ss Dr Code MS 39705-5509 oyer (Required) cial District Required) District Attorney Corporation Other (please specify)	7		(Mo., Day, Year) 01/27/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zig Columbus, Name of Empl 16th Judi Occupation (F Assistant Source: Full Name Jeramey A	Other (please specify) ss Dr Code MS 39705-5509 oyer (Required) cial District Required) District Attorney Corporation Other (please specify)	7		(Mo., Day, Year) 01/27/2023 Aggregate year-to-date Date	\$250.00 \$250.00 Amount of each receipt this
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zip Columbus, Name of Empl 16th Judi Occupation (F Assistant Source:	Other (please specify) ss Dr Code MS 39705-5509 over (Required) cial District Required) District Attorney Corporation Other (please specify) nderson ss	7		(Mo., Day, Year) 01/27/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zip Columbus, Name of Empl 16th Judi Occupation (R Assistant Source: Full Name Jeramey A Mailing Addre 4213 Jose City, State, Zip	Other (please specify) ss Dr Code MS 39705-5509 Oyer (Required) Cial District Required) District Attorney Corporation Other (please specify) mderson ss ph Ave Code	7		(Mo., Day, Year) 01/27/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zip Columbus, Name of Empl 16th Judi Occupation (R Assistant Source: Full Name Jeramey A Mailing Addre 4213 Jose City, State, Zip Moss Poin	Other (please specify) ss Dr Ocode MS 39705-5509 oyer (Required) cial District Required) District Attorney Corporation Other (please specify) nderson ss ph Ave Ocode t, MS 39563-4122	7		(Mo., Day, Year) 01/27/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zip Columbus, Name of Empl 16th Judi Occupation (R Assistant Source: Full Name Jeramey A Mailing Addre 4213 Jose City, State, Zip Moss Poin Name of Empl	Other (please specify) ss Dr Code MS 39705-5509 Oyer (Required) Cial District Required) District Attorney Corporation Other (please specify) mderson ss ph Ave Code	/ PAC ☑Individual		(Mo., Day, Year) 01/27/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Marc Amos Mailing Addre 66 Laurel City, State, Zip Columbus, Name of Empl 16th Judi Occupation (F Assistant Source: Full Name Jeramey A Mailing Addre 4213 Jose City, State, Zip Moss Poin Name of Empl Mississip Occupation (F	Other (please specify) ss Dr Ocode MS 39705-5509 oyer (Required) cial District Required) District Attorney Corporation Other (please specify) nderson ss ph Ave Ocode t, MS 39563-4122 oyer (Required) pi House of Repres	/ PAC ☑Individual		(Mo., Day, Year) 01/27/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

ame of Candidate or Committee	Mississippi	Democratic	Party	State

Page	4	of	71
3			
		-	

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

					10	
Source:	Corporation Other (please spec	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Otis Anth	<u> </u>				01/06/2023	\$250.00
Mailing Address						
City, State, Zip	=.				1	
Name of Empl Self-Empl	oyer (Required) oyed					
Occupation (R					Aggregate year-to-date	\$250.00
Source:	☐ Corporation ☐ Other (please spec	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Willie L.					01/03/2023	\$250.00
Mailing Addre	SS .	·			1	
City, State, Zip		9			1	
Name of Empl	oyer (Required) Mississippi				-	
Occupation (R	•				Aggregate year-to-date	\$610.00
Source:	Corporation Other (please spec	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Willie L.	Bailey				03/23/2023	\$360.00
Mailing Addre					1	
City, State, Zip Greenvill	• Code e, MS 38702-018	9			1	
•	oyer(Required) Mississippi				1	
Occupation (R					Aggregate year-to-date	\$610.00
Source:	Corporation Other (please spec	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Earle S.	Banks Sr.				01/03/2023	\$250.00
Mailing Addre 2307 Mart	ss in Luther King	Jr Dr			1	
City, State, Zip Jackson,	Code MS 39213-7464				1	
	oyer (Required)				1	
Occupation (R	dequired) yed				Aggregate year-to-date	\$250.00

Name of Candidate	or Committee	Mississippi	Democratic	Party	State
Reporting Period	1/1/20	23 thr e	ough 4	/30/20	23

Page	5	of	71
_	-		

Source:	☐ Corporation☐ Other (please sp	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nickita E	anks				01/25/2023	\$250.00
Mailing Addre			•			
PO Box 12						
City, State, Zi Port Gibs	p Code son, MS 39150-0	0124				
Name of Emp	loyer (Required) .oyed					
Occupation (F	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
osuroc.	Other (please sp	_	<u>V</u> maividuai	Loan	(Mo., Day, Year)	receipt this period
Fuli Name Juan R. E	Sarnett				01/03/2023	\$250.00
	ess			•		
_	Pine Ave					
City, State, Zi	p Code					
Heidelber	g, MS 39439-32	295				
Name of Emp	loyer (Required)					
State of	Mississippi					
Occupation (i	Required)				Aggregate year-to-date	\$250.00
Source:					B-4-	
Source:	☐ Corporation☐ Other (please sp	PAC	√ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrick B	seaslev				01/31/2023	\$250.00
Mailing Addre					-	
PO Box 33						
City, State, Zi	p Code					
Brookhave	n, MS 39603-73	362				
-	loyer(Required) District Atto	orney				
Occupation (F	Required)				Aggregate year-to-date	\$1,022.50
Source:	☐ Corporation☐ Other (please sp	PAC ecify)	✓ Individua!	Loan	Date (Mo., Day, Year)	Amount of each receipt this
						periou
Full Name Patrick B					03/02/2023	period \$772.50
Patrick E	seasley				03/02/2023	
Patrick B Mailing Addre PO Box 33	seasley ss 62				03/02/2023	
Patrick E Mailing Addre PO Box 33 City, State, Zi	seasley ss 62	362			03/02/2023	
Patrick E Mailing Addre PO Box 33 City, State, Zi Brookhave Name of Emp	ceasley css c62 cp Code cn, MS 39603-73 loyer (Required)				03/02/2023	
Patrick E Mailing Addre PO Box 33 City, State, Zi Brookhave Name of Emp	easley 62 p Code en, MS 39603-73 loyer (Required)				Aggregate year-to-date	

Name of Candidate or Committee	Mississippi	Democratic	Party	State

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

ITEMIZED RECEIPTS

Source:	☐ Corporation☐ Other (please sp	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	h M D - 1 1		. .		01/04/2023	\$250.00
	her M Bell		. <u>.</u> .			
Mailing Addr 504 N Pa						
City, State, Z	Zip Code					
Jackson,	MS 39206-3815					
Name of Emp	ployer (Required) Group					
Occupation ((Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please sp	pecify)			(Mo., Day, Year)	receipt this period
Full Name Thompson	Benton				01/23/2023	\$250.00
Mailing Addr 7359 E B	ress arron Rd					
City, State, Z	ip Code MS 39666-9282					
Name of Emp	ployer (Required)		 -			
Occupation ((Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individuai	Loan	Date (Ma. Pay Year)	Amount of each receipt this
	Other (please sp	ecify)			(Mo., Day, Year)	period
Full Name Dianne B	lack				01/03/2023	\$250.00
Mailing Addr	ess	11811				
7802 Wear	ver Rd					
City, State, Z	ip Code anch, MS 38654-	-4154				
Name of Emp	ployer (Required) Fashion			11. <u>-</u>		
Occupation ((Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please sp	ecify)			(Mo., Day, Year)	receipt this period
Full Name	D1l				01/03/2023	\$250.00
Barbara 1						
Mailing Addr PO Box 1						
City, State, Z			<u> </u>	 		
	MS 39046-0105					
Name of Emp					,	
Blackmon	ployer (Required) & Blackmon, PI	LLC				
Occupation (& Blackmon, PI	LLC			Aggregate year-to-date	\$250.00

Page 6 of 71

Name of Candidate	or Committee	Mississippi	Democratic	Party	State
Reporting Period	1/1/202	23 thre	ough 4	/30/20	23

Page_	7_	_ of _	71
-------	----	--------	----

Source:	Corporation Other (please spe	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bradford	Blackmon				02/01/2023	\$250.00
Mailing Addre						
City, State, Zi Canton, M	ip Code MS 39046-0105					
	oloyer (Required) & Blackmon PLL	،c				
Occupation (I Attorney	Required)				Aggregate year-to-date	\$250.00
Source:	☐ Corporation☐ Other (please spe	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward Bl	lackmon Jr				01/03/2023	\$250.00
Mailing Addre						
City, State, Zi Canton, N	ip Code MS 39046-0105					
Name of Emp Blackmon	ployer(Required) Law Firm					
Occupation (I	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation Other (please spe	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lawrence					02/01/2023	\$250.00
Mailing Addre	ess in Luther King	Dr			7	
City, State, Zi Canton, N	ip Code MS 39046-3654					
	oloyer (Required) & Blackmon					
Occupation (I	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation Other (please spe	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Lam	mar Blount				01/03/2023	\$250.00
Mailing Addre						
City, State, Zi	ip Code MS 39215-1018		•			
	oloyer (Required)					
Occupation (I	Required)				Aggregate	\$250.00

Name of Candidate or	Committee	Mississippi	Democratic	Party	State
Reporting Period	1/1/20	23 thro	ough 4	1/30/20	23

Page	8	of	71

Source:	☐ Corporation ☐ PAC ✓ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Annita Bo	nner	02/01/2023	\$250.00
Mailing Addre			
38 Horses			
City, State, Zi	•		
	co, MS 39367-9068		
GBC Tax F	oloyer (Required) Pros		
Occupation (F	Required) Inbound Call Specialist	Aggregate year-to-date	\$250.00
Source:	□ Corporation □ PAC ☑ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Larry Bra	adford	01/30/2023	\$250.00
Mailing Addre	ess		
City, State, Zi Anguilla,	p Code MS 38721-0131		
Name of Emp Anquilla,	loyer (Required) MS		
Occupation (F	Required)	Aggregate year-to-date	\$250.00
Source:	□ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Br	radford Sr	01/04/2023	\$500.00
Mailing Addre			
City, State, Zi			
	loyer (Required)		
Occupation (F	· · ·	Aggregate year-to-date	\$500.00
	Corporation PAC Individual Loan		Amount of each receipt this
Source:	etor	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
EMA Direc Source: Full Name	Corporation PAC Individual Loan	year-to-date Date	Amount of each receipt this
EMA Direc Source: Full Name	Corporation PAC Individual Loan Other (please specify) Cresley Campaign	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
EMA Direct Source: Full Name Brandon F Mailing Addre 182 Veron City, State, Zi	Corporation PAC Individual Loan Other (please specify) Presley Campaign ess a Ave p Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brandon F Mailing Addre 182 Veron City, State, Zi Nettleton	Corporation PAC Individual Loan Other (please specify) Cresley Campaign Cress Cam	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brandon F Mailing Addre 182 Veron City, State, Zi Nettleton	Corporation PAC Individual Loan Other (please specify) Presley Campaign as Ave p Code 1, MS 38858-6004 loyer (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

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

Page	9	of	71

Source:	☑ Corporation ☐ Other (please spe		ridual	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brandon I	Presley Campaig	n		01/13/2023	\$2,500.00
Mailing Address 182 Veror					
	ip Code n , MS 38858-600 ployer (Required)	4			
Occupation (Aggregate	\$3,500.00
				year-to-date	23,300.00
Source:	Corporation Other (please spe	☐PAC ✓ indiv	ridual	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Bi	riggs			01/31/2023	\$500.00
Mailing Addre	ess er Thames Rd				
	MS 39211-4133				
Name of Emp Self-Empl	ployer (Required) Loyed				
Occupation (Attorney	Required)			Aggregate year-to-date	\$500.00
Source:	Corporation	PAC Indiv	idual Loan	Date	Amount of each
	Other (please spe	ecify)		(Mo., Day, Year)	receipt this period
Full Name		ecify)		(Mo., Day, Year) 01/19/2023	-
	own ess	ecify)			period
Mailing Addre 6022 Ferr City, State, Zi	own ess nwood Rd				period
Mailing Address 6022 Ferr City, State, Zi Magnolia, Name of Emp	own ess nwood Rd ip Code , MS 39652-9720 ployer (Required)		se District		period
Mailing Address 6022 Ferr City, State, Zi Magnolia, Name of Emp	own ess nwood Rd ip Code , MS 39652-9720 ployer (Required) own for Mississ Required)		se District		period
Mailing Address 6022 Ferri City, State, Zi Magnolia, Name of Emp Lance Bro Occupation (own ess nwood Rd ip Code , MS 39652-9720 ployer (Required) own for Mississ Required)	ippi's 98th Hou □PAC ☑Indiv		01/19/2023 Aggregate	period \$250.00
Mailing Address 6022 Ferr City, State, Zi Magnolia, Name of Emp Lance Bro Occupation (Candidate	ess nwood Rd ip Code , MS 39652-9720 bloyer (Required) own for Mississ (Required) e Corporation Other (please specials)	ippi's 98th Hou □PAC ☑Indiv		Aggregate year-to-date Date	\$250.00 \$250.00 Amount of each receipt this
Mailing Address City, State, Zi Magnolia, Name of Emp Lance Bro Candidate Source: Full Name William F Mailing Address PO Box 34	ess nwood Rd ip Code , MS 39652-9720 ployer (Required) own for Mississ (Required) e Corporation Other (please specials) R. Brown	ippi's 98th Hou □PAC ☑Indiv		Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Mailing Address 6022 Ferr City, State, Zi Magnolia, Name of Emp Lance Bro Occupation (Candidate Source: Full Name William E Mailing Addre PO Box 34 City, State, Zi Jackson,	ess nwood Rd ip Code , MS 39652-9720 ployer (Required) own for Mississ Required) e Corporation Other (please specially) ess 434 ip Code MS 39207-3434	ippi's 98th Hou □PAC ☑Indiv		Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Lance Brown Mailing Address of Employment of	ess nwood Rd ip Code , MS 39652-9720 ployer (Required) own for Mississ Required) e Corporation Other (please specials) R. Brown ess 434 ip Code	ippi's 98th Hou		Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

Name of Candidate	e or Committee	Mississippi	Democratic	Party	State
Reporting Period	1/1/20	23 thro	ough 4	/30/20	23

Pag	re_	10	_of_	71

Source:	☐ Corporation☐ Other (please sp	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Brum	field				01/24/2023	\$250.00
Mailing Addre					-	
•	rview Dr W					
City, State, Zip	Code					
Magnolia,	MS 39652-6206	5				
•	oyer (Required)					
Kose Hill	Missionary Ba	aptist Chu	ırch			
Occupation (R	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Indivídual	Loan	Date	Amount of each
	Other (please sp	ecify)			(Mo., Day, Year)	receipt this period
Full Name Hob Bryan					01/03/2023	\$250.00
Mailing Addre						
PO Box 75						
City, State, Zip						
	38821-0075 oyer (Required)				_	
_	pi State Senat	ce				
Occupation (F	tequired)				Aggregate	\$250.00
Member					year-to-date	,
Source:	Corporation	PAC	A los elles el el com l	Loan	Date	Amount of each
cource.		_	✓ Individual	Louit	(Mo., Day, Year)	receipt this
Full Name	Other (please sp	_			(Mo., Day, Year)	receipt this period
	Other (please sp	_	<u>N</u> Ivalaidrisi			receipt this
Full Name Mark S. B Mailing Addre	Other (please spuckner Sr	_			(Mo., Day, Year)	receipt this period
Full Name Mark S. B Mailing Addre 804 Hoove	Other (please spuckner Srss	_	[∿] Iudi∧idnai		(Mo., Day, Year)	receipt this period
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zig	Other (please spuckner Sruckner Sruckner Sruckner Stuckner Stuckne	ecify)	<u> </u>		(Mo., Day, Year)	receipt this period
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zij	Other (please spuckner SrssrStoCode, MS 38751-362	ecify)	[∿] Iudiaidnai		(Mo., Day, Year)	receipt this period
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zij	Other (please spuckner Srssr Sto Code, MS 38751-362)	ecify)	<u>N</u> Individual		(Mo., Day, Year)	receipt this period
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zig Indianola Name of Empl Self Empl Occupation (F	Other (please spuckner Sruckner Sruckner Sruckner Sruckner Sruckner Sruckner Stuckner Stuckne	ecify)	□ Individual		(Mo., Day, Year) 01/30/2023	receipt this period
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zindianola Name of Empl Self Empl Occupation (F	Other (please spuckner Sruckner Sruckner Sruckner Sruckner Stuckner Stuckne	ecify)			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date	receipt this period \$250.00
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zindianola Name of Empl Self Empl Occupation (F	Other (please spuckner Sruckner Sruckner Sruckner Sruckner Sruckner Stuckner Stuckne	ecify)	✓ Individual	Loan	(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date	\$250.00
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zindianola Name of Empl Self Empl Occupation (F Pastor Source:	Other (please spuckner Sruckner Sruckner Sruckner Sruckner Stuckner Stuckne	ecify)			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date	receipt this period \$250.00
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zindianola Name of Empl Self Empl Occupation (F	Other (please spuckner Sruckner Sruckner Sruckner Sruckner Sruckner Sruckner Stuckner Stuckne	ecify)			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date	\$250.00 Amount of each receipt this
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zindianola Name of Empl Self Empl Occupation (F Pastor Source: Full Name Richard B Mailing Addre	Other (please spuckner Sruckner Sruckner Sruckner Sruckner Sruckner Sruckner Stuckner Stuckne	ecify)			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zindianola Name of Empl Self Empl Occupation (F Pastor Source: Full Name Richard B Mailing Addre 49 Gibbs	Other (please spuckner Sruckner Sruckner Sruckner Sruckner Sruckner Stuckner Stuckne	ecify)			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zindianola Name of Empl Self Empl Occupation (F Pastor Source: Full Name Richard B Mailing Addre 49 Gibbs City, State, Zin	Other (please spuckner Sruckner Sruckner Sruckner Sruckner Sruckner Sruckner Stuckner Stuckne	ecify)			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zig Indianola Name of Empl Self Empl Occupation (F Pastor Source: Full Name Richard B Mailing Addre 49 Gibbs City, State, Zig Fayette,	Other (please spuckner Sruckner Sruckner Sruckner Sruckner Sruckner Sruckner Sruckner Students Student	ecify)			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zindianola Name of Empl Self Empl Occupation (F Pastor Source: Full Name Richard B Mailing Addre 49 Gibbs City, State, Zinfayette, Name of Empl	Other (please spuckner Sruckner Sruckner Sruckner Sruckner Sruckner Sruckner Stuckner Stuckne	PAC	✓ Individual		(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Mark S. B Mailing Addre 804 Hoove City, State, Zindianola Name of Empl Self Empl Occupation (F Pastor Source: Full Name Richard B Mailing Addre 49 Gibbs City, State, Zinfayette, Name of Empl	Other (please spuckner Srssr St Code, MS 38751-362 Oyer (Required) Oyed Required) Corporation Other (please spuford Ss Rd Code MS 39069-4704 Oyer (Required) County School	PAC	✓ Individual		(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

Name of Candidate or	Committee	Mississippi	Democratic	Party	State
Panarting Pariod	1 /1 /20	23 46.00	wash 4	/20/20	22

М	aq	е	T 1	L	O t	- /	T	
	_						_	_

1/1/2023

Source:	Corporation	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this
	Utner (please sp	есіту)				period
Full Name Tamarra	Grace Bulter-Wa	shington			01/31/2023	\$250.00
Mailing Addr					 	
938 Roya						
City, State, Z						
Jackson,	MS 39209-6737					
-	oloyer (Required)					
Butler E	nterprises LLC					
Occupation ((Required)				Aggregate	\$250.00
Owner					year-to-date	·
Source:	□ Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please sp	ecify)		No.	(Mo., Day, Year)	receipt this period
Fuli Name		· -			01/03/2023	\$250.00
Cedric B						420000
Mailing Addr						
PO Box 9						
City, State, Z	-					
	MS 38676-0961			u- u		
	ployer(Required) ppi House of Re	presentat	tives			
Occupation (Required)	•			Aggregate	\$250.00
Member					year-to-date	7230.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
Source.			V Jilidividdai			
	Other (please spe	_			(Mo., Day, Year)	receipt this period
Full Name	Other (please spe	_				receipt this
Full Name Bruce W.	Other (please spo	_			(Mo., Day, Year)	receipt this period
Full Name Bruce W. Mailing Addr	Other (please spo	_			(Mo., Day, Year)	receipt this period
Full Name Bruce W. Mailing Addr PO Box 23	Other (please spo	_			(Mo., Day, Year)	receipt this period
Full Name Bruce W. Mailing Addr PO Box 23 City, State, Z	Other (please spo	_			(Mo., Day, Year)	receipt this period
Full Name Bruce W. Mailing Addr PO Box 23 City, State, Z Jackson,	Burton ess 3144 ip Code	_			(Mo., Day, Year)	receipt this period
Full Name Bruce W. Mailing Addr PO Box 23 City, State, Z Jackson,	Burton ess 3144 ip Code MS 39225-3144 bloyer (Required)	_			(Mo., Day, Year)	receipt this period
Full Name Bruce W. Mailing Addr PO Box 23 City, State, Z Jackson, Name of Emp	Burton ess 3144 ip Code MS 39225-3144 bloyer (Required) aw Firm	_			(Mo., Day, Year)	receipt this period
Full Name Bruce W. Mailing Addr PO Box 23 City, State, Z Jackson, Name of Emp Burton La Occupation (Burton ess 3144 ip Code MS 39225-3144 bloyer (Required) aw Firm	_		Loan	(Mo., Day, Year) 02/01/2023 Aggregate	\$500.00
Full Name Bruce W. Mailing Addr PO Box 2: City, State, Z Jackson, Name of Emp Burton La Occupation (Attorney	Burton ess 3144 ip Code MS 39225-3144 bloyer (Required) aw Firm Required)	ecify)			(Mo., Day, Year) 02/01/2023 Aggregate year-to-date	## receipt this period \$500.00 \$500.00
Full Name Bruce W. Mailing Addr PO Box 2: City, State, Z Jackson, Name of Emp Burton La Occupation (Attorney	Burton ess 3144 ip Code MS 39225-3144 bloyer (Required) aw Firm Required)	ecify)			Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Bruce W. Mailing Addr PO Box 23 City, State, Z Jackson, Name of Emp Burton La Occupation (Attorney Source:	Burton ess 3144 ip Code MS 39225-3144 bloyer (Required) aw Firm Required) Corporation Other (please specific please sp	ecify)			(Mo., Day, Year) 02/01/2023 Aggregate year-to-date Date	\$500.00 Amount of each receipt this
Full Name Bruce W. Mailing Addr PO Box 23 City, State, Z Jackson, Name of Emp Burton La Occupation (Attorney Source: Full Name Albert Bu Mailing Addr	Burton ess 3144 ip Code MS 39225-3144 bloyer (Required) aw Firm Required) Corporation Other (please spends)	ecify)			Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Bruce W. Mailing Addr PO Box 23 City, State, Z Jackson, Name of Emp Burton La Occupation (Attorney Source: Full Name Albert Bu Mailing Addr PO Box 63	Burton ess 3144 ip Code MS 39225-3144 ployer (Required) aw Firm Required) Corporation Other (please speciation)	ecify)			Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Bruce W. Mailing Addr PO Box 23 City, State, Z Jackson, Name of Emp Burton La Occupation (Attorney Source: Full Name Albert Bu Mailing Addr PO Box 63 City, State, Z	Burton ess 3144 ip Code MS 39225-3144 ployer (Required) aw Firm Required) Corporation Other (please speciation)	PAC ecify)			Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Bruce W. Mailing Addr PO Box 2: City, State, Z Jackson, Name of Emp Burton La Occupation (Attorney Source: Full Name Albert Bu Mailing Addr PO Box 6: City, State, Z Port Gibs	Burton ess 3144 ip Code MS 39225-3144 ployer (Required) aw Firm Required) Corporation Other (please special section) at ler ess 14 ip Code	PAC ecify)			Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Bruce W. Mailing Addr PO Box 2: City, State, Z Jackson, Name of Emp Burton La Occupation (Attorney Source: Full Name Albert Bu Mailing Addr PO Box 6: City, State, Z Port Gibs	Burton ess 3144 ip Code MS 39225-3144 bloyer (Required) aw Firm Required) Corporation Other (please special sp	PAC ecify)			Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Bruce W. Mailing Addr PO Box 2: City, State, Z Jackson, Name of Emp Burton La Occupation (Attorney Source: Full Name Albert Bu Mailing Addr PO Box 6: City, State, Z Port Gibs Name of Emp Self	Burton ess 3144 ip Code MS 39225-3144 bloyer (Required) aw Firm Required) Corporation Other (please speciation) ip Code son, MS 39150-0 bloyer (Required)	PAC ecify)			(Mo., Day, Year) 02/01/2023 Aggregate year-to-date Date (Mo., Day, Year) 01/05/2023	\$500.00 \$500.00 Amount of each receipt this period \$250.00
Full Name Bruce W. Mailing Addr PO Box 2: City, State, Z Jackson, Name of Emp Burton La Occupation (Attorney Source: Full Name Albert Ba Mailing Addr PO Box 6: City, State, Z Port Gibs Name of Emp Self Occupation (Burton ess 3144 ip Code MS 39225-3144 bloyer (Required) aw Firm Required) Corporation Other (please speciation) ip Code son, MS 39150-0 bloyer (Required)	PAC ecify)			Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period

Name of Candidate	or Committee	Mississippi	Democratic	Party	State
Reporting Period _	1/1/20	23 thr	ough 4	/30/20	23

Page_	12	of	<u>71</u>
-------	----	----	-----------

IIEMIZED F	RECEIPTS	
Source: Corporation PAC Individual Loan Other (please specify)	(Ma Day Year)	Amount of each receipt this
Uther (please specify)	(, 22), 122)	period
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: Corporation PAC Individual Loan		Amount of each receipt this
Other (please specify)	(Mo., Day, Year)	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)	Aggregate	
Attorney	year-to-date	\$400.00
Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	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: Corporation PAC Individual Loan		Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name	02/01/2023	\$250.00
Allan Cole		7200.00
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
	1 ,	

Name of Candidate	or Committee	Mississippi	Democratic	Party	State
Reporting Period $_$	1/1/20	23 thre	ough 4	/30/20	23

Page 13 of 71

Courses						
Source:	Corporation Other (please spec	PAC cify)	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shameca C	ollins		•		01/13/2023	\$250.00
Mailing Addre	ss				 	
PO Box 97	1					
City, State, Zi _l Natchez,	Code MS 39121-0971				1	
	oyer (Required)					
City of N						
Occupation (F City Pros	• •				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
<u>-</u>	Other (please spec	cify)			(Mo., Day, Year)	receipt this period
Full Name Scott Col	om				01/09/2023	\$250.00
Mailing Addre						
City, State, Zi						•
Columbus,	MS 39703-0403					
	oyer (Required)	- , ,				
	pi Center for J	Justice		10.00		
Occupation (F lawyer	Required)				Aggregate year-to-date	\$250.00
					Data	
Source:	Corporation	_	✓ Individual	Loan	Date	Amount of each
	Other (please spec	_	<u>√</u> Individual	Loan	(Mo., Day, Year)	Amount of each receipt this period
Source: Full Name Jarvis Co	Other (please spec	_	<u>√</u> Individual			receipt this
Full Name Jarvis Co Mailing Addre	Other (please spec	_	<u>√</u> Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name Jarvis Co Mailing Addre 4028 Amhe	Other (please spec ok ss rst Dr	_	<u>√</u> Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zig	Other (please spec ok ss rst Dr	cify)	<u>√</u> Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zig Olive Bra Name of Empl	Other (please spector) ok ss rst Dr o Code nch, MS 38654-8 oyer (Required)	cify)	<u>√</u> Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zig	Other (please spector) ok ss rst Dr o Code nch, MS 38654-8 oyer (Required)	cify)	<u> </u>	Loan	(Mo., Day, Year)	receipt this period
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zip Olive Bra Name of Empl Kuehne-Na Occupation (F	Other (please spector) ok ss rst Dr o Code nch, MS 38654-8 oyer (Required) gel	3647	<u> </u>	Loan	(Mo., Day, Year)	receipt this period
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zip Olive Bra Name of Empl Kuehne-Na Occupation (F	Other (please spector) ok ss rst Dr o Code nch, MS 38654-8 oyer (Required) gel lequired) ource Coordinat Corporation	3647 cor	✓ Individual	Loan	(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date	\$250.00
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zig Olive Bra Name of Empl Kuehne-Na Occupation (F Human Res Source:	Other (please spector) ok ss rst Dr o Code nch, MS 38654-8 oyer (Required) gel Required)	3647 cor			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date	receipt this period \$250.00
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zig Olive Bra Name of Empl Kuehne-Na Occupation (F	Other (please special oction) ok ss rst Dr o Code nch, MS 38654-8 oyer (Required) gel dequired) ource Coordinat Corporation Other (please special)	3647 cor			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date	\$250.00 \$250.00 Amount of each receipt this
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zip Olive Bra Name of Empl Kuehne-Na Occupation (F Human Res Source: Full Name Ronnie Cr Mailing Addre	Other (please special oction) ok ss rst Dr o Code nch, MS 38654-8 oyer (Required) gel Required) ource Coordinat Corporation Other (please special oction) udup Jr. ss	3647 cor			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zig Olive Bra Name of Empl Kuehne-Na Occupation (Fill Human Res Source: Full Name Ronnie Cr Mailing Addre PO Box 70	Other (please special oction) ok ss rst Dr o Code nch, MS 38654-8 oyer (Required) gel lequired) ource Coordinat Corporation Other (please special oction) udup Jr. ss 03	3647 cor			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zig Olive Bra Name of Empl Kuehne-Na Occupation (F Human Res Source: Full Name Ronnie Cr Mailing Addre PO Box 70 City, State, Zig	Other (please special oction) ok ss rst Dr o Code nch, MS 38654-8 oyer (Required) gel lequired) ource Coordinat Corporation Other (please special oction) udup Jr. ss 03	3647 cor			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zig Olive Bra Name of Empl Kuehne-Na Occupation (F Human Res Source: Full Name Ronnie Cr Mailing Addre PO Box 70 City, State, Zig Jackson, Name of Empl	Other (please specials) ok ss rst Dr OCode nch, MS 38654-8 oyer (Required) gel Required) ource Coordinate Corporation Other (please specials) output ss 03 oCode MS 39282-7003 oyer (Required)	3647 cor			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Jarvis Co Mailing Addre 4028 Amhe City, State, Zig Olive Bra Name of Empl Kuehne-Na Occupation (F Human Res Source: Full Name Ronnie Cr Mailing Addre PO Box 70 City, State, Zig Jackson, Name of Empl	Other (please specials) ok ss rst Dr OCode nch, MS 38654-8 oyer (Required) gel Required) ource Coordinat Corporation Other (please specials) udup Jr. ss 03 oCode MS 39282-7003	3647 cor			(Mo., Day, Year) 01/30/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

Name of Candidate or	Committee	Mississippi	Democratic	Party	State
Reporting Period	1/1/202	23 thro	ough4	/30/20	23

Page	14	of	71
_			

Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please spe	cify)			(Mo., Day, Year)	receipt this period
Full Name					02/01/2023	\$250.00
Matthew A	nthony Daves					720000
Mailing Addre						
·	re Plaza Rd					
City, State, Zi	MS 39476-7716					
	loyer (Required)					
N/A	, (4 ,					
Occupation (I	Required)				Aggregate	\$250.00
Student					year-to-date	7200:00
Source:	✓ Corporation	PAC	Individual	Loan	Date	Amount of each
	Other (please spe	cify)			(Mo., Day, Year)	receipt this period
Full Name					01/03/2023	\$750.00
David Blo	ount Campaign A	ccount			01/03/2023	7750.00
Mailing Addre						
PO Box 64						
City, State, Zi	p Code MS 39205-0641					
	loyer (Required)					
Maine or Emp	ioyer (Required)					
Occupation (Required)				Aggregate	\$750.00
				,	year-to-date	\$750.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
Source:	Corporation Other (please spe	_	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source:		_	✓ Individual	Loan	(Mo., Day, Year)	receipt this period
	Other (please spe	_	✓ Individual	Loan	1	receipt this
Full Name Sid K Dav	Other (please spe	_	✓ Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name Sid K Dav Mailing Addre 177 Main	Other (please speris	_	✓ Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi	Other (please speris	cify)	✓ Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal	Other (please species St N p Code 1, MS 39114-35	cify)	✓ Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal	Other (please speris ess St N p Code .1, MS 39114-35	cify)	✓ Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp Self-Empl	Other (please speris sss St N p Code 1, MS 39114-35: loyer (Required)	cify)	✓ Individual	Loan	(Mo., Day, Year)	receipt this period \$100.00
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp	Other (please speris sss St N p Code 1, MS 39114-35: loyer (Required)	cify)	✓ Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp Self-Empl Occupation (I	Other (please speris sss St N p Code 1, MS 39114-35: loyer (Required)	cify)	✓ Individual	Loan	(Mo., Day, Year) 01/19/2023 Aggregate	\$100.00
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp Self-Empl Occupation (I	Other (please specials ris ris ris ris ris ris ris ris ris ri	23 PAC			(Mo., Day, Year) 01/19/2023 Aggregate year-to-date	\$100.00 \$400.00 Amount of each receipt this
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp Self-Empl Occupation (I	Other (please specials ris ess St N p Code 1, MS 39114-35 loyer (Required) oyed Required) Corporation	23 PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$100.00 \$400.00 Amount of each receipt this period
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp Self-Empl Occupation (I Lawyer Source:	Other (please specials Piss St N p Code 1, MS 39114-35 loyer (Required) Oyed Required) Corporation Other (please specials)	23 PAC			(Mo., Day, Year) 01/19/2023 Aggregate year-to-date Date	\$100.00 \$400.00 Amount of each receipt this
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp Self-Empl Occupation (I Lawyer Source: Full Name Sid K Dav Mailing Addre	Other (please species sess St N p Code 1, MS 39114-35; loyer (Required) oyed Required) Corporation Other (please species	23 PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$100.00 \$400.00 Amount of each receipt this period
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp Self-Empl Occupation (I Lawyer Source: Full Name Sid K Dav Mailing Addre 177 Main	Other (please species sess St N p Code 1, MS 39114-35; loyer (Required) oyed Required) Corporation Other (please species sess St N	23 PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$100.00 \$400.00 Amount of each receipt this period
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp Self-Empl Occupation (I Lawyer Source: Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi	Other (please specials special specials special spe	PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$100.00 \$400.00 Amount of each receipt this period
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp Self-Empl Occupation (I Lawyer Source: Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal	Other (please species st N p Code 1, MS 39114-35) loyer (Required) Other (please species st N p Code 1, MS 39114-35) Corporation Other (please species st N p Code 1, MS 39114-35)	PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$100.00 \$400.00 Amount of each receipt this period
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp Self-Empl Occupation (I Lawyer Source: Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal	Other (please species st N p Code 1, MS 39114-35: loyer (Required) Oyed Required) Corporation Other (please species st N p Code 1, MS 39114-35: loyer (Required)	PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$100.00 \$400.00 Amount of each receipt this period
Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp Self-Empl Occupation (I Lawyer Source: Full Name Sid K Dav Mailing Addre 177 Main City, State, Zi Mendenhal Name of Emp	Other (please species st N p Code l., MS 39114-35; loyer (Required) coyed Corporation Other (please species st N p Code l., MS 39114-35; loyer (Required) coyed l., MS 39114-35; loyer (Required) coyed	PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$100.00 \$400.00 Amount of each receipt this period

Name of Candidate	or Committee	Mississippi	Democratic	Party	State
Reporting Period	1/1/20	23 thro	ough 4	/30/20	23

Page	<u>15</u>	of,	71
------	-----------	-----	----

Source:	Corporation Other (please spe	PAC / Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sid K Day	ris			03/17/2023	\$100.00
Mailing Addre	ess			-	
177 Main	St N				
City, State, Zi	p Code				
	ll, MS 39114-35	23			
Name of Emp	lloyer (Required) Loyed				
Occupation (Lawyer	Required)			Aggregate year-to-date	\$400.00
Source:	Corporation	PAC Individual	Loan	Date	Amount of each
	Other (please spe			(Mo., Day, Year)	receipt this period
Full Name Sid K Day	ris			04/18/2023	\$100.00
Mailing Addre					
City, State, Zi	p Code L1, MS 39114-35	23		1	
	loyer (Required)	2.5		_	
Self-Empl					
Occupation (Required)			Aggregate year-to-date	\$400.00
Source:	Corporation Other (please spe	☐ PAC ☑ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
				- [
Full Name				01/26/2023	\$250.00
Andre Del	Berry			01/26/2023	\$250.00
	Berry			01/26/2023	\$250.00
Andre Del Mailing Addre 160 Owens City, State, Z	Berry BS Dr Code	-1126		01/26/2023	\$250.00
Andre Del Mailing Addre 160 Owens City, State, Zi Holly Spi Name of Emp	Berry ess S Dr	-1126		01/26/2023	\$250.00
Andre Del Mailing Addre 160 Owens City, State, Zi Holly Spr	Berry S Dr D Code rings, MS 38635 Bloyer (Required)	-1126		Aggregate year-to-date	\$250.00 \$250.00
Andre Del Mailing Addre 160 Owens City, State, Zi Holly Spr Name of Emp N/A	Berry S Dr D Code rings, MS 38635 Bloyer (Required)	−1126	Loan	Aggregate	\$250.00 Amount of each
Andre Del Mailing Addre 160 Owens City, State, Zi Holly Spr Name of Emp N/A Occupation (Berry Born	PAC ☑ Individual	□Loan	Aggregate year-to-date	\$250.00
Andre Del Mailing Addre 160 Owens City, State, Zi Holly Spr Name of Emp N/A Occupation (Berry Boss Bor Corporation Other (please species)	PAC ☑ Individual	☐ Loan	Aggregate year-to-date	\$250.00 Amount of each receipt this
Andre Del Mailing Addre 160 Owens City, State, Zi Holly Spr Name of Emp N/A Occupation (I Not Emplo Source: Full Name John Dede Mailing Addre	Berry Sess Spr Sp Code rings, MS 38635 Sloyer (Required) Required) Oyed Corporation Other (please specially	PAC ☑ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Andre Del Mailing Addre 160 Owens City, State, Zi Holly Spr Name of Emp N/A Occupation (Not Emplo Source: Full Name John Dede Mailing Addre 850 Clar	Berry Bess Bor Bor Bor Bor Bor Bor Bor B	PAC ☑ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Andre Deli Mailing Addre 160 Owens City, State, Zi Holly Spr Name of Emp N/A Occupation (Not Emplo Source: Full Name John Dede Mailing Addre 850 Clari City, State, Zi	Berry Bess Bor Bor Bor Bor Bor Bor Bor B	□PAC ☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Andre Deli Mailing Addre 160 Owens City, State, Zi Holly Spr Name of Emp N/A Occupation (I Not Emplo Source: Full Name John Dede Mailing Addre 850 Clars City, State, Zi Pass Chris	Berry ess 5 Dr p Code rings, MS 38635 cloyer (Required) Required) Qued Corporation Other (please specially	□PAC ☑ Individual ecify) 1-2924	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Andre Del Mailing Addre 160 Owens City, State, Zi Holly Spr Name of Emp N/A Occupation (I Not Emplo Source: Full Name John Dede Mailing Addre 850 Clars City, State, Zi Pass Chris	Berry Boss Bor Code Corporation Corpora	□PAC ☑ Individual ecify) 1-2924	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period

Page 16 of 71

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

Source:	✓ Corporation Other (please spec	☐PAC ify)	Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Democrati	c Grassroots Vi	ctory Fu	nd		01/25/2023	\$24,756.19
Mailing Addre						
430 S Car	oitol St SE					
City, State, Zi	-	<i>a</i>				
	on, DC 20003-402	4	.			
Name of Emp	loyer (Required)					
Occupation (I	Required)				Aggregate year-to-date	\$52,256.19
Source:	✓ Corporation Other (please spec	PAC	☐ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Democrati	c Grassroots Vi	ctory Fu	nd		02/24/2023	\$12,500.00
	oitol St SE					
City, State, Zi Washingto	p Code on, DC 20003-402	4				
Name of Emp	loyer (Required)		· ·			
Occupation (I	Required)				Aggregate year-to-date	\$52,256.19
Source:	✓ Corporation	PAC	Individual	Loan	Date (Man Day Year)	Amount of each receipt this
	Other (please spec	ify)			(Mo., Day, Year)	period
Full Name Democrati	Other (please spec		nd		03/24/2023	
Democrati	c Grassroots Vi		nd		-	period
Democrati Mailing Addre 430 S Cap	c Grassroots Vi		nd		-	period
Democrati Mailing Addre 430 S Cap City, State, Zi	c Grassroots Vi	ctory Fu	nd		-	period
Democrati Mailing Addre 430 S Cap City, State, Zi Washingto	c Grassroots Vi	ctory Fu	nd		-	period
Democrati Mailing Addre 430 S Cap City, State, Zi Washingto	c Grassroots Viess Ditol St SE P Code Dn, DC 20003-402 Royer (Required)	ctory Fu	nd		-	period
Democrati Mailing Addre 430 S Cap City, State, Zi Washingto Name of Emp	c Grassroots Viess Ditol St SE P Code Dn, DC 20003-402 Royer (Required)	ctory Fu	nd — Individual	Loan	03/24/2023 Aggregate	period \$15,000.00
Democrati Mailing Addre 430 S Cap City, State, Zi Washingto Name of Emp Occupation (I	c Grassroots Vicess pitol St SE p Code on, DC 20003-402 loyer (Required) Corporation	ctory Fu		Loan	Aggregate year-to-date Date	\$15,000.00 \$52,256.19 Amount of each receipt this
Democrati Mailing Addre 430 S Cap City, State, Zi Washingto Name of Emp Occupation (I Source: Full Name Democrati Mailing Addre	c Grassroots Vicess pitol St SE p Code on, DC 20003-402 loyer (Required) Corporation Other (please species)	ctory Fu		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$15,000.00 \$15,000.00 \$52,256.19 Amount of each receipt this period
Democrati Mailing Addre 430 S Cap City, State, Zi Washingto Name of Emp Occupation (I Source: Full Name Democrati Mailing Addre 430 S Cap City, State, Zi	c Grassroots Viess pitol St SE p Code on, DC 20003-402 loyer (Required) Corporation Other (please special communication of the code	ctory Fu		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$15,000.00 \$15,000.00 \$52,256.19 Amount of each receipt this period
Democrati Mailing Addre 430 S Cap City, State, Zi Washingto Name of Emp Occupation (I Source: Full Name Democrati Mailing Addre 430 S Cap City, State, Zi Washingto	c Grassroots Vi	ctory Fu		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$15,000.00 \$15,000.00 \$52,256.19 Amount of each receipt this period

Name of Candidate	or Committee	Mississippi	Democratic	Party	State
Reporting Period	1/1/20	23 thro	ough 4	/30/20	23

Page	17	of	71

Source:					
cource.	✓ Corporation [Other (please specify)	PAC Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Democrati	c National Commit	tee		04/25/2023	\$15,000.00
Mailing Addre	ess			-	
430 S Cap	itol St SE			ŀ	
City, State, Zi	-				
	n, DC 20003-4024				
Name of Emp	loyer (Required)				
Occupation (F	Required)			Aggregate year-to-date	\$26,323.51
Source:	☐ Corporation	PAC Individual	Loan	Date	Amount of each
	Other (please specify)			(Mo., Day, Year)	receipt this period
Full Name Oscar Den	ton			01/03/2023	\$250.00
Mailing Addre	ess				
_	ingwood Estates D	r			
City, State, Zi			1802 11		
	, MS 39180-6333				
	loyer (Required) Mississippi				
Occupation (F	•		· · ·	Aggregate	\$250.00
Represent				year-to-date	
Source:		PAC Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
	Other (please specify)				
Full Name	Other (please specify)			01/30/2023	<u>-</u>
Full Name Gregg Div				01/30/2023	\$250.00
Gregg Div	rinity			01/30/2023	<u>-</u>
Gregg Div Mailing Addre 19 Nelson	inity ss Cir			01/30/2023	<u>-</u>
Gregg Div Mailing Addre 19 Nelson City, State, Zi	rinity SS Cir p Code			01/30/2023	<u>-</u>
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson,	rinity SS Cir P Code MS 39212-4344			01/30/2023	<u>-</u>
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson, Name of Emp	rinity SS Cir p Code			01/30/2023	<u>-</u>
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson, Name of Emp	rinity SS Cir P Code MS 39212-4344 Royer (Required) ard Church			01/30/2023 Aggregate year-to-date	<u>-</u>
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson, Name of Emp New Viney Occupation (I	rinity Pss Cir P Code MS 39212-4344 Required Required	PAC ☑ Individual	Loan	Aggregate	\$250.00 \$250.00 Amount of each
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson, Name of Emp New Viney Occupation (I Pastor	rinity Pss Cir P Code MS 39212-4344 Required Required	PAC ☑Individual	Loan	Aggregate year-to-date	\$250.00 \$250.00
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson, Name of Emp New Viney Occupation (I Pastor Source:	rinity pss Cir p Code MS 39212-4344 loyer (Required) rard Church Required) Corporation Other (please specify)	PAC ☑Individual	Loan	Aggregate year-to-date Date	\$250.00 \$250.00 Amount of each receipt this
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson, Name of Emp New Viney Occupation (I Pastor Source: Full Name Robert Em	rinity ss Cir p Code MS 39212-4344 loyer (Required) rard Church Required) Corporation Other (please specify)	PAC ☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson, Name of Emp New Viney Occupation (I Pastor Source:	rinity SSS Cir P Code MS 39212-4344 Required) Ard Church Corporation Other (please specify) Till Evans	PAC ☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson, Name of Emp New Viney Occupation (I Pastor Source: Full Name Robert Em	rinity SSS Cir P Code MS 39212-4344 Required) Card Church Required) Corporation Other (please specify) iil Evans SSS 66	PAC ☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson, Name of Emp New Viney Occupation (I Pastor Source: Full Name Robert Em Mailing Addre PO Box 63 City, State, Zi Monticell	cinity css Cir p Code MS 39212-4344 cloyer (Required) card Church Corporation Corporation Corporation Cother (please specify) cil Evans css c6 p Code co, MS 39654-0636	PAC ☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson, Name of Emp New Viney Occupation (I Pastor Source: Full Name Robert Em Mailing Addre PO Box 63 City, State, Zi Monticell	rinity ss Cir p Code MS 39212-4344 loyer (Required) rard Church Required) Corporation Other (please specify) ril Evans ss 6 p Code co, MS 39654-0636 loyer (Required)	PAC ☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Gregg Div Mailing Addre 19 Nelson City, State, Zi Jackson, Name of Emp New Viney Occupation (I Pastor Source: Full Name Robert Em Mailing Addre PO Box 63 City, State, Zi Monticell Name of Emp	inity css Cir p Code MS 39212-4344 loyer (Required) ard Church Required) Corporation Other (please specify) iil Evans css c6 p Code co, MS 39654-0636 loyer (Required) coyed	PAC ☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

Name of Candidate	or Committee	Mississippi	Democratic	Party State
Reporting Period _	1/1/20:	23 thro	ough 4	/30/2023

Page	<u> 18</u>	of.	71
_			

				_
Reporting	Period	1/1/2023	1	ŧŀ

Source:	☐ Corporation ☐ Other (please sp		√ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Faul	lkner				01/03/2023	\$250.00
Mailing Address PO Box 59						
City, State, Z	ip Code			· · · · · · · · · · · · · · · · · · ·	-	
Holly Sp	rings, MS 38634	4-5995				
Name of Emp	oloyer (Required)			,		
State of	Mississippi					
Occupation (Required) presentative				Aggregate year-to-date	\$350.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please sp		V Intuividua:		(Mo., Day, Year)	receipt this period
Full Name John Faul	lkner			•	01/13/2023	\$100.00
Mailing Addre						
PO Box 59		<u>.</u>	<u>.</u>			
City, State, Zi Holly Spr	i p Code rings, MS 38634	1-5995				
Name of Emp	loyer (Required)					
State of	Mississippi					
Occupation (I	Required) presentative				Aggregate year-to-date	\$350.00
Source:	☐ Corporation☐ Other (please sp		✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephanie	e Foster				01/03/2023	\$250.00
Stephanie Mailing Addre	ess				01/03/2023	\$250.00
Stephanie Mailing Addre PO Box 20	ess) 0				01/03/2023	\$250.00
Mailing Addre PO Box 20 City, State, Zi	ess 00 p Code				01/03/2023	\$250.00
Stephanie Mailing Addre PO Box 20 City, State, Zi Raymond,	p Code MS 39154-0200				01/03/2023	\$250.00
Mailing Address PO Box 20 City, State, Zi Raymond, Name of Emp	ess 00 p Code	epresentativ	ves		01/03/2023	\$250.00
Stephanie Mailing Addre PO Box 20 City, State, Zi Raymond, Name of Emp Mississip Occupation (I	ess 00 p Code MS 39154-0200 loyer (Required) opi House of Re	epresentati	ves		Aggregate year-to-date	\$250.00 \$250.00
Stephanie Mailing Addre PO Box 20 City, State, Zi Raymond, Name of Emp Mississip Occupation (I	p Code MS 39154-0200 Nover (Required) Opi House of Re		ves ✓ Individual	Loan	Aggregate	
Mailing Address PO Box 20 City, State, Zi Raymond, Name of Emp Mississip Occupation (I State Rep	p Code MS 39154-0200 Nopi House of Receptive Required)	PAC [Loan	Aggregate year-to-date	\$250.00
Mailing Addres PO Box 20 City, State, Zi Raymond, Name of Emp Mississip Occupation (I State Rep Source:	p Code MS 39154-0200 ppi House of Re Required) presentative Corporation Other (please specific points)	PAC [Loan	Aggregate year-to-date	\$250.00 Amount of each receipt this
Mailing Address PO Box 20 City, State, Zi Raymond, Name of Emp Mississip Occupation (I State Rep Source: Full Name Hillman T	p Code MS 39154-0200 ployer (Required) ppi House of Re Required) presentative Corporation Other (please spectrum)	PAC [Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Mailing Address PO Box 20 City, State, Zi Raymond, Name of Emp Mississip Occupation (I State Rep Source: Full Name Hillman T	p Code MS 39154-0200 ployer (Required) ppi House of Re Required) presentative Corporation Other (please spectrum)	PAC [Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Mailing Address PO Box 20 City, State, Zi Raymond, Name of Emp Mississip Occupation (I State Rep Source: Full Name Hillman T	process 00 process MS 39154-0200 process process Required) presentative Corporation Other (please speciess Process Pro	PAC [Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Mailing Address PO Box 20 City, State, Zi Raymond, Name of Emp Mississip Occupation (I State Rep Source: Full Name Hillman T Mailing Address 2066 Quee City, State, Zi	process 00 process MS 39154-0200 process process Required) presentative Corporation Other (please speciess Process Pro	PAC [Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Mailing Address PO Box 20 City, State, Zi Raymond, Name of Emp Mississip Occupation (I State Rep Source: Full Name Hillman T Mailing Addres 2066 Quee City, State, Zi Jackson, Name of Emp	p Code MS 39154-0200 loyer (Required) ppi House of Re Required) presentative Corporation Other (please species as a senso Ave p Code MS 39213-4736 loyer (Required)	PAC [Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Mailing Address PO Box 20 City, State, Zi Raymond, Name of Emp Mississip Occupation (I State Rep Source: Full Name Hillman T Mailing Addres 2066 Quee City, State, Zi Jackson, Name of Emp	prode MS 39154-0200 loyer (Required) ppi House of Re Required) presentative Corporation Other (please species ensroad Ave prode MS 39213-4736 loyer (Required) ppi State Senat	PAC [Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period

lame of Candidate or Committee	Mississippi	Democratic	Party	State

Page_	19	_ of _	71
-------	----	--------	----

taille of ouridiades of		STORES DEMOCIO	tere rarey beare
Reporting Period	1/1/2023	through	4/30/2023

			1 1 1 1 1 1 1 1 2		13	
Source:	☐ Corporation☐ Other (please spe	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Justis Gi	hhs				01/03/2023	\$250.00
Mailing Addre	ss		40 + 1			
City, State, Zi						
	MS 39201-2306					
Name of Empl GibbsTrav	oyer (Required) is PLLC					
Occupation (F	Required)	•			Aggregate year-to-date	\$765.00
Source:	☐ Corporation☐ Other (please spe	□PAC cify)	√ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Justis Gi	bbs				01/23/2023	\$515.00
Mailing Addre						
City, State, Zi		11181		-		
	oyer (Required)					
						-
Occupation (F Lawyer	lequired)				Aggregate year-to-date	\$765.00
Source:	Corporation Other (please spec	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karl Mali	nski Gibbs				01/03/2023	\$250.00
Mailing Addre	ss e Walker Rd					
City, State, Zi		12				
Name of Empl	oyer(Required) pi House of Rem		ives			
Occupation (F Member	dequired)				Aggregate year-to-date	\$250.00
Source:	Corporation Other (please spec	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Angela Gr	ayson		"- '		02/01/2023	\$250.00
Mailing Addre			·	·		
City, State, Zi			<u>.</u>		\dashv	
	oyer (Required)				-	
NCM Consu						
Occupation (F	= =				Aggregate year-to-date	\$250.00

Page 20 of 71

Reporting Period 1/1/2023

through 4/30/2023

Source:	☐ Corporation ☐ Other (please spec	□PAC cify)	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Addie Lee	Green				02/01/2023	\$500.00
Mailing Addre					-	
PO Box 44						
City, State, Zi	•					
	IS 39041-0449					
Name of Emp	loyer (Required)					
Occupation (Required)				Aggregate year-to-date	\$500.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please spec	cify)			(Mo., Day, Year)	receipt this period
Full Name Synarus G	reen				01/03/2023	\$515.00
Mailing Addre	ess				-	
_	Island Dr					
City, State, Zi					1	
	MS 39206-3234					
-	loyer(Required) sulting Group I	LC				
Occupation (F	- ·			107 1 107 0 100 100 100 100 100 100 100	Aggregate	\$765.00
President	:/CEO				year-to-date	
Source:	Corporation Other (please spec	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name					01/03/2023	\$250.00
Synarus G	reen				01/03/2023	\$250.00
Mailing Addre	ess Island Dr		•	•]	
City, State, Zi	p Code				-	
Jackson,						
	MD 33200-3234					
-	loyer (Required)				-	
-		JLC				
-	loyer (Required) sulting Group I Required)	JLC			Aggregate year-to-date	\$765.00
Green Con Occupation (F	loyer (Required) Isulting Group I Required) I/CEO		☑Individual	Loan		\$765.00
Occupation (F	loyer (Required) sulting Group I Required)	PAC	☑ Individual	Loan	year-to-date	
Green Con Occupation (F President Source:	loyer (Required) Isulting Group I Required) I/CEO Corporation Other (please spec	PAC	☑Individual	□Loan	year-to-date Date	Amount of each receipt this
Green Con Occupation (I President Source: Full Name D. Ryan G	loyer (Required) Isulting Group I Required) I/CEO Corporation Other (please spec	PAC	√ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Green Con Occupation (F President Source: Full Name D. Ryan G Mailing Addre	loyer (Required) Isulting Group I Required) I/CEO Corporation Other (please spectors Erover Ess In St	PAC	☑ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Green Con Occupation (F President Source: Full Name D. Ryan G Mailing Addre 1500 N Ma City, State, Zi	loyer (Required) Isulting Group I Required) I/CEO Corporation Other (please specials Frover Ess In St P Code	PAC	☑ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Green Con Occupation (F President Source: Full Name D. Ryan G Mailing Addre 1500 N Ma City, State, Zi Hattiesbu	loyer (Required) Isulting Group I Required) I/CEO Corporation Other (please spectors In St Ip Code Irg, MS 39401-19	PAC	☑ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Green Con Occupation (F President Source: Full Name D. Ryan G Mailing Addre 1500 N Ma City, State, Zi Hattiesbu Name of Emp	loyer (Required) Isulting Group I Required) I/CEO Corporation Other (please specials Frover Ess In St P Code	PAC	☑ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Green Con Occupation (F President Source: Full Name D. Ryan G Mailing Addre 1500 N Ma City, State, Zi Hattiesbu Name of Emp	loyer (Required) Isulting Group I Required) I/CEO Corporation Other (please spectors Srover Stan St p Code Irg, MS 39401-19 loyer (Required) For MS LT Govern Required)	PAC	☑ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

Page 21 of 71

Reporting Period 1/1/2023

through 4/30/2023

Source:	Corporation Other (please spe	PAC	✓ individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffery I	Jarness				01/03/2023	\$250.00
Mailing Addr					.	
PO Box 75						
City, State, Z		_			·	
	MS 39069-0758					
_	oloyer (Required)			 -	1	
State of	Mississippi					
Occupation (Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please spe	_			(Mo., Day, Year)	receipt this period
Full Name Terell Ha	arris				01/03/2023	\$250.00
Mailing Addre						
City, State, Zi						
_	nt, MS 39773-10	11				
-	loyer (Required)				1	
kustom wo	orld printz					
Occupation (I	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓Individual	Loan	Date	Amount of each
	Other (please spe	_			(Mo., Day, Year)	receipt this period
Full Name Roshunda	Harris-Allen				01/18/2023	\$250.00
Mailing Addre						
AL. A.	- 0 - 1					
City, State, Zi Byram, MS	B 39212-9635					
Byram, MS Name of Emp	39212-9635 loyer (Required)	-		,		
Byram, MS Name of Emp ougaloo (Occupation (3 39212-9635 loyer (Required) College Required)				Aggregate	\$250.00
Name of Empougaloo (Occupation (Associate	39212-9635 loyer (Required) College Required) Professor of				year-to-date	
Byram, MS Name of Emp ougaloo (Occupation (3 39212-9635 loyer (Required) College Required)	PAC	☑Individual	Loan		Amount of each receipt this
Byram, MS Name of Emp ougaloo (Occupation (I Associate Source:	S 39212-9635 Ployer (Required) College Required) Professor of Corporation Other (please specified)	PAC	☑Individual	Loan	year-to-date Date	Amount of each
Byram, MS Name of Emp ougaloo (Occupation (I Associate Source:	S 39212-9635 Ployer (Required) College Required) Professor of Corporation Other (please spe	PAC	✓ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Byram, MS Name of Emp ougaloo (Occupation (I Associate Source: Full Name Bob Hicki	S 39212-9635 Ployer (Required) College Required) Professor of Corporation Other (please specials)	PAC	☑Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Byram, MS Name of Emp ougaloo (Occupation (I Associate Source: Full Name Bob Hicki Mailing Addre 3856 Nobl	S 39212-9635 Ployer (Required) College Required) Professor of Corporation Other (please specially speciality specially specially specially specially specially specially s	PAC	☑Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Byram, MS Name of Emp ougaloo (Occupation (I Associate Source: Full Name Bob Hicki Mailing Addre 3856 Nobl City, State, Zi Jackson,	S 39212-9635 Ployer (Required) College Required) Professor of Corporation Other (please specially speciality specially specially specially specially specially specially s	PAC	✓Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Byram, MS Name of Emp ougaloo (Occupation (I Associate Source: Full Name Bob Hicki Mailing Addra 3856 Nobl City, State, Zi Jackson, Name of Emp	S 39212-9635 cloyer (Required) College Required) Professor of Corporation Other (please spectage) Lngbottom ess Le St p Code MS 39209-4953	PAC	✓Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Byram, MS Name of Emp ougaloo (Occupation (I Associate Source: Full Name Bob Hicki Mailing Addre 3856 Nobl City, State, Zi Jackson, Name of Emp	S 39212-9635 Ployer (Required) College Required) Professor of Corporation Other (please spectors) Lego St p Code MS 39209-4953 Ployer (Required) Hickingbottom Required)	PAC	✓Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

Name	of Candidate or	Committee	Mississippi	Democratic	Party	State

Page 22 of 71

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

				: :	. •	
Source:	Corporation Other (please sp	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rod Hickr	man				01/03/2023	\$250.00
Mailing Addr				****		
2829 Jef	ferson St					
City, State, Z	•				7	
	39341-2271				_	
	Nover (Required) Fondren, PLLC					
Occupation (Attorney	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please sp	ecify)			(Mo., Day, Year)	receipt this period
Full Name Marvin E.	. Hightower				01/30/2023	\$250.00
Mailing Addre	ess chester Dr				1	
City, State, Z	p Code			<u> </u>		
<u>.</u>	MS 39056-3532					
-	loyer (Required) Litness 247					
Occupation (= =				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this
Full Name	Other (please sp	ecity)			(IIIO., Day, 1601)	period
Full Name Bethany H	Hill				01/27/2023	\$500.00
Mailing Addre 1133 Cour	ess nty Road 227]	
	38625-9608				7	
	loyer(Required) Hill for Commis	ssioner of	Agriculture	e and C		
Occupation (I					Aggregate year-to-date	\$500.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please sp	ecify)			(Mo., Day, Year)	receipt this period
Full Name Everette	Hill				01/31/2023	\$250.00
Mailing Addre						
City, State, Zi Como, MS	p Code 38619-0174	,			1	
Name of Emp Como, MS	loyer (Required)					
Occupation (I	Required)				Aggregate year-to-date	\$250.00
Mayor					7 ** ***	

Name of Candidate	or Committee	Mississippi	Democratic	Party State	
Reporting Period _	1/1/20	23 th r	ough4	/30/2023	

Page23c	of <u>71</u>	_
---------	--------------	---

Son N. Hines St.		_					
John W. Rines Sr. Mailing Address PO Box 114 City, State, Zip Code Coreenville, MS 38702-0114 Name of Employer (Required) Mississippi Rouse of Representatives Source:	Source:		_	✓ Individual	Loan		receipt this
Mailing Address PO Box 114		ines Sr.	****			01/03/2023	\$250.00
City, State, Zip Code Greenville, MS 38702-0114 Mississippi House of Representatives Cocupation (Required) Source:	Mailing Addre	ess				_	
Greenville, MS 38702-0114 Name of Employer (Required) Mississippi House of Representatives Aggregate year-o-date Source: Corporation PAC Individual Loan Date (Mo., Day, Year)	PO Box 11	4				1	
Name of Employer (Required) Mississippi House of Representatives Surce: Corporation PAC Individual Loan Date receipt this period Full Name Gregory L. Holloway Sr. 01/03/2023 \$250.00 Malling Address Pools PAC Individual Loan Date receipt this period Tity State, Zip Code PAC Individual Loan Date receipt this period Representative Aggregate year-to-date \$250.00 City, State, Zip Code PAC Individual Loan Date receipt this period Representative Aggregate year-to-date \$250.00 Representative Other (please specify) Aggregate year-to-date \$250.00 Mailing Address PAC Individual Loan Date receipt this period Full Name Other (please specify) PAC Individual Date PAC P	-					-	
Mississippi House of Representatives Cocupation (Required) PAC Individual Loan Date Mo., Day, Year)	Greenvill	e, MS 38702-0114	4				
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Page 115 Edgewood Dr City, State, Zip Code Carthage, MS 39081-9168 Name of Employer (Required) PAC Other (please specify) PAC Description PAC Carthage, MS 39081-9168 Name of Employer (Required) Nation Nother (please specify) PAC Carthage, MS 39081-9168 Name of Employer (Required) Nation Name of Employer (Required) Name of Employer (Required) Nation Name of Employer (Required) Na			resentat	ives]	
Other (please specify)		• •	•				\$250.00
Other (please specify)	Source:	Corporation	□PAC	✓Individual	Loan	Date	Amount of each
Seed of the content		_	_				receipt this
115 Edgewood Dr City, State, Zip Code Hazlehurst, MS 39083-2905 Name of Employer (Required) State of Mississispipi Cocupation (Required) Representative Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Full Name Kenji Holloway Mailing Address 143 Yellow Creek Rd City, State, Zip Code Carthage, MS 39051-9168 Name of Employer (Required) The Vincit Group Cocupation (Required) Area Manager QSI Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Other (please specify) Full Name Source: Corporation PAC Individual Date (Mo., Day, Year) Full Name John Horhn Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate		. Holloway Sr.				01/03/2023	\$250.00
City, State, Zip Code Hazlehurst, MS 39083-2905 Name of Employer (Required) The Vincit Group Cocupation (Mo., Day, Year) Cocupation (Mo.,	_						
Hazlehurst, MS 39083-2905 Name of Employer (Required) State of Mississippi Cocupation (Required) Representative Source: Corporation PAC Individual Loan Other (please specify) Mailing Address 143 Yellow Creek Rd City, State, Zip Code Carthage, MS 39051-9168 Name of Employer (Required) The Vincit Group Cocupation (Required) Area Manager QSI Source: Corporation PAC Individual Loan Other (please specify) Aggregate year-to-date \$250.00 Amount of each receipt this period \$250.00						┫	
State of Mississippi Cocupation (Required) Representative Source:			5				
Cocupation (Required) Representative Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenji Holloway Mailing Address 143 Yellow Creek Rd City, State, Zip Code Carthage, MS 39051-9168 Name of Employer (Required) The Vincit Group Cocupation (Required) Other (please specify) Full Name Occupation (Required) Area Manager QSI Source: Corporation PAC Individual Loan Other (please specify) Full Name John Horhn Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississispip (Required) Mississispip (Required) Name of Employer (Required) Accessed this period City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississispip (Required) Mississispip (Required) Mississispip (Required) Cocupation PAC Valuation Accessed this period Accessed this peri	Name of Empl	oyer (Required)				1	
Representative Source: Corporation PAC Individual Loan Other (please specify) Full Name Kenji Holloway Mailing Address 143 Yellow Creek Rd City, State, Zip Code Carthage, MS 39051-9168 Name of Employer (Required) The Vincit Group Cocupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Mailing Address O1/10/2023 Aggregate year-to-date (Mo., Day, Year) Full Name Other (please specify) Mailing Address PO Box 2030 City, State, Zip Code Carthage, MS 39225-2030 Name of Employer (Required) Mailing Address PO Box 2030 Cocupation MS 39225-2030 Name of Employer (Required) Mississippi State Senate	State of	Mississippi		-		:	
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Kenji Holloway Mailing Address 143 Yellow Creek Rd City, State, Zip Code Carthage, MS 39051-9168 Name of Employer (Required) The Vincit Group Cocupation (Required) Area Manager QSI Source: Corporation PAC Individual Loan Other (please specify) Mailing Address PO Box 2030 City, State, Zip Code Coty, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississispip State Senate		•					\$250.00
Other (please specify) (Mo., Day, Year) receipt this period			DAC		□ •		4
Mailing Address 143 Yellow Creek Rd City, State, Zip Code Carthage, MS 39051-9168 Name of Employer (Required) The Vincit Group Cocupation (Required) Area Manager QSI Source: Corporation PAC Individual Loan Other (please specify) Full Name John Horhn Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate	Ovalos.	corporation	FAU	V INGIVIGUAL	Loan	Date	AMOUNT OT each
City, State, Zip Code Carthage, MS 39051-9168 Name of Employer (Required) The Vincit Group Cocupation (Required) Area Manager QSI Source: Corporation PAC Individual Loan Other (please specify) Full Name John Horhn Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate		Other (please specif	fy)			(Mo., Day, Year)	receipt this
Carthage, MS 39051-9168 Name of Employer (Required) The Vincit Group Cocupation (Required) Area Manager QSI Source: Corporation PAC Individual Loan Other (please specify) Full Name John Horhn Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate Cocupation (Required) Mississippi State Senate			fy)			-	receipt this
Name of Employer (Required) The Vincit Group Cocupation (Required) Area Manager QSI Source: Corporation PAC Individual Loan Other (please specify) Full Name John Horhn Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate Cocupation (Required) Marea the Vincit Group Aggregate year-to-date \$250.00 Amount of each receipt this period 01/10/2023 \$250.00 Amount of each receipt this period 01/10/2023 \$250.00	Kenji Hol Mailing Addre	loway	fy)			-	receipt this period
The Vincit Group Cocupation (Required) Area Manager QSI Source: Corporation PAC Individual Loan Other (please specify) Full Name John Horhn Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate Cocupation (Required) Marrow (Mo., Day, Year) \$250.00	Kenji Hol Mailing Addre 143 Yello	loway ss w Creek Rd	fy)			-	receipt this period
Occupation (Required) Area Manager QSI Source: Corporation PAC Individual Loan Other (please specify) Full Name John Horhn Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate	Kenji Hol Mailing Addre 143 Yello City, State, Zip	loway ss w Creek Rd	fy)			-	receipt this period
Area Manager QSI Source: Corporation PAC Individual Loan Other (please specify) Full Name John Horhn Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate	Kenji Hol Mailing Addre 143 Yello City, State, Zip Carthage, Name of Empl	loway ss w Creek Rd c Code MS 39051-9168 over (Required)	fy)			-	receipt this period
City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate	Kenji Hol Mailing Addre 143 Yello City, State, Zip Carthage, Name of Empl	loway ss w Creek Rd c Code MS 39051-9168 over (Required)	fy)			-	receipt this period
Full Name John Horhn Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate	Kenji Hol Mailing Addre 143 Yello City, State, Zip Carthage, Name of Empl The Vinci Occupation (R	loway ss w Creek Rd Code MS 39051-9168 coyer (Required) t Group Required)	fy)			02/01/2023 Aggregate	receipt this period
John Horhn Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate	Kenji Hol Mailing Addre 143 Yello City, State, Zin Carthage, Name of Empl The Vinci Occupation (R Area Mana	loway ss w Creek Rd c Code MS 39051-9168 oyer (Required) t Group Required) ger QSI				Aggregate year-to-date	\$250.00
Mailing Address PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate	Kenji Hol Mailing Addre 143 Yello City, State, Zin Carthage, Name of Empl The Vinci Occupation (R Area Mana	loway ss w Creek Rd c Code MS 39051-9168 oyer (Required) t Group tequired) ger QSI Corporation	□PAC			Aggregate year-to-date	\$250.00 \$250.00 Amount of each receipt this
PO Box 2030 City, State, Zip Code Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate	Kenji Hol Mailing Addre 143 Yello City, State, Zip Carthage, Name of Empl The Vinci Occupation (R Area Mana Source:	loway ss w Creek Rd c Code MS 39051-9168 coyer (Required) t Group Required) ger QSI Corporation Other (please specif	□PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Jackson, MS 39225-2030 Name of Employer (Required) Mississippi State Senate	Mailing Addre 143 Yello City, State, Zip Carthage, Name of Empl The Vinci Occupation (R Area Mana Source:	loway ss w Creek Rd c Code MS 39051-9168 oyer (Required) t Group tequired) ger QSI Corporation Other (please specification)	□PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this
Name of Employer (Required) Mississippi State Senate	Kenji Hol Mailing Addre 143 Yello City, State, Zip Carthage, Name of Empl The Vinci Occupation (R Area Mana Source: Full Name John Horh Mailing Addre PO Box 20	loway ss w Creek Rd code MS 39051-9168 oyer (Required) t Group Required) ger QSI Corporation Other (please specifies ss 30	□PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Mississippi State Senate Occupation (Required)	Kenji Hol Mailing Addre 143 Yello City, State, Zip Carthage, Name of Empl The Vinci Occupation (R Area Mana Source: Full Name John Horh Mailing Addre PO Box 20 City, State, Zip	loway ss w Creek Rd Code MS 39051-9168 oyer (Required) t Group Required) ger QSI Corporation Other (please specifies as 30 Code	□PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Occupation (Required) Aggregate	Kenji Hol Mailing Addre 143 Yello City, State, Zin Carthage, Name of Empl The Vinci Occupation (R Area Mana Source: Full Name John Horh: Mailing Addre PO Box 20 City, State, Zin Jackson,	loway ss w Creek Rd c Code MS 39051-9168 coyer (Required) t Group Required) ger QSI Corporation Other (please specified) n ss 30 Code MS 39225-2030	□PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Member \$250.00	Kenji Hol Mailing Addre 143 Yello City, State, Zin Carthage, Name of Empl The Vinci Occupation (R Area Mana Source: Full Name John Horh: Mailing Addre PO Box 20 City, State, Zin Jackson, Name of Empl	loway ss w Creek Rd c Code MS 39051-9168 coyer (Required) t Group Required) ger QSI Corporation Other (please specified) n ss 30 Code MS 39225-2030 coyer (Required)	□PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

Source:	☐ Corporation☐ Other (please spe		ndividual	Loan	Date (Mo., Day, Year)	Amount of each receipt this
Fuli Name						period
Jeffrey H	Iulum III				01/03/2023	\$250.00
Mailing Addre						
1410 Gene						
City, State, Zi	p Code		·		 	
Gulfport,	MS 39501-3612	•				
Name of Emp	loyer (Required)					
US Milita	ıry					
Occupation (F	Required)				Aggregate	\$250.00
Soldier					year-to-date	\$250.00
Source:	Corporation	□PAC ✓II	ndividual	Loan	Date	Amount of each
	Other (please spe	ecify)			(Mo., Day, Year)	receipt this period
Full Name						···
Bernice J	ackson				03/04/2023	\$240.00
Mailing Addre	ess					
436 Peyto	n Rd					
City, State, Zi	p Code	··· , <u> </u>				
Coldwater	, MS 38618-392	5				
	loyer (Required)					
N/A						
Occupation (F	Required)				Aggregate	\$240.00
Not Emplo	yed				year-to-date	Ψ240.00
Source:	Corporation	☐PAC 🗸 lr	ndividual	Loan	Date	Amount of each
	Other (please spe	acifu\			(Mo., Day, Year)	receipt this
						period
				-	01/03/2023	\$250.00
Hester Ja	ckson				01/03/2023	<u> </u>
Hester Ja Mailing Addre	ckson				01/03/2023	<u> </u>
Hester Ja Mailing Addre PO Box 92	ckson ss				01/03/2023	<u> </u>
Hester Ja Mailing Addre PO Box 92 City, State, Zi	ckson ss				01/03/2023	<u> </u>
City, State, Zip Horn Lake	ckson ss p Code , MS 38637-009				01/03/2023	<u> </u>
Hester Ja Mailing Addre PO Box 92 City, State, Zi Horn Lake Name of Empi	ckson SS Code , MS 38637-009 loyer (Required)	2			01/03/2023	<u> </u>
Mailing Addre PO Box 92 City, State, Zil Horn Lake Name of Empl Mississip	ckson p Code , MS 38637-009 Royer (Required) pi House of Re	2				\$250.00
Mailing Addre PO Box 92 City, State, Zig Horn Lake Name of Empl Mississip Occupation (R	ckson p Code , MS 38637-009 Royer (Required) pi House of Re	2			Aggregate year-to-date	<u> </u>
Mailing Addre PO Box 92 City, State, Zig Horn Lake Name of Empl Mississip Occupation (R	ckson ckson Code MS 38637-009 Coyer (Required) pi House of Re Required)	2 presentatives	ndivídual	Loan	Aggregate	\$250.00
Mailing Addre PO Box 92 City, State, Zil Horn Lake Name of Empl Mississip Occupation (R State Rep	ckson p Code , MS 38637-009 loyer (Required) pi House of Re Required) resentative	2 presentatives □ PAC ✓In		Loan	Aggregate year-to-date	\$250.00 \$250.00
Mailing Addre PO Box 92 City, State, Zig Horn Lake Name of Empl Mississip Occupation (R State Rep Source:	ckson p Code , MS 38637-009 Required) pi House of Re Required) resentative Corporation Other (please specials)	2 presentatives □ PAC ✓In		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Mailing Addre PO Box 92 City, State, Zig Horn Lake Name of Empl Mississip Occupation (R State Rep Source:	ckson p Code , MS 38637-009 Required) pi House of Re Required) resentative Corporation Other (please specials)	2 presentatives □ PAC ✓In		☐ L oan	Aggregate year-to-date	\$250.00 \$250.00 Amount of each receipt this
Mailing Addre PO Box 92 City, State, Zij Horn Lake Name of Empi Mississip Occupation (F State Rep Source: Full Name Keith K. Mailing Addre	ckson p Code , MS 38637-009 loyer (Required) pi House of Re Required) resentative Corporation Other (please specials)	2 presentatives □ PAC ✓In		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Mailing Addre PO Box 92 City, State, Zig Horn Lake Name of Empl Mississip Occupation (R State Rep Source: Full Name Keith K. Mailing Addre 95 Zacher	ckson ckson ccccccccccccccccccccccccccccccccccc	2 presentatives □ PAC ✓In		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Mailing Addre PO Box 92 City, State, Zig Horn Lake Name of Empl Mississip Occupation (F State Rep Source: Full Name Keith K. Mailing Addre 95 Zacher City, State, Zig	ckson ckson ccs cccccccccccccccccccccccccccccc	2 presentatives □PAC ☑In		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Mailing Addre PO Box 92 City, State, Zig Horn Lake Name of Empl Mississip Occupation (F State Rep Source: Full Name Keith K. Mailing Addre 95 Zacher City, State, Zig Preston,	ckson ckson cckson cckson ccc ccc cccc cccc ccccc ccccc cccc	2 presentatives □PAC ☑In		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Mailing Addre PO Box 92 City, State, Zig Horn Lake Name of Empl Mississip Occupation (F State Rep Source: Full Name Keith K. Mailing Addre 95 Zacher City, State, Zig Preston, Name of Empl	ckson ckson ccs Code MS 38637-009 loyer (Required) pi House of Re Required) resentative Corporation Other (please spectrum) Jackson ss y Rd Code MS 39354-8920 loyer (Required)	2 presentatives □PAC ☑In		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Mailing Addre PO Box 92 City, State, Zig Horn Lake Name of Empl Mississip Occupation (F State Rep Source: Full Name Keith K. Mailing Addre 95 Zacher City, State, Zig Preston, Name of Empl Keith Jac	ckson Code Code MS 38637-009 Cover (Required) Pi House of Re Required) resentative Corporation Other (please specials) Jackson SS Y Rd Code MS 39354-8920 Cover (Required) kson for MS HD	2 presentatives □PAC ☑In		Loan	Aggregate year-to-date Date (Mo., Day, Year) 01/06/2023	\$250.00 \$250.00 Amount of each receipt this period
Mailing Addre PO Box 92 City, State, Zig Horn Lake Name of Empl Mississip Occupation (F State Rep Source: Full Name Keith K. Mailing Addre 95 Zacher City, State, Zig Preston, Name of Empl	ckson Code Code MS 38637-009 Cover (Required) Pi House of Re Required) Corporation Corporation Cother (please special	2 presentatives □PAC ☑In		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

Name of Candidate or Committee	Mississippi	Democratic	Party	State

Page <u>25</u> of <u>71</u>

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

					. •	
Source:	Corporation Other (please s	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lataisha	Tackson		-		01/03/2023	\$250.00
Mailing Addre					-	
PO Box 35]	
City, State, Zi	=				1	
	38619-0358				_	
-	loyer (Required) Mississippi					
Occupation (I					Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please s	pecify)			(Mo., Day, Year)	receipt this period
Full Name Reginald	Jackson				02/01/2023	\$250.00
Mailing Addre	ess				1	
City, State, Zi	p Code 3 38646-0383				1	
	loyer (Required)		· · · · · · · · · · · · · · · · · · ·		-	
Maille VI Ling	loyer (Nequireu)				1	
Occupation (I	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation Other (please s	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this
Full Name		, decity,			-	period
Robert Ja	ickson				01/04/2023	\$250.00
Mailing Addre					1	
City, State, Zi Marks, MS	p Code 3 38646-0383				1	
	loyer(Required) opi State Sena	.te			1	
Occupation (I	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please s	pecify)			(Mo., Day, Year)	receipt this period
Full Name Timaka Ja	nmes-Jones				02/01/2023	\$250.00
					1	
Mailing Address 308 Kenne						
308 Kenne	edy St p Code					
308 Kenne City, State, Zi Belzoni,	edy St					
308 Kenne City, State, Zi Belzoni,	edy St p Code MS 39038-4012 loyer (Required)					

Reporting Period 1/1/2023

through 4/30/2023

		1 1 L 1 V 1 1 Z	LUILULII	10	
Corporation Other (please speci	□PAC fy)	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
				01/03/2023	\$250.00
Johnson III				01/03/2023	Q230.00
ss 78					
o Code	•				
MS 39121-1678					
loyer (Required)					
Required)				Aggregate year-to-date	\$250.00
Corporation	PAC	✓ Individual	Loan	Date	Amount of each
Other (please speci	fy)			(Mo., Day, Year)	receipt this period
				02/01/2023	\$250.00
SS 300				·	
				-	
MS 39236-6309				<u> </u>	
loyer(Required) Girls, Inc.					
Required) nd CEO				Aggregate year-to-date	\$250.00
Corporation	PAC	✓ Individual	Loan	Date	Amount of each
Other (please speci	fy)			(Mo., Day, Year)	receipt this period
Jordan				01/18/2023	\$250.00
rss 73					
				-	
, MS 38935-8173					
loyer (Required)				1	
					
Required) .ator				Aggregate year-to-date	\$250.00
Corporation	PAC	✓ Individual	Loan	Date	Amount of each receipt this
Other (please speci	fv)			(Mo., Day, Year)	period
riem JR.				01/03/2023	\$250.00
· 	·•••			01/03/2023	\$250.00
riem JR. ss St N p Code	<u></u>			01/03/2023	\$250.00
riem JR. ss St N p Code MS 39701-3610				01/03/2023	\$250.00
riem JR. ss St N p Code				01/03/2023	\$250.00
	Johnson III ss 78 Code MS 39121-1678 Oyer (Required) Corporation Other (please special speci	Johnson III ss 78 Code MS 39121-1678 Oyer (Required) Required Corporation PAC Other (please specify) ss 309 Code MS 39236-6309 Oyer (Required) Girls, Inc. Required) nd CEO Corporation PAC Other (please specify) Jordan ss 73 Code , MS 38935-8173 Oyer (Required) Mississippi Required) ator Corporation PAC	Other (please specify) Johnson III ss 78 Code MS 39121-1678 Over (Required) Required) Corporation PAC Individual Other (please specify) Ss 309 Code MS 39236-6309 Over (Required) Girls, Inc. Required) Ind CEO Corporation PAC Individual Other (please specify) Jordan ss 73 Code , MS 38935-8173 Over (Required) Mississippi Required) ator Corporation PAC Individual	Johnson III ss 78 Code MS 39121-1678 Oyer (Required) Required) Corporation PAC Individual Loan Other (please specify) ss 309 Code MS 39236-6309 Oyer (Required) Girls, Inc. Required) Ind CEO Corporation PAC Individual Loan Other (please specify) Jordan ss 73 Code MS 38935-8173 Oyer (Required) Mississippi Required) Mississippi Required) Ator	Other (please specify) Johnson III Ses 78 30 Code MS 39121-1678 Oyer (Required) Lequired) Aggregate year-to-date Corporation PAC Vindividual Loan Other (please specify) Description Ocode MS 39236-6309 Oyer (Required) Ogirls, Inc. Lequired Other (please specify) Aggregate year-to-date Corporation PAC Vindividual Loan Other (please specify) Jordan Ses 73 Ocode , MS 38935-8173 Oyer (Required) MIssissippi Code , MS 38935-8173 Oyer (Required) MIssissippi Code MS 38935-8173 Oyer (Required) MIssissippi Code Aggregate year-to-date Corporation PAC Vindividual Loan Other (please specify) Aggregate year-to-date Corporation PAC Vindividual Date Corporation PAC Vindividual Loan Date Corporation PAC Vindividual Loan Date

Name of Candidate or Committee Mississippi Democratic Party State	Name (of Candidate or	Committee	Mississippi	Democratic	Party	State
---	--------	-----------------	-----------	-------------	------------	-------	-------

P	'aae	27	Of	71
	_			

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

Source:	☐ Corporation☐ Other (please spe		Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name			<u>-</u> ,,		01/17/2023	\$250.00
Sandy Ker					<u> </u>	
Mailing Address PO Box 72						
City, State, Zip	<u> </u>				-	
	nch, MS 38654-	0725				
	oyer (Required)				1 ∣	
Self-Empl	oyed					
Occupation (R					Aggregate	\$250.00
Executive					year-to-date	<u> </u>
Source:	Corporation	PAC 🗸	Individual	Loan	Date	Amount of each
	Other (please spe	cify)			(Mo., Day, Year)	receipt this period
Full Name					01/18/2023	
Lindsey K	iđd				01/10/2023	\$250.00
Mailing Addres			-		1	
PO Box 10						
City, State, Zip					1	
	hia, MS 39350-	1041				
Name of Emplo New Bethlo	oyer (Required)	-				
						
Occupation (R Pastor	equired)				Aggregate year-to-date	\$250.00
Source:	Corporation	☐PAC ✓	individual	Loan	Date	Amount of each
					1	receipt this
	Other (please spe	cify)			(Mo., Day, Year)	period
Full Name		cify)				period
Full Name Danny Lam		cify)			(Mo., Day, Year) 02/01/2023	•
Danny Lam Mailing Addres	oley	cify)				period
Danny Lam Mailing Addres 496 County	oley ss y Road 445	cify)				period
Danny Lam Mailing Addres 496 County City, State, Zip	oley ss y Road 445 Code	cify)				period
Danny Lamp Mailing Address 496 County City, State, Zip Oxford, Mi	oley ss y Road 445 Code S 38655-9468	cify)				period
Danny Lamp Mailing Address 496 County City, State, Zip Oxford, Mi	oley ss y Road 445 Code S 38655-9468 over (Required)	cify)				period
Mailing Address 496 County City, State, Zip Oxford, Manage of Employ Self-Employ	poley ss y Road 445 Code S 38655-9468 Description of the control o	cify)			02/01/2023	period \$250.00
Danny Lamp Mailing Address 496 County City, State, Zip Oxford, Mis Name of Emplo	poley ss y Road 445 Code S 38655-9468 over (Required) oved equired)	cify)				period
Danny Lamp Mailing Addres 496 County City, State, Zip Oxford, MS Name of Emplo Self-Emplo Occupation (R	poley ss y Road 445 Code S 38655-9468 over (Required) oved equired)		Individual	Loan	02/01/2023 Aggregate	\$250.00 \$250.00 \$250.00
Danny Lamp Mailing Address 496 County City, State, Zip Oxford, Ms Name of Emplo Self-Emplo Occupation (R Attorney a	poley ss y Road 445 Code S 38655-9468 Dyer (Required) Dyed equired) at Law	□PAC ✓	Indivídual	Loan	02/01/2023 Aggregate year-to-date	\$250.00 \$250.00
Danny Lamp Mailing Addres 496 County City, State, Zip Oxford, Ms Name of Emplo Self-Emplo Occupation (R Attorney a Source:	poley ss y Road 445 Code S 38655-9468 Decyer (Required) Decyed equired) at Law Corporation Other (please spe	□PAC ✓	Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Danny Lamp Mailing Addres 496 County City, State, Zip Oxford, Ms Name of Emplo Self-Emplo Occupation (R Attorney a	poley ss y Road 445 Code S 38655-9468 Decyer (Required) Decyed equired) at Law Corporation Other (please spe	□PAC ✓	Individual	Loan	Aggregate year-to-date	\$250.00 \$250.00 Amount of each receipt this
Danny Lamp Mailing Addres 496 County City, State, Zip Oxford, Ms Name of Emplo Self-Emplo Occupation (R Attorney a Source: Full Name Thomas Lei Mailing Addres	poley ss y Road 445 Code S 38655-9468 oyer (Required) oyed equired) at Law Corporation Other (please spe	□PAC ✓	Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Danny Lamp Mailing Address 496 County City, State, Zip Oxford, Ms Name of Emplo Self-Emplo Occupation (R Attorney a Source: Full Name Thomas Leh Mailing Address 15 Jenkins	poley ss y Road 445 Code S 38655-9468 oyer (Required) oyed equired) at Law Corporation Other (please spe	□PAC ✓	Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Danny Lamp Mailing Address 496 County City, State, Zip Oxford, Ms Name of Emplo Self-Emplo Occupation (R Attorney a Source: Full Name Thomas Leb Mailing Address 15 Jenkins City, State, Zip	poley ss y Road 445 Code S 38655-9468 Dyer (Required) Dyed equired) at Law Corporation Other (please spe	□PAC ✓	Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Danny Lamp Mailing Address 496 County City, State, Zip Oxford, MS Name of Emplo Self-Emplo Occupation (R Attorney a Source: Full Name Thomas Leb Mailing Address 15 Jenkins City, State, Zip Carriere,	poley ss y Road 445 Code S 38655-9468 Depth (Required) Depth (Pequired) Depth (Depth (Pease spent) Depth (□PAC ✓	Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Danny Lamp Mailing Addres 496 County City, State, Zip Oxford, Ms Name of Emplo Self-Emplo Occupation (R Attorney a Source: Full Name Thomas Leh Mailing Addres 15 Jenkins City, State, Zip Carriere, Name of Emplo	poley ss y Road 445 Code S 38655-9468 Dyer (Required) Dyed equired) at Law Corporation Other (please spe	□PAC ✓	Indivídual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Danny Lamp Mailing Addres 496 County City, State, Zip Oxford, Ms Name of Emplo Self-Emplo Occupation (R Attorney a Source: Full Name Thomas Leh Mailing Addres 15 Jenkins City, State, Zip Carriere, Name of Emplo	poley ss y Road 445 Code S 38655-9468 Dyer (Required) Dyed equired) at Law Corporation Other (please spent III ss S Rd Code MS 39426-8468 Dyer (Required)	□PAC ✓	Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year) 01/09/2023	\$250.00 \$250.00 Amount of each receipt this period
Danny Lamp Mailing Address 496 County City, State, Zip Oxford, MS Name of Emplo Self-Emplo Occupation (R Attorney a Source: Full Name Thomas Leb Mailing Address 15 Jenkins City, State, Zip Carriere,	poley ss y Road 445 Code S 38655-9468 Dyer (Required) Dyed equired) at Law Corporation Other (please spent III ss S Rd Code MS 39426-8468 Dyer (Required)	□PAC ✓	Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

Reporting Period 1/1/2023 through

4/30/2023

					. —	
Source:	Corporation Other (please spe	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rukia Lun	ານຫວລ				01/13/2023	\$250.00
Mailing Addre					-	
PO Box 68						
City, State, Zi	-				1	
	MS 39286-8426				_	
	oloyer (Required) Advocacy Insti	tute				
Occupation (Required) e Director				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please spe	cify)			(Mo., Day, Year)	receipt this period
Full Name Gail Lyor	ıs				01/30/2023	\$250.00
Mailing Addre					1	
City, State, Zi					-	
-	n, MS 38671-963	9				
	loyer (Required)			 .	-	
Self				***		
Occupation (I Lyons Gro	- ·				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please spe	cify)		···	(Mo., Day, Year)	receipt this period
Full Name Greta Mar	rtin				02/01/2023	\$500.00
Mailing Addre	ess					
PO Box 16	5204					
City, State, Zi Jackson,	p Code MS 39236-6204					
	loyer (Required) Ly Rights Missi	ssippi				
Occupation (I					Aggregate	\$500.00
Litigatio						\$300.00
	on Director				year-to-date	
Source:	Corporation	PAC	✓ Individual	Loan	year-to-date Date	Amount of each
		_	✓Individual	∐Loan		Amount of each receipt this period
Source:	Corporation Other (please spe	_	✓ Individual	∐Loan	Date	receipt this
Source: Full Name Pam McKel Mailing Addre	Corporation Other (please spe	_	✓ Individual	∐Loan	Date (Mo., Day, Year)	receipt this period
Source: Full Name Pam McKel Mailing Addre	Corporation Other (please spe	_	✓ Individual	Loan	Date (Mo., Day, Year)	receipt this period
Source: Full Name Pam McKel Mailing Addre 5225 Wind City, State, Zi	Corporation Other (please spe	cify)	✓ Individual	Loan	Date (Mo., Day, Year)	receipt this period
Full Name Pam McKel Mailing Addre 5225 Wind City, State, Zi Southaver Name of Emp	Corporation Other (please spectrum) Other (please spectrum)	cify)	✓ Individual	Loan	Date (Mo., Day, Year)	receipt this period
Full Name Pam McKel Mailing Addre 5225 Wind City, State, Zi Southaver	Corporation Other (please spectrum) Other (please spectrum)	cify)	✓ Individual	Loan	Date (Mo., Day, Year)	receipt this period
Source: Full Name Pam McKel Mailing Addre 5225 Wind City, State, Zi Southaven	Corporation Other (please spectry) Sess dy Ridge Dr P Code 1, MS 38671-8453 Sloyer (Required) Oyed Required)	cify)	✓ Individual	Loan	Date (Mo., Day, Year)	receipt this period

ame of Candidate or Committee	Mississippi	Democratic	Party	State

Page	29	_of	71

manio di dallaladio di	- On Hilling	TTTOOTOOTPPT	Democratic	rarcy beace
Reporting Period	1/1/20	23 thro	ough 4	/30/2023

Source: Corporation PAC Individual Loan		
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: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	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)		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,000.00
Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this neriod
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)		receipt this
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Brenda F. Mitchell Mailing Address PO Box 845 City, State, Zip Code	(Mo., Day, Year)	receipt this period
Tull Name Brenda F. Mitchell Mailing Address PO Box 845 City, State, Zip Code Cleveland, MS 38732-0845	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Brenda F. Mitchell Mailing Address PO Box 845 City, State, Zip Code	(Mo., Day, Year)	receipt this period
Tull Name Brenda F. Mitchell Mailing Address PO Box 845 City, State, Zip Code Cleveland, MS 38732-0845 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Tull Name Brenda F. Mitchell Mailing Address PO Box 845 City, State, Zip Code Cleveland, MS 38732-0845 Name of Employer (Required) Eleventh Circuit Court District Occupation (Required)	(Mo., Day, Year) 01/06/2023 Aggregate	\$250.00
Tull Name Brenda F. Mitchell 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	(Mo., Day, Year) 01/06/2023 Aggregate year-to-date	\$250.00
Other (please specify)	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Brenda F. Mitchell 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 Source: Corporation PAC Individual Loan Other (please specify) Full Name Sharon Moman	(Mo., Day, Year) 01/06/2023 Aggregate year-to-date Date	\$250.00 Amount of each receipt this
Full Name Brenda F. Mitchell 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 Source: Corporation PAC Individual Loan Cher (please specify) Full Name Sharon Moman Mailing Address	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
City, State, Zip Code Cleveland, MS 38732-0845 Name of Employer (Required) Eleventh Circuit Court District Occupation (Required) District Attorney Source: Corporation PAC Individual Loan Cother (please specify) Full Name Sharon Moman Mailing Address PO Box 1204	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Brenda F. Mitchell 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 Source: Corporation PAC Individual Loan Cher (please specify) Full Name Sharon Moman Mailing Address	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Gother (please specify) Full Name Brenda F. Mitchell 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 Source: Corporation PAC Individual Loan Other (please specify) Full Name Sharon Moman Mailing Address PO Box 1204 City, State, Zip Code Clinton, MS 39060-1204 Name of Employer (Required)	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Gother (please specify) Full Name Brenda F. Mitchell 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 Source: Corporation PAC Individual Loan Cother (please specify) Full Name Sharon Moman Mailing Address PO Box 1204 City, State, Zip Code Clinton, MS 39060-1204	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

Name of Candidate	or Committee	Mississipp	i Democra	tic P	arty	State
Reporting Period	1/1/20	23 th	rough	4/3	30/20:	23

Page	30	of	71

Source:						
	✓ Corporation Other (please sp	PAC	individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this
Full Name					- 	period
	Victory Fund				01/27/2023	\$1,390.43
Mailing Addr						
_	pitol St SE					
City, State, Z			<u>.</u>			
_	on, DC 20003-40	024				
Name of Emp	ployer (Required)		<u>.</u> .			
Occupation (Required)			-	Aggregate year-to-date	\$1,390.43
Source:	Corporation	PAC	✓ individual	Loan	Date	Amount of each
	Other (please sp	_	<u>. </u>		(Mo., Day, Year)	receipt this period
Full Name Fabian Ne	algon				01/18/2023	\$250.00
Mailing Address 750 Parks						
City, State, Zi	ip Code MS 39212-9633					
	oloyer (Required)	 -				
Mississip	ppi United Real	lty Group				
Occupation (I	•				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	_	_				
	Other (please sp	ecify)	<u> </u>		(Mo., Day, Year)	receipt this period
Full Name Donna Nie		ecify)			(Mo., Day, Year) - 02/01/2023	•
Donna Nie	ewiaroski	ecify)			-	period
Donna Nie Mailing Addre 12002 Wat	ewiaroski ess ter Ridge Dr	ecify)			-	period
Donna Nie Mailing Addre 12002 Wat City, State, Zi	ewiaroski ess ter Ridge Dr	ecify)			-	period
Donna Nie Mailing Addre 12002 Wat City, State, Zi Oxford, M Name of Emp	ewiaroski ess cer Ridge Dr	ecify)			-	period
Donna Nie Mailing Addre 12002 Wat City, State, Zi Oxford, M Name of Emp N/A	ewiaroski ess ter Ridge Dr ip Code MS 38655-6019	ecify)			02/01/2023	period
Donna Nie Mailing Addre 12002 Wat City, State, Zi Oxford, M Name of Emp	ewiaroski ess ter Ridge Dr ip Code 4S 38655-6019 bloyer (Required)	ecify)			-	period
Donna Nie Mailing Addre 12002 Wat City, State, Zi Oxford, M Name of Emp N/A Occupation (I	ewiaroski ess ter Ridge Dr ip Code 4S 38655-6019 bloyer (Required) Required) Corporation	□PAC	✓ Individual	Loan	Aggregate year-to-date	\$250.00 \$250.00 \$765.00
Mailing Address 12002 Wate 12002 Wate City, State, Zi Oxford, M Name of Emp N/A Occupation (I Not Emplo	ewiaroski ess ter Ridge Dr ip Code 4S 38655-6019 bloyer (Required) Required)	□PAC	☑Individual	Loan	Aggregate year-to-date	\$250.00 \$250.00 \$765.00
Mailing Address 12002 Wate 12002 Wate City, State, Zi Oxford, M Name of Emp N/A Occupation (I Not Emplo	ewiaroski ess Ler Ridge Dr ip Code 4S 38655-6019 eloyer (Required) Required) pyed Corporation Other (please sp	□PAC	✓ Individual	Loan	Aggregate year-to-date	\$250.00 \$250.00 \$765.00 Amount of each receipt this
Donna Nie Mailing Addre 12002 Wat City, State, Zi Oxford, M Name of Emp N/A Occupation (I Not Emplo	ewiaroski ess ter Ridge Dr ip Code 4S 38655-6019 bloyer (Required) Required) Corporation Other (please sp	□PAC	☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 \$765.00 Amount of each receipt this period
Donna Nie Mailing Addre 12002 Wat City, State, Zi Oxford, M Name of Emp N/A Occupation (I Not Emplo Source: Full Name Donna Nie Mailing Addre	ewiaroski ess ter Ridge Dr ip Code 4S 38655-6019 bloyer (Required) Required) Corporation Other (please sp	□PAC	✓ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 \$765.00 Amount of each receipt this period
Donna Nie Mailing Addre 12002 Wat City, State, Zi Oxford, M Name of Emp N/A Occupation (I Not Emplo Source: Full Name Donna Nie Mailing Addre 12002 Wat City, State, Zi	ewiaroski ess cer Ridge Dr ip Code 4S 38655-6019 cloyer (Required) Required) cyed Corporation Other (please sp ewiaroski ess cer Ridge Dr ip Code	□PAC	✓ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 \$765.00 Amount of each receipt this period
Mailing Address 12002 Wate 12002 Wate City, State, Zi Oxford, M Name of Emp N/A Occupation (I Not Emplo Source: Full Name Donna Nie Mailing Addres 12002 Wate City, State, Zi Oxford, M	ewiaroski ess ter Ridge Dr ip Code 4S 38655-6019 bloyer (Required) Required) Dyed Corporation Other (please sp ewiaroski ess ter Ridge Dr ip Code 4S 38655-6019	□PAC	✓ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 \$765.00 Amount of each receipt this period
Mailing Address 12002 Wate 12002 Wate City, State, Zi Oxford, M Name of Emp N/A Occupation (I Not Emplo Source: Full Name Donna Nie Mailing Addres 12002 Wate City, State, Zi Oxford, M	ewiaroski ess cer Ridge Dr ip Code 4S 38655-6019 cloyer (Required) Required) cyed Corporation Other (please sp ewiaroski ess cer Ridge Dr ip Code	□PAC	✓ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 \$765.00 Amount of each receipt this period
Donna Nie Mailing Addre 12002 Wat City, State, Zi Oxford, M Name of Emp N/A Occupation (I Not Emplo Source: Full Name Donna Nie Mailing Addre 12002 Wat City, State, Zi Oxford, M Name of Emp	ewiaroski ess ter Ridge Dr ip Code 4S 38655-6019 bloyer (Required) Corporation Other (please sp ewiaroski ess ter Ridge Dr ip Code 4S 38655-6019 bloyer (Required)	□PAC	✓ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 \$765.00 Amount of each receipt this period

Name of Candidate	or Committee	Mississippi	Democratic	Party State
Reporting Period _	1/1/202	23 thro	ough4	/30/2023

Page <u>31</u> of	<u>71</u>
-------------------	-----------

Source:	Corporation Other (please spe	☐PAC	I Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	ewiaroski			02/07/2023	\$500.00
Mailing Addre		<u> </u>		· .	
•	ter Ridge Dr				
City, State, Z	ip Code 4S 38655-6019				
	oloyer (Required)				
N/A					
Occupation (Aggregate year-to-date	\$765.00
Source:	Corporation	☐PAC Individual	Loan	Date	Amount of each
	Other (please spe	ecify)		(Mo., Day, Year)	receipt this period
Full Name				01/03/2023	\$250.00
	. Norwood II				,
Mailing Address 2644 Hemi	ess ingway Cir				
City, State, Zi					
Jackson,	MS 39209-7026				
	loyer (Required)				
	Mississippi				
Occupation (Senator	Required)			Aggregate year-to-date	\$250.00
Source:	☐ Corporation	PAC Individual	Loan	Date	Amount of each receipt this
		-:C3		(Mo., Day, Year)	
	Other (please spe	ecity)		-	period
Full Name David Old		эспу)		01/12/2023	\$250.00
==	ls	ecity)		01/12/2023	·
David Old Mailing Addre 60 Vaughr	ds ess 1 Ln	ecity)		01/12/2023	·
David Old Mailing Addre 60 Vaughr City, State, Zi	ds ess n Ln p Code			01/12/2023	·
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra	ds ess 1 Ln p Code anch, MS 38654-			01/12/2023	·
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra	ds ess 1 Ln ip Code anch, MS 38654-			01/12/2023	·
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp	ds ess Ln p Code anch, MS 38654- loyer (Required) Loyed Required)		***	Aggregate year-to-date	·
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp Self-Empl	ds ess Ln p Code anch, MS 38654- loyer (Required) Loyed Required)		Loan	Aggregate	\$250.00 \$765.00
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp Self-Empl Occupation (i	ds ess 1 Ln p Code anch, MS 38654- loyer (Required) Loyed Required)	8990 □PAC ☑ Individual	Loan	Aggregate year-to-date	\$250.00 \$765.00
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp Self-Empl Occupation (i Sales Mar Source:	ds ess In Ln p Code anch, MS 38654- cloyer (Required) Loyed Required) hager Corporation Other (please spe	8990 □PAC ☑ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$765.00 Amount of each receipt this period
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp Self-Empl Occupation (I Sales Mar Source: Full Name David Old	ds ess In Ln ip Code anch, MS 38654— sloyer (Required) Loyed Required) Inager Corporation Other (please species	8990 □PAC ☑ Individual	Loan	Aggregate year-to-date Date	\$250.00 \$765.00 Amount of each receipt this
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp Self-Empl Occupation (I Sales Mar Source: Full Name David Old Mailing Addre	ds ess In Ln ip Code anch, MS 38654- sloyer (Required) Loyed Required) mager Corporation Other (please species	8990 □PAC ☑ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$765.00 Amount of each receipt this period
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp Self-Empl Occupation (i Sales Mar Source: Full Name David Old Mailing Addre 60 Vaughr	ds ess In Ln p Code anch, MS 38654- cloyer (Required) coyed Required) hager Corporation Other (please species ess In Ln	8990 □PAC ☑ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$765.00 Amount of each receipt this period
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp Self-Empl Occupation (i Sales Mar Source: Full Name David Old Mailing Addre 60 Vaughr City, State, Zi	ds ess In Ln p Code anch, MS 38654- cloyer (Required) coyed Required) hager Corporation Other (please species ess In Ln	8990 ☐PAC ☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$765.00 Amount of each receipt this period
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp Self-Empl Occupation (i Sales Mar Source: Full Name David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp	ds ess Ln p Code anch, MS 38654- loyer (Required) Loyed Required) nager Corporation Other (please species ess Ln p Code anch, MS 38654- loyer (Required)	8990 ☐PAC ☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$765.00 Amount of each receipt this period
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp Self-Empl Occupation (i Sales Mar Source: Full Name David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra	ds ess Ln p Code anch, MS 38654- loyer (Required) Loyed Required) nager Corporation Other (please species ess Ln p Code anch, MS 38654- loyer (Required)	8990 ☐PAC ☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$765.00 Amount of each receipt this period
David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp Self-Empl Occupation (i Sales Mar Source: Full Name David Old Mailing Addre 60 Vaughr City, State, Zi Olive Bra Name of Emp	ds ess Ln p Code anch, MS 38654- loyer (Required) Loyed Required) hager Corporation Other (please specials ess Ln p Code anch, MS 38654- loyer (Required) Loyed Required)	8990 ☐PAC ☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$765.00 Amount of each receipt this period

Reporting Period

1/1/2023

through

4/30/2023

Source:	☐ Corporation☐ Other (please sp	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Fuli Name					01/10/2023	\$250.00
Akillie 1	Malone Oliver				01/10/2020	4230.00
Mailing Addr						
	n King Rd					
City, State, Z	-					
	MS 39039-8397					
	ployer (Required) Mississippi					
Occupation ((Required) Attorney				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please sp	_	<u> </u>		(Mo., Day, Year)	receipt this period
Full Name Solomon	Osborne				01/03/2023	\$250.00
Mailing Addr	ess	,				
216 Star	St					
City, State, Z	-		<u> </u>			
Greenwoo	d, MS 38930-752	27				
	ployer (Required)					
Mississi	ppi House of Re	epresentat	cives			
Occupation ((Required) presentative				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please sp	ecify)			(Mo., Day, Year)	receipt this period
Full Name Jody Ower	ns II				01/04/2023	\$250.00
					01/04/2023	\$250.00
Jody Ower					01/04/2023	\$250.00
Jody Ower	ess Owens Dr				01/04/2023	\$250.00
Jody Ower Mailing Addr 109 Inez City, State, Z	ess Owens Dr				01/04/2023	\$250.00
Mailing Addr 109 Inez City, State, Z Byram, M	ess Owens Dr Cip Code				01/04/2023	\$250.00
Mailing Addr 109 Inez City, State, Z Byram, M	Owens Dr Code S 39212-3263 Coloyer (Required) Mississippi				Aggregate	
Mailing Addr 109 Inez City, State, Z Byram, M Name of Emp State of	Owens Dr Code S 39212-3263 Coloyer (Required) Mississippi					\$250.00
Mailing Addr 109 Inez City, State, Z Byram, M Name of Emp State of Occupation (Owens Dr Code S 39212-3263 Coloyer (Required) Mississippi	□PAC	√Î Individual	Loan	Aggregate	\$1,030.00 Amount of each
Mailing Addr 109 Inez City, State, Z Byram, M Name of Emp State of Occupation (Lawyer	Owens Dr ip Code S 39212-3263 ployer (Required) Mississippi (Required)	_	☑Îndividual	Loan	Aggregate year-to-date	\$1,030.00
Mailing Addr 109 Inez City, State, Z Byram, M Name of Emp State of Occupation (Lawyer	Owens Dr Cip Code S 39212-3263 Coloyer (Required) Mississippi (Required) Corporation	_	✓ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$1,030.00 Amount of each receipt this period
Mailing Addr 109 Inez City, State, Z Byram, M Name of Em State of Occupation (Lawyer Source:	Owens Dr ip Code S 39212-3263 ployer (Required) Mississippi (Required) Corporation Other (please sp	_	☑Individual	Loan	Aggregate year-to-date	\$1,030.00 Amount of each receipt this
Mailing Addr 109 Inez City, State, Z Byram, M Name of Em State of Occupation (Lawyer Source:	Covens Dr Covens Dr	_	☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$1,030.00 Amount of each receipt this period
Jody Ower Mailing Addr 109 Inez City, State, Z Byram, M Name of Emp State of Occupation (Lawyer Source: Full Name Jody Ower Mailing Addr	Covens Dr Covens Dr	_	☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$1,030.00 Amount of each receipt this period
Jody Ower Mailing Addr 109 Inez City, State, Z Byram, M. Name of Emp State of Occupation (Lawyer Source: Full Name Jody Ower Mailing Addr 109 Inez City, State, Z	Corporation	_	☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$1,030.00 Amount of each receipt this period
Jody Ower Mailing Addr 109 Inez City, State, Z Byram, M Name of Emp State of Occupation (Lawyer Source: Full Name Jody Ower Mailing Addr 109 Inez City, State, Z Byram, M:	Covens Dr cip Code S 39212-3263 colover (Required) Mississippi (Required) Corporation Other (please sp ns II coss Owens Dr cip Code S 39212-3263	_	☑Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$1,030.00 Amount of each receipt this period
Jody Ower Mailing Addr 109 Inez City, State, Z Byram, M Name of Emp State of Occupation (Lawyer Source: Full Name Jody Ower Mailing Addr 109 Inez City, State, Z Byram, M Name of Emp	Corporation	_	√Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$1,030.00 Amount of each receipt this period
Jody Ower Mailing Addr 109 Inez City, State, Z Byram, M Name of Emp State of Occupation (Lawyer Source: Full Name Jody Ower Mailing Addr 109 Inez City, State, Z Byram, M Name of Emp	Covens Dr ip Code S 39212-3263 ployer (Required) Mississippi (Required) Corporation Other (please sp ns II ress Owens Dr ip Code S 39212-3263 ployer (Required) Mississippi	_	✓ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$1,030.00 Amount of each receipt this period

Name of Candidate	or Committee	Mississippi	Democratic	Party State
Reporting Period _	1/1/202	23 thro	ough 4	/30/2023

Page 33 of 71

Source:	Corporation Other (please spe	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Orlando W	V. Paden				01/03/2023	\$250.00
Mailing Addre	ess					
PO Box 16						
City, State, Zi Clarksdal	ip Code Le, MS 38614-84	26	•			
Name of Emp N/A	loyer (Required)			,		
Occupation (I	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date (Man Paul Year)	Amount of each receipt this
	Other (please spe	ecify)			(Mo., Day, Year)	period
Full Name Patty Pat	terson				02/01/2023	\$250.00
Mailing Addre						
City, State, Zi	ip Code	 -				
Jackson,	MS 39289-2483					
-	oloyer(Required) Solar Power Dev	elopers	.			
Occupation (I	Required)	- u			Aggregate year-to-date	\$250.00
Source:	Corporation Other (please spe	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
					02/01/2023	\$250.00
Full Name Dwayne Pi	ickett				02,02,2020	\$250.00
Dwayne Pi	ess					¥230.00
Dwayne Pi Mailing Addre 2639 Dry	ess Grove Rd					¥230.00
Dwayne Pi Mailing Addre 2639 Dry City, State, Zi	ess Grove Rd	59-8872				¥230.00
Dwayne Pi Mailing Addre 2639 Dry City, State, Zi Crystal S Name of Emp	ess Grove Rd p Code					¥230.00
Dwayne Pi Mailing Addre 2639 Dry City, State, Zi Crystal S Name of Emp	Grove Rd p Code prings, MS 390 loyer (Required) ckett Ministri			-	Aggregate year-to-date	\$250.00
Dwayne Pi Mailing Addre 2639 Dry City, State, Zi Crystal S Name of Emp Dwayne Pi Occupation (I	Grove Rd p Code prings, MS 390 loyer (Required) ckett Ministri		 Individual	Loan	Aggregate year-to-date Date	\$250.00
Dwayne Pi Mailing Addre 2639 Dry City, State, Zi Crystal S Name of Emp Dwayne Pi Occupation (I Bishop	Grove Rd p Code Springs, MS 390 loyer (Required) ckett Ministri Required)	es PAC	☑ Individual	Loan	Aggregate year-to-date	\$250.00
Dwayne Pi Mailing Addre 2639 Dry City, State, Zi Crystal S Name of Emp Dwayne Pi Occupation (I Bishop	Grove Rd prode Springs, MS 390 ployer (Required) ckett Ministri Required) Corporation Other (please spe	es PAC	☑ Individual	Loan	Aggregate year-to-date Date	\$250.00 Amount of each receipt this
Dwayne Pi Mailing Addre 2639 Dry City, State, Zi Crystal S Name of Emp Dwayne Pi Occupation (I Bishop Source: Full Name Brad Pigo Mailing Addre	Grove Rd p Code Springs, MS 390 cloyer (Required) ckett Ministri Required) Corporation Other (please spectt	es PAC	☑ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Dwayne Pi Mailing Addre 2639 Dry City, State, Zi Crystal S Name of Emp Dwayne Pi Occupation (I Bishop Source: Full Name Brad Pigo Mailing Addre 829 Arlin	Grove Rd p Code Springs, MS 390 ployer (Required) Lockett Ministri Required) Corporation Other (please spect)	es PAC	☑ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Dwayne Pi Mailing Addre 2639 Dry City, State, Zi Crystal S Name of Emp Dwayne Pi Occupation (I Bishop Source: Full Name Brad Pigo Mailing Addre 829 Arlin City, State, Zi	Grove Rd p Code Springs, MS 390 ployer (Required) Lockett Ministri Required) Corporation Other (please spect)	es PAC	✓ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Dwayne Pi Mailing Addre 2639 Dry City, State, Zi Crystal S Name of Emp Dwayne Pi Occupation (I Bishop Source: Full Name Brad Pigo Mailing Addre 829 Arlin City, State, Zi Jackson,	Grove Rd prode Springs, MS 390 ckett Ministri Required) Corporation Other (please spect) ott ess ngton St p Code MS 39202-1619 clover (Required)	es PAC	 Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Dwayne Pi Mailing Addre 2639 Dry City, State, Zi Crystal S Name of Emp Dwayne Pi Occupation (I Bishop Source: Full Name Brad Pigo Mailing Addre 829 Arlin City, State, Zi Jackson, Name of Emp	Grove Rd prode Springs, MS 390 clover (Required) ckett Ministri Required) Corporation Other (please spectors agton St prode MS 39202-1619 clover (Required) Loyed	es PAC	✓ Individual	Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period

Reporting Period

1/1/2023

through

4/30/2023

Source:	Corporation PAC ✓II Other (please specify)	ndividual Loan Date (Mo., Day	receipt this
Full Name Brad Pigo	n++	02/15/2	2023 \$85.00
Mailing Addre			
829 Arlin			
City, State, Z			
	MS 39202-1619 loyer (Required)		
Self-Empl			
Occupation (Attorney	Required)	Aggrega year-to-c	
Source:	☐ Corporation ☐ PAC ☑ It	dividual Loan Date	
	Other (please specify)	(Mo., Day	Year) receipt this period
Full Name Brad Pigo	ott	03/17/2	2023 \$85.00
Mailing Addre			
829 Arlir	-		
City, State, Zi	p Code MS 39202-1619		
	loyer (Required)		
Self-Empl			
Occupation (Required)	Aggrega year-to-d	1 23±0.00 i
Source:	Corporation	dividual Loan Date	Amount of each
	Other (please specify)	(Mo., Day,	Year) receipt this period
Full Name Brad Pigo	Other (please specify)		period
Brad Pigo Mailing Addro	Other (please specify)	(Mo., Day,	period
Brad Pigo Mailing Addre 829 Arlin	Other (please specify)	(Mo., Day,	period
Brad Pigo Mailing Addro 829 Arlin City, State, Zi	Other (please specify)	(Mo., Day,	period
Brad Pigo Mailing Addre 829 Arlin City, State, Zi Jackson, Name of Emp	Other (please specify) ott ess egton St p Code MS 39202-1619 loyer (Required)	(Mo., Day,	period
Brad Pigo Mailing Addre 829 Arlir City, State, Zi Jackson,	Other (please specify) ott ess egton St p Code MS 39202-1619 loyer (Required)	(Mo., Day,	period
Brad Pigo Mailing Addre 829 Arlin City, State, Zi Jackson, Name of Emp	Other (please specify) ott ess egton St p Code MS 39202-1619 loyer (Required) oyed	(Mo., Day,	2023 \$85.00
Brad Pigo Mailing Address 829 Arlin City, State, Zi Jackson, Name of Emp Self-Empl	Other (please specify) ott ess egton St p Code MS 39202-1619 loyer (Required) eyed Required)	(Mo., Day,	period 2023 \$85.00 ate \$340.00 ate Amount of each
Brad Pigo Mailing Addresses Arling City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Attorney	Other (please specify) ott ess egton St p Code MS 39202-1619 loyer (Required) eyed Required)	(Mo., Day,	period 2023 \$85.00 ate \$340.00 Amount of each receipt this
Brad Pigo Mailing Address 829 Arlir City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Attorney Source:	Other (please specify) ott ess agton St p Code MS 39202-1619 loyer (Required) oyed Required) Corporation PAC In Other (please specify)	(Mo., Day, 04/18/2 Aggrega year-to-didividual	ate sate sate sate ate year) Amount of each receipt this period
Brad Pigo Mailing Addre 829 Arlir City, State, Zi Jackson, Name of Emp Self-Empl Occupation (Attorney Source: Full Name Daryl Lan	Other (please specify) ott ess egton St p Code MS 39202-1619 loyer (Required) oyed Required) Corporation PAC In Other (please specify)	Aggrega year-to-didividual Loan Date (Mo., Day,	ate sate sate sate ate year) Amount of each receipt this period
Brad Pigo Mailing Address 829 Arlir City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Attorney Source:	Other (please specify) ott ess egton St p Code MS 39202-1619 loyer (Required) oyed Required) Corporation PAC In Other (please specify) ear Porter Jr.	Aggrega year-to-didividual Loan Date (Mo., Day,	ate sate sate sate ate year) Amount of each receipt this period
Brad Pigo Mailing Addre 829 Arlir City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Attorney Source: Full Name Daryl Lan Mailing Addre PO Box 77 City, State, Zi	Other (please specify) ott ess egton St p Code MS 39202~1619 loyer (Required) eyed Required) Corporation PAC In Other (please specify) ear Porter Jr. ess 22 p Code	Aggrega year-to-didividual Loan Date (Mo., Day,	ate sate sate sate ate year) Amount of each receipt this period
Brad Pigo Mailing Addre 829 Arlir City, State, Zi Jackson, Name of Emp Self-Empl Occupation (Attorney Source: Full Name Daryl Lan Mailing Addre PO Box 77 City, State, Zi Summit, M	Other (please specify) ott ess egton St p Code MS 39202-1619 loyer (Required) eyed Required) Other (please specify) mar Porter Jr. ess ess ess ess ess ess ess ess ess es	Aggrega year-to-didividual Loan Date (Mo., Day,	ate sate sate sate ate year) Amount of each receipt this period
Brad Pigo Mailing Addre 829 Arlin City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Attorney Source: Full Name Daryl Lan Mailing Addre PO Box 77 City, State, Zi Summit, N	Other (please specify) ott ess egton St p Code MS 39202-1619 loyer (Required) oyed Required) Corporation PAC VIr Other (please specify) mar Porter Jr. ess 2 p Code IS 39666-0772 loyer (Required)	Aggrega year-to-didividual Loan Date (Mo., Day,	ate sate sate sate ate year) Amount of each receipt this period
Brad Pigo Mailing Address 829 Arlir City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Attorney Source: Full Name Daryl Lan Mailing Addres PO Box 77 City, State, Zi Summit, N Name of Emp Pepper &	Other (please specify) ott css cgton St p Code MS 39202-1619 loyer (Required) coyed Required) ☐ Corporation ☐ PAC ☑ Ir ☐ Other (please specify) car Porter Jr. css c2 p Code IS 39666-0772 loyer (Required) Odom P.C.	Aggrega year-to-dividual Loan Date (Mo., Day,	period 2023 \$85.00 ate \$340.00 Amount of each receipt this period 2023 \$250.00
Brad Pigo Mailing Addre 829 Arlir City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Attorney Source: Full Name Daryl Lan Mailing Addre PO Box 77 City, State, Zi Summit, N	Other (please specify) ott css cgton St p Code MS 39202-1619 loyer (Required) coyed Required) ☐ Corporation ☐ PAC ☑ Ir ☐ Other (please specify) car Porter Jr. css c2 p Code IS 39666-0772 loyer (Required) Odom P.C.	Aggrega year-to-didividual Loan Date (Mo., Day,	ate \$340.00 Amount of each receipt this period 2023 \$250.00

Reporting Period 1/1/2023

through

4/30/2023

Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please spe	ecify)		-	(Mo., Day, Year)	receipt this period
Full Name Brandon	Preslev			"	01/12/2023	\$1,000.00
Mailing Addr						
182 Vero						
City, State, Z	ip Code		<u>.</u>			
Nettleto	n, MS 38858-600	4				
	ployer (Required)					
Public Se	ervice Commissi	.on				
Occupation (-				Aggregate year-to-date	\$1,000.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please spe	ecify)			(Mo., Day, Year)	receipt this period
Full Name W. Deway	ne Richardson				01/04/2023	\$250.00
Mailing Addr				. <u>-</u> .		
1220 Mon						
City, State, Z	i p Code le, MS 38701-63	46				
	oloyer (Required)			u .=.		
	ircuit Court Di	strict of	Mississipp	i		
Occupation (Required) Attorney				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please spe	ecify)			(Mo., Day, Year)	receipt this period
Full Name Terry Roo		ecify)			(Mo., Day, Year) 02/01/2023	receipt this
Terry Roo Mailing Addr	gers II	ecify)				receipt this period
Terry Roo Mailing Addr 1832 Cour	gers II ess nty Road 110	ecify)				receipt this period
Terry Roo Mailing Addr 1832 Cour City, State, Z	gers II ess nty Road 110	ecify)				receipt this period
Mailing Addr 1832 Cour City, State, Z Quitman,	gers II ess nty Road 110 ip Code	ecify)				receipt this period
Mailing Addr 1832 Cour City, State, Z Quitman,	gers II ess nty Road 110 ip Code MS 39355-9500	ecify)				receipt this period
Terry Roo Mailing Addr 1832 Cour City, State, Z Quitman, Name of Emp	gers II ess nty Road 110 ip Code MS 39355-9500 ployer (Required)	ecify)				receipt this period
Terry Roc Mailing Addr 1832 Cour City, State, Z Quitman, Name of Emp N/A Occupation (gers II ess nty Road 110 ip Code MS 39355-9500 ployer (Required)	ecify)	✓ Individual	Loan	02/01/2023 Aggregate	receipt this period \$500.00 \$500.00
Mailing Addr 1832 Cour City, State, Z Quitman, Name of Emp N/A Occupation (Student	gers II ess nty Road 110 ip Code MS 39355-9500 ployer (Required) Required)	□PAC		Loan	Aggregate year-to-date	receipt this period \$500.00
Mailing Addr 1832 Cour City, State, Z Quitman, Name of Emp N/A Occupation (Student Source:	gers II ess nty Road 110 ip Code MS 39355-9500 cloyer (Required) Required) Corporation Other (please spe	□PAC		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Mailing Addr 1832 Cour City, State, Z Quitman, Name of Emp N/A Occupation (Student Source:	gers II ess nty Road 110 ip Code MS 39355-9500 ployer (Required) Required) Corporation Other (please specials)	□PAC		Loan	Aggregate year-to-date Date	\$500.00 Amount of each receipt this
Mailing Addr 1832 Cour City, State, Z Quitman, Name of Emp N/A Occupation (Student Source:	gers II ess nty Road 110 ip Code MS 39355-9500 ployer (Required) Required) Corporation Other (please specials)	□PAC		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Mailing Addr 1832 Cour City, State, Z Quitman, Name of Emp N/A Occupation (Student Source: Full Name Tracey Ro Mailing Addr	gers II ess nty Road 110 ip Code MS 39355-9500 Dioyer (Required) Required) Corporation Other (please specials) psecond of the please specials of the please special specials of the please special specials of the please special special specials of the please special specia	□PAC		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Mailing Addr 1832 Cour City, State, Z Quitman, Name of Emp N/A Occupation (Student Source: Full Name Tracey Ro Mailing Addr PO Box 23 City, State, Z	gers II ess nty Road 110 ip Code MS 39355-9500 Dioyer (Required) Required) Corporation Other (please specials) psecond of the please specials of the please special specials of the please special specials of the please special special specials of the please special specia	PAC		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Mailing Addr 1832 Cour City, State, Z Quitman, Name of Emp N/A Occupation (Student Source: Full Name Tracey Ro Mailing Addr PO Box 23 City, State, Z Tutwiler,	gers II ess nty Road 110 ip Code MS 39355-9500 ployer (Required) Required) Corporation Other (please specials) ess 36 ip Code , MS 38963-0236 ployer (Required)	PAC		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Mailing Addr 1832 Cour City, State, Z Quitman, Name of Emp N/A Occupation (Student Source: Full Name Tracey Ro Mailing Addr PO Box 23 City, State, Z Tutwiler,	gers II ess nty Road 110 ip Code MS 39355-9500 ployer (Required) Required) Corporation Other (please specials) ess 36 ip Code , MS 38963-0236	PAC		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period
Mailing Addr 1832 Cour City, State, Z Quitman, Name of Emp N/A Occupation (Student Source: Full Name Tracey Ro Mailing Addr PO Box 23 City, State, Z Tutwiler, Name of Emp State of Occupation (gers II ess nty Road 110 ip Code MS 39355-9500 oloyer (Required) Required) Corporation Other (please specials) psebud ess 36 ip Code , MS 38963-0236 oloyer (Required) Mississippi	PAC		Loan	Aggregate year-to-date Date (Mo., Day, Year)	\$500.00 Amount of each receipt this period

Reporting Period

1/1/2023

through

4/30/2023

Source:	Corporation Other (please spe	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this
Full Name		,ony,				period
Kenny Rus	sh				01/06/2023	\$250.00
Mailing Addre	ess				***	
50 Wilson						
City, State, Zi	•					
	MS 39328-6006					
-	loyer(Required) opi Department	of Corre	ctions			
Occupation (i	Required) Parole Agent				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please spe	cify)			(Mo., Day, Year)	receipt this period
Full Name David K.	Rushing				01/08/2023	\$100.00
Mailing Addre	ess iflower Ave					
City, State, Zi						
	, MS 38751-255	2				
Name of Emp	loyer (Required)			,		
Occupation (F					Aggregate year-to-date	\$400.00
Source:	Corporation	PAC	✓ Individual	Loan	Date (Ma. Day Year)	Amount of each receipt this
	Other (please spe				(Mo., Day, Year)	period
Full Name David K.	Rushing				02/08/2023	\$100.00
Mailing Address 102 N Sun	ess iflower Ave					
City, State, Zi Indianola	p Code 1, MS 38751-255	2				
Name of Emp	loyer (Required)					
Occupation (F					Aggregate year-to-date	\$400.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each receipt this
_	Other (please spe	cify)			(Mo., Day, Year)	period
Full Name David K.	Rushing				03/08/2023	\$100.00
Mailing Addre	ess aflower Ave					
City, State, Zi		2				
Name of Emp	loyer (Required)		" · ·			
N/A						
Occupation (F					Aggregate year-to-date	\$400.00

Reporting Period

1/1/2023

through

4/30/2023

Source:	Corporation Other (please spe	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David K.	Rushing				04/08/2023	\$100.00
Mailing Addre						
	flower Ave					
City, State, Zi Indianola	p Code i, MS 38751-255	2				
Name of Emp	loyer (Required)					
Occupation (i	= =				Aggregate year-to-date	\$400.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each receipt this
	Other (please spe	cify)			(Mo., Day, Year)	period
Full Name Jimmy Way	ne Russell				02/01/2023	\$250.00
Mailing Addre	ess Ly Road 1101					
City, State, Zi						
• .	e, MS 38829-77	45				
	loyer (Required)					
Occupation (F	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
5 54155.	Other (please spe		w maividal		(Mo., Day, Year)	receipt this period
Full Name Robert L	Sanders				01/03/2023	\$250.00
Mailing Addre					 	
PO Box 40	88					
City, State, Zi	p Code 1, MS 38732-518	 3		100		
	loyer (Required)			•		
•	Mississippi					
Occupation (F State Rep	Required) presentative				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each receipt this
	Other (please spe	cify)			(Mo., Day, Year)	period
Full Name Shirley S	Sandifer				01/06/2023	\$250.00
Mailing Addre					 [
103 Lee S	St				1	
City, State, Zi	p Code st, MS 39083-31:	21				
Name of Emp	loyer (Required)					
Self-Empl						
Occupation (I Business					Aggregate year-to-date	\$250.00

Reporting Period

1/1/2023

through

4/30/2023

Source:	Corporation Other (please spec		ndividual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Omeria M.	Scott		•		01/04/2023	\$250.00
Mailing Addre						
615 E 19t						
City, State, Zi						
	S 39440-2470					
Name of Empl	oyer (Required)					
Occupation (F Retired	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	□PAC 🗸I	ndividual	Loan	Date	Amount of each receipt this
	Other (please spec	ify)			(Mo., Day, Year)	period
Full Name Daniella	Shorter				01/04/2023	\$250.00
Mailing Addre						
City, State, Zi						
Port Gibs	on, MS 39150-26	13				
•	oyer(Required) the Distric At	torney, Stat	te of MS			
Occupation (F	Required) District Attor	nou			Aggregate year-to-date	\$250.00
Source:	Corporation	_	ndividual	Loan	Date	Amount of each
Source.	Other (please spec		Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name Derrick T	. Simmons				01/05/2023	\$250.00
Mailing Addre	ss hington Ave					
City, State, Zip	o Code e, MS 38701-583	2				
Name of Employments &	loyer (Required) Simmons					
Occupation (F	Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	□PAC ✓I	ndividual	Loan	Date	Amount of each receipt this
	Other (please spec	ify)			(Mo., Day, Year)	period
Full Name Sarita Si	mmons				01/10/2023	\$250.00
Mailing Addre						
City, State, Zi	Code	**				
	, MS 38732-1813					
-	loyer(Required) pi State Senate					
Occupation (F	Required)				Aggregate year-to-date	\$250.00

Reporting Period 1/1/2023

through

4/30/2023

Source: Corporation PAC Individual Loan 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		
Cleveland, MS 38732-0891		
Name of Employer (Required) State of Mississippi		
Occupation (Required) State Senator	Aggregate year-to-date	\$500.00
Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	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: ☐Corporation ☐ PAC ☑ Individual ☐ Loan	Date (Mo., Day, Year)	Amount of each receipt this
Other (please specify)	(mo., pay, rear)	neriod
Other (please specify) Full Name		period \$250.00
Full Name Sedrick Smith	01/31/2023	period \$250.00
Full Name		
Full Name Sedrick Smith Mailing Address 309 Dorothy St City, State, Zip Code		
Full Name Sedrick Smith Mailing Address 309 Dorothy St		
Full Name Sedrick Smith Mailing Address 309 Dorothy St City, State, Zip Code Charleston, MS 38921-1203 Name of Employer (Required)		
Full Name Sedrick Smith 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 Source: Corporation PAC Individual Loan	Aggregate year-to-date Date	\$250.00 \$250.00
Full Name Sedrick Smith 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 Source: Corporation PAC Individual Loan Other (please specify)	Aggregate year-to-date	\$250.00 \$250.00
Full Name Sedrick Smith 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 Source: Corporation PAC Individual Loan	Aggregate year-to-date Date	\$250.00 \$250.00 Amount of each receipt this
Full Name Sedrick Smith 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 Source: Corporation PAC Individual Loan Other (please specify)	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Sedrick Smith 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 Source: Corporation PAC Individual Loan Other (please specify) Full Name Shira Carletta Stallworth Mailing Address PO Box 1501 City, State, Zip Code	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Sedrick Smith 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 Source: Corporation PAC Individual Loan Other (please specify) Full Name Shira Carletta Stallworth Mailing Address PO Box 1501 City, State, Zip Code Gautier, MS 39553-0019	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Sedrick Smith 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 Source: Corporation PAC Individual Loan Other (please specify) Full Name Shira Carletta Stallworth Mailing Address PO Box 1501 City, State, Zip Code	Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

Page	40	of	71

Name of Candidate or Committee Mississippi Democratic Party Stat
--

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

			ED KECEIP	15	
Corporation	PAC	✓ Individual	Loan	Date (Mo. Day Year)	Amount of each receipt this
Other (please spe	ecity)			(Mo., Day, Tear)	period
: Stamps				01/03/2023	\$500.00
ess .nson Rd		.			
p Code MS 39284-7073				1	
loyer(Required) of Dekeither St	amps]	
Required)				Aggregate year-to-date	\$500.00
Corporation	☐PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
				0	
epanian				04/29/2023	\$500.00
er St					
p Code	. 1 605				
	n-1605			_	
Hoyer (Requirea)					
Required) Dyed				Aggregate year-to-date	\$500.00
☐ Corporation☐ Other (please sp	PAC ecify)	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
-ne				02/01/2023	\$250.00
				-	
st Ave					
p Code MS 39209-6306					
lloyer (Required)					
Required) ner				Aggregate year-to-date	\$250.00
Corporation	PAC	✓ Individual	Loan	Date	Amount of each receipt this
Other (please sp	ecify)			(Mo., Day, Year)	period
Steptoe				03/10/2023	\$180.00
ess					
				T I	
24				_	
p Code					
	Other (please sponson Rd p Code MS 39284-7073 loyer (Required) of Dekeither St Required) Corporation Other (please sponson CA 94115 loyer (Required) Required) oyed Corporation Other (please sponson CA 94115 loyer (Required) oyed Corporation Other (please sponson CA 94115 loyer (Required) oyed Corporation Other (please sponson CA 94115 loyer (Required) oyed Required)	Stamps Stamps	Corporation PAC Individual Other (please specify) Stamps Sss Inson Rd P Code MS 39284-7073 Ioyer (Required) If Dekeither Stamps Required) Corporation PAC Individual Other (please specify) Panian P Code P Code P Sco, CA 94115-1605 Ioyer (Required) PAC Individual Other (please specify) Corporation PAC Individual Other (please specify) Code P Corporation PAC Individual Other (please specify) Code P Cod	Corporation PAC Individual Loan Other (please specify) Stamps SS SS SS SS SS SS SS SS SS	Other (please specify) (Mo., Day, Year)

Reporting Period

Source:	☐ Corporation☐ Other (please spec	_	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerutha S	Steptoe				. 03/15/2023	\$180.00
Mailing Addre	2SS					
PO Box 82	···					
City, State, Zi Forest, M	p Code IS 39074-0824					
Name of Emp	loyer (Required)					
Occupation (I	Required)				Aggregate year-to-date	\$360.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each receipt this
	Other (please spec	:ify)			(Mo., Day, Year)	period
Full Name Kimberly	Stevens				02/01/2023	\$250.00
Mailing Addre						
City, State, Zi						
	, MS 39180-5905	;				
Name of Emp	loyer (Required) opi Tobacco Free		n	•		
Occupation (I					Aggregate	\$250.00
Director					year-to-date	
Δ				Loan	Date	Amount of each
Source:	☐ Corporation ☐ Other (please spec		√ îndividual		(Mo., Day, Year)	receipt this period
Full Name	Other (please spec	_	<u> √</u> Individual			receipt this
Full Name Ailean C	Other (please spec	_	Individual	Luan	(Mo., Day, Year)	receipt this period
Full Name	Other (please spec	_	/ Individual	Luan	(Mo., Day, Year)	receipt this period
Full Name Ailean C Mailing Addre	Other (please spec Stingley ess Way	_	V Individual		(Mo., Day, Year)	receipt this period
Full Name Ailean C Mailing Addre 1106 Avon City, State, Zi	Other (please spec Stingley ess Way	_	/ Individual	LUAII	(Mo., Day, Year)	receipt this period
Full Name Ailean C Mailing Addre 1106 Avon City, State, Zi Jackson,	Stingley Stingl	_	V Individual		(Mo., Day, Year)	receipt this period
Full Name Ailean C Mailing Addre 1106 Avon City, State, Zi Jackson, Name of Emp	Other (please special	_	Individual	LUAII	(Mo., Day, Year)	receipt this period
Full Name Ailean C Mailing Addre 1106 Avon City, State, Zi Jackson, Name of Emp Self-Empl	Other (please special	□PAC	√ Individual	Loan	Aggregate year-to-date (Mo., Day, Year) 01/09/2023	\$250.00
Full Name Ailean C Mailing Addre 1106 Avon City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I	Other (please specials) Stingley ess Way p Code MS 39206-2101 loyer (Required) oyed Required)	□PAC			(Mo., Day, Year) 01/09/2023 Aggregate year-to-date	receipt this period \$250.00
Full Name Ailean C Mailing Addre 1106 Avon City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I	Stingley sss Way p Code MS 39206-2101 loyer (Required) oyed Required) Corporation Other (please specified)	□PAC			Aggregate year-to-date (Mo., Day, Year) 01/09/2023	\$250.00 \$250.00 Amount of each receipt this
Full Name Ailean C Mailing Addre 1106 Avon City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Dentist Source: Full Name Ailean St Mailing Addre	Stingley ss Way P Code MS 39206-2101 loyer (Required) oyed Required) Corporation Other (please spec	□PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Ailean C Mailing Addre 1106 Avon City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Dentist Source: Full Name Ailean St Mailing Addre	Stingley sss Way p Code MS 39206-2101 loyer (Required) oyed Corporation Other (please special	□PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Ailean C Mailing Addre 1106 Avon City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Dentist Source: Full Name Ailean St Mailing Addre 1106 Avon City, State, Zi	Stingley sss Way p Code MS 39206-2101 loyer (Required) oyed Corporation Other (please special	□PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Ailean C Mailing Addre 1106 Avon City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Dentist Source: Full Name Ailean St Mailing Addre 1106 Avon City, State, Zi Jackson, Name of Emp	Stingley sss Way p Code MS 39206-2101 loyer (Required) oyed Corporation Other (please special	□PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Full Name Ailean C Mailing Addre 1106 Avon City, State, Zi Jackson, Name of Emp Self-Empl Occupation (I Dentist Source: Full Name Ailean St Mailing Addre 1106 Avon City, State, Zi Jackson,	Stingley sss Way p Code MS 39206-2101 loyer (Required) oyed Required) Corporation Other (please special speci	□PAC			Aggregate year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

Page 42 of 71

Reporting Period 1/1/2023

through

4/30/2023

Source:				ED KECEIF		
oource.	☐ Corporation☐ Other (please sp	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name					04/29/2023	\$250.00
Erwin St	raehley				04/23/2023	Ψ250.00
Mailing Addr						
	riage Hill Dr					
City, State, Z						
	rbara, CA 93110) - 2023				
Name of Emp	ployer (Required)					
Occupation (· · ·				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please sp	_			(Mo., Day, Year)	receipt this period
Full Name Rufus E.	Straughter				01/03/2023	\$250.00
Mailing Addr						
107 Van 1					[
City, State, Z	ip Code				-	
	MS 39038-4050					
	oloyer (Required)	****				
Mississi	ppi House of Re	presentat	cives			
Occupation (Required)				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
304.00.	Other (please sp	_	- Individual		(Mo., Day, Year)	receipt this period
Full Name Zakiya Sı	ummers		·		01/03/2023	\$250.00
				· · · · · · · · · · · · · · · · · · ·	E I	
Mailina Addr	OCC.			· · · · · · · · · · · · · · · · · · ·	⊣	
Mailing Addr				• •••	1	
PO Box 2	1210					
PO Box 2:	1210 ip Code					
PO Box 2: City, State, Z Jackson,	1210 ip Code MS 39289-2002					
PO Box 2: City, State, Z Jackson,	1210 ip Code MS 39289-2002 ployer (Required)					
PO Box 2: City, State, Z Jackson, Name of Emp ACLU of 1 Occupation (ip Code MS 39289-2002 ployer (Required)				Aggregate year-to-date	\$310.00
PO Box 2: City, State, Z Jackson, Name of Emp ACLU of 1 Occupation (ip Code MS 39289-2002 ployer (Required) MS	PAC	✓ Individual	□Loan		\$310.00
PO Box 2: City, State, Z Jackson, Name of Emp ACLU of 1 Occupation (Communication)	ip Code MS 39289-2002 Dioyer (Required) MS Required) ations Director	PAC	✓ Individual	Loan	year-to-date	
PO Box 2: City, State, Z Jackson, Name of Emp ACLU of I Occupation (Communica Source:	ip Code MS 39289-2002 cloyer (Required) MS Required) ations Director Corporation Other (please specific Code)	PAC	☑ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
PO Box 2: City, State, Z Jackson, Name of Emp ACLU of 1 Occupation (Communica Source:	ip Code MS 39289-2002 cloyer (Required) MS Required) ations Director Corporation Other (please specific Code)	PAC	✓ Individual	Loan	year-to-date Date	Amount of each receipt this
PO Box 2: City, State, Z Jackson, Name of Emp ACLU of I Occupation (Communica Source:	ip Code MS 39289-2002 ployer (Required) MS Required) ations Director Corporation Other (please sponsess	PAC	✓ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
PO Box 2: City, State, Z Jackson, Name of Emp ACLU of 1 Occupation (Communica Source: Full Name Zakiya St Mailing Addr	ip Code MS 39289-2002 bloyer (Required) MS Required) ations Director Corporation Other (please spout	PAC	✓Individual	☐ Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
PO Box 2: City, State, Z Jackson, Name of Emp ACLU of I Occupation (Communica Source: Full Name Zakiya St Mailing Addr PO Box 2: City, State, Z	ip Code MS 39289-2002 bloyer (Required) MS Required) ations Director Corporation Other (please spout	PAC	✓ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
PO Box 2: City, State, Z Jackson, Name of Emp ACLU of I Occupation (Communica Source: Full Name Zakiya St Mailing Addr PO Box 2: City, State, Z Jackson,	ip Code MS 39289-2002 ployer (Required) MS Required) ations Director Corporation Other (please spourmers ess 1210 ip Code MS 39289-2002 ployer (Required)	PAC	✓ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
PO Box 2: City, State, Z Jackson, Name of Emp ACLU of 1 Occupation (Communica Source: Full Name Zakiya St Mailing Addr PO Box 2: City, State, Z Jackson, Name of Emp ACLU of 1 Occupation (ip Code MS 39289-2002 ployer (Required) MS Required) ations Director Corporation Other (please special processes) 1210 ip Code MS 39289-2002 ployer (Required) MS	PAC ecify)	✓ Individual	Loan	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

Page	43	of	71

Reporting Period

1/1/2023

through

4/30/2023

Source:	Corporation Other (please spec		individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name					03/28/2023	\$20.00
Zakiya Su ————						
Mailing Addre						
PO Box 21						
City, State, Zig Jackson.	MS 39289-2002					
	loyer (Required)					
ACLU of M						
Occupation (F					Aggregate year-to-date	\$310.00
	tions Director			[] <u>.</u>		
Source:	Corporation		Individual	Loan	Date (Mo. Day Year)	Amount of each receipt this
	Other (please spec	cify)			(Mo., Day, Year)	period
Full Name Zakiya Su	ımmers				04/28/2023	\$20.00
Mailing Addre						
PO Box 21						
City, State, Zi	p Code					
Jackson,	MS 39289-2002					
Name of Emp ACLU of M	loyer (Required) IS					
Occupation (F	Required)			,	Aggregate year-to-date	\$310.00
Source:	Corporation	PAC V	Individual	Loan	Date	Amount of each
	Other (please spec				(Mo., Day, Year)	receipt this period
Full Name Cheikh Ta	ylor				01/03/2023	\$250.00
Mailing Addre						
383 Steel						
City, State, Zi Starkvill	p Code .e, MS 39759 - 471	16				
	loyer (Required)					
-	Mississippi					
Occupation (F	•				Aggregate year-to-date	\$250.00
Source:	Corporation	PAC V	Individual	Loan	Date	Amount of each
	Other (please spec				(Mo., Day, Year)	receipt this period
Full Name	_				01/03/2023	\$250.00
	Thomas Sr.					
Mailing Address PO Box 52						
City, State, Zi	p Code cy, MS 39194-052) Л				
	-7, FRO DOTOM-005				1	
	lover (Required)					
N/A	loyer (Required)					
N/A Occupation (I					Aggregate	\$250.00

Reporting Period

1/1/2023 **through** 4/30/2023

Source: Corporation PAC VIndividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Renter Thempson	02/24/2023	\$515.00
Benton Thompson 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: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Rickey W. Thompson	01/03/2023	\$250.00
Mailing Address 191 County Road 301	7	
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: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name	04/29/2023	\$250.00
Judith C. Turner		
Judith C. Turner Mailing Address 4731 Bonita Bay Blvd		
Mailing Address		
Mailing Address 4731 Bonita Bay Blvd City, State, Zip Code		
Mailing Address 4731 Bonita Bay Blvd City, State, Zip Code Bonita Springs, FL 34134-6714 Name of Employer (Required)	Aggregate year-to-date	\$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 Source: Corporation PAC Individual Loan	year-to-date Date	\$250.00 Amount of each receipt this
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 Source: Corporation PAC Individual Loan Other (please specify)	year-to-date	Amount of each
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 Source: Corporation PAC Individual Loan	year-to-date Date	Amount of each receipt this
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 Source: Corporation PAC Individual Loan Other (please specify) Full Name Angela Turner-Ford Mailing Address PO Box 1500	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
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 Source: Corporation PAC Individual Loan Other (please specify) Full Name Angela Turner-Ford Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
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 Source: Corporation PAC Individual Loan Other (please specify) Full Name Angela Turner-Ford Mailing Address PO Box 1500 City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

Source:	Corporation Other (please spec	PAC	✓ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this
Full Name					— 	period
	urnipseed				02/01/2023	\$250.00
Mailing Addre	ess					
PO Box 64						
City, State, Zi	code , MS 38751-0064	1				
	loyer (Required)	:				
MVSU	oyer (itedulied)					
Occupation (F	Required) Professor of H	History			Aggregate year-to-date	\$250.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please spec	cify)			(Mo., Day, Year)	receipt this period
Full Name	····				02/01/2023	\$250.00
Watson Tu	rnipseed				02/01/2023	4230.00
Mailing Addre						
7043 Maga						
City, State, Zi	ns, LA 70118-48	302				
	oyer (Required)					
Turnipsee						
Occupation (F	Required)				Aggregate year-to-date	\$770.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
.	Other (please spec	_			(Mo., Day, Year)	receipt this period
Full Name Watson Tu	rnipseed				04/06/2023	\$520.00
Mailing Addre				•		
7043 Maga						
City, State, Zij	o Code ns, LA 70118-48	102				
	loyer (Required)					
Turnipsee	- , , ,					
Occupation (F	Required)		·		Aggregate year-to-date	\$770.00
Source:	✓ Corporation	PAC	Individual	Loan	Date	Amount of each
	Other (please spec	cify)			(Mo., Day, Year)	receipt this period
Full Name		<u></u>			02/21/2023	\$1,249.43
VLM Coope	rative Inc				02/21/2023	91,249.43
Mailing Addre	SS					
City, State, Zi						
•						
Lexington	, KY 40588-0009)				
Lexington		•				
Lexington	, KY 40588-0009 oyer (Required))			Aggregate	\$1,249.43

Page	46	of	71

Name of Candidate	e or Committee	Mississippi	Democratic	Party State
Reporting Period	1/1/20	23 thro	ough	1/30/2023

Reporting Period

1/1/2023

through

4/30/2023

Source: Corporation PAC Individual Loan 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: ☐Corporation ☐PAC ☑Individual ☐Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	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: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	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)		
Name of Employer (Required) Self-Employed		
Self-Employed Occupation (Required)	Aggregate year-to-date	\$400.00
Self-Employed Occupation (Required) Attorney		\$400.00
Self-Employed Occupation (Required) Attorney	year-to-date	
Self-Employed Occupation (Required) Attorney Source: Corporation PAC Individual Loan	year-to-date Date	Amount of each receipt this
Self-Employed Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Edward A. Williamson Mailing Address	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Edward A. Williamson Mailing Address 509 S Church Ave City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Self-Employed Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Edward A. Williamson Mailing Address 509 S Church Ave City, State, Zip Code Philadelphia, MS 39350-2502	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Self-Employed Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Edward A. Williamson Mailing Address 509 S Church Ave City, State, Zip Code	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Self-Employed Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Edward A. Williamson Mailing Address 509 S Church Ave City, State, Zip Code Philadelphia, MS 39350-2502 Name of Employer (Required)	year-to-date Date (Mo., Day, Year)	Amount of each receipt this period

|--|

Page 48 of 71

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

Source:	Corporation Other (please sp	PAC	✓ Individuai	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	Williamson			···· •	04/18/2023	\$100.00
Mailing Addre						
509 S Chu						
City, State, Zi						
	hia, MS 39350-	-2502	****			
Self-Empl	loyer (Required) oyed					
Occupation (F Attorney	Required)				Aggregate year-to-date	\$400.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please sp	ecify)			(Mo., Day, Year)	receipt this period
Full Name William F	. Winter				01/19/2023	\$100.00
Mailing Addre						
City, State, Zij	o Code					
Jackson,	MS 39216-3408					
Name of Emp	loyer (Required)					
Occupation (F	Required)				Aggregate year-to-date	\$400.00
Source:	Corporation Other (please sp	PAC	√ Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William F					02/15/2023	\$100.00
Mailing Addre		•	_	·		
4205 Cran						
City, State, Zip Jackson,	Code MS 39216-3408					
Name of Empl N/A	loyer (Required)		No. 4.			
Occupation (F	Required)			***************************************	Aggregate year-to-date	\$400.00
Source:	Corporation	PAC	✓ Individual	Loan	Date	Amount of each
	Other (please sp	ecify)			(Mo., Day, Year)	receipt this period
Full Name					03/17/2023	\$100.00
William F	. Winter				03/17/2023	Q100.00
Mailing Addre 4205 Cran						
City, State, Zi	Code MS 39216-3408					
	loyer (Required)					
N/A	A 1					
Occupation (F	Required)				Aggregate year-to-date	\$400.00

Reporting Period

1/1/2023

through

4/30/2023

Source:	Corporation Other (please spec		Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William F.	Winter				04/18/2023	\$100.00
Mailing Address					 	
4205 Crane						
City, State, Zip					1	
	MS 39216-3408					
Name of Emplo	oyer (Required)					
Occupation (R Retired	lequired)				Aggregate year-to-date	\$400.00
Source:	Corporation	□PAC ✓	'Individual	Loan	Date	Amount of each
	Other (please spec	ify)			(Mo., Day, Year)	receipt this period
Full Name James Wood	ds				01/12/2023	\$250.00
Mailing Addres						
City, State, Zip						
	MS 39051-3343	•				
	oyer (Required)				1	
Quarterma	in MediaLLC					
Occupation (R	= =				Aggregate year-to-date	\$350.00
					1	
Source:	Corporation	☐ PAC ✓	'Individual	Loan	Date	Amount of each
Source:	☐ Corporation☐ Other (please spec		Individual	Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Full Name James Wood	Other (please spec		'Individual	Loan		receipt this
Full Name	Other (please spec		Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name James Wood	Other (please spec] Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name James Wood Mailing Addres 614 Naylor City, State, Zip	Other (please spec ds ss r St		Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name James Wood Mailing Addres 614 Naylor City, State, Zip Carthage,	Other (please spec ds ss r St o Code		Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name James Wood Mailing Addres 614 Naylor City, State, Zip Carthage, Name of Emplo	ds ss r St Code MS 39051-3343		Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name James Wood Mailing Addres 614 Naylor City, State, Zip Carthage, Name of Emplo	Other (please spectals) ds ss r St r St r Code r MS 39051-3343 over (Required) in MediaLLC dequired)		Individual	Loan	(Mo., Day, Year)	receipt this period
Full Name James Wood Mailing Addres 614 Naylor City, State, Zip Carthage, Name of Emplo Quarterman	Other (please spectals) ds ss r St r St r Code r MS 39051-3343 over (Required) in MediaLLC dequired)	ify)	Individual	Loan	(Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date	\$100.00 \$350.00
Full Name James Wood Mailing Addres 614 Naylor City, State, Zip Carthage, Name of Emplo Quartermat Occupation (R Business (Other (please spections) ds ss r St c Code MS 39051-3343 over (Required) in MediaLLC dequired) Owner	ify)			(Mo., Day, Year) 01/20/2023 Aggregate year-to-date	receipt this period \$100.00
Full Name James Wood Mailing Addres 614 Naylor City, State, Zip Carthage, Name of Emplo Quartermat Occupation (R Business (Source:	Other (please spectals) ds ss r St Code MS 39051-3343 oyer (Required) in MediaLLC dequired) Owner Corporation	ify)			(Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date	\$350.00 Amount of each receipt this
Full Name James Wood Mailing Addres 614 Naylor City, State, Zip Carthage, Name of Emplo Quartermat Occupation (R Business (Source:	Other (please spectals) ds ss r St Code MS 39051-3343 over (Required) in MediaLLC required) Owner Corporation Other (please spectals) Young Jr ss	ify)			(Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$350.00 Amount of each receipt this period
Full Name James Wood Mailing Address 614 Naylor City, State, Zip Carthage, Name of Emplo Quarterman Occupation (R Business (Source: Full Name Charles L Mailing Address PO Box 539 City, State, Zip	Other (please spectods ds ss r St Code MS 39051-3343 oyer (Required) in MediaLLC dequired) Owner Corporation Other (please spectod) Young Jr ss 93 Code	ify)			(Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$350.00 Amount of each receipt this period
Full Name James Wood Mailing Address 614 Naylor City, State, Zip Carthage, Name of Emplo Quarterman Occupation (R Business (Source: Full Name Charles L Mailing Address PO Box 539 City, State, Zip Meridian,	Other (please spectals) ds ss r St Code MS 39051-3343 oyer (Required) in MediaLLC dequired) Owner Corporation Other (please spectals) ss 93 Code MS 39302-5393	ify)			(Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$350.00 Amount of each receipt this period
Full Name James Wood Mailing Address 614 Naylor City, State, Zip Carthage, Name of Emplo Quarterman Occupation (R Business (Source: Full Name Charles L Mailing Address PO Box 539 City, State, Zip Meridian,	ds ds ss r St Code MS 39051-3343 over (Required) in MediaLLC equired) Owner Corporation Other (please spec	ify)			(Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year)	\$350.00 Amount of each receipt this period

ame of Candidate or Committee	Mississippi	${\tt Democratic}$	Party	State	

arty State Page 50 of 71

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

Source: ☐Corporation ☐PAC ☑Individual ☐Loan ☐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

Name of Candidate or Committe	iggizzizziM	Democratic	Party State	
-------------------------------	-------------	------------	-------------	--

Page <u>51</u> of <u>71</u>

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

ITEMIZED RECEIPTS - IN-KIND CONTRIBUTIONS

Source: Corporation PAC Individual Loan	Date
Other (please specify)	(Mo., Day, Year)
Full Name	
Charles Brown	04/20/2023
Mailing Address 334 W 86th St	Estimated Amount
City, State, Zip Code New York, NY 10024-3130	of In-Kind Contribution*
Name of Employer (Required) Fitch Ratings, Inc.	\$1,000.00
Occupation (Required) Executive Vice President	
In-kind - Food and Beverages for Fundraising Event Source: Corporation PAC Individual Loan	Date
Other (please specify)	(Mo., Day, Year)
Full Name Democratic National Committee	
Backle - Address	01/31/2023
Mailing Address 430 S Capitol St SE	Estimated Amount
"	
430 S Capitol St SE City, State, Zip Code	Estimated Amount of In-Kind
430 S Capitol St SE City, State, Zip Code Washington, DC 20003-4024	Estimated Amount of In-Kind Contribution*
430 S Capitol St SE City, State, Zip Code Washington, DC 20003-4024 Name of Employer (Required)	Estimated Amount of In-Kind Contribution*

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

Name of Candidate	or Committee	Mississippi Democ	ratic Party State	Page	_52_	of_	71
Reporting Period	1/1/202	3 through	4/30/2023				

ITEMIZED RECEIPTS - IN-KIND CONTRIBUTIONS

Source: Corporation PAC Individual Loan	Date
Other (please specify)	(Mo., Day, Year)
Full Name	
Democratic National Committee	02/28/2023
Malling Address 430 S Capitol St SE	Estimated Amount
Clfy, State, Zip Code Washington, DC 20003-4024	of In-Kind Contribution*
Name of Employer (Required)	\$2,941.17
Occupation (Required)	
In-kind - Voter File Access	
Source: Corporation PAC Individual Loan	Date
Other (please specify)	(Mo., Day, Year)
Fuli Name Democratic National Committee	
	03/31/2023
Mailing Address 430 S Capitol St SE	Estimated Amount
430 S Capitol St SE City, State, Zip Code Washington, DC 20003-4024	<u> </u>
430 S Capitol St SE City, State, Zip Code	Estimated Amount of In-Kind
430 S Capitol St SE City, State, Zip Code Washington, DC 20003-4024	Estimated Amount of In-Kind Contribution*

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

Prior to January 1, 2018 Prior to January 1, 2018 Prior Ry Inverted Prior to January 1, 2018 Prior Ry Inverted Prior to January 1, 2018 Prior Ry Inverted Prior to January 1, 2018 Prior	Disbursements from contributions accumulated Prior to January 1		
Still E River Place LLC		2018 or ✓ On or Aft	er January 1, 2018
Mailing Address S11 E River P1			
Still E River Pl		(Mo., Day, Year)	disbursement this period
City, State, Zip Code Jackson, MS 39202-3432 September Sep	_	01/11/0000	44 055 00
Jackson, MS 39202-3432 Purpose of Disbursement (Optional) Purpose of Disburseme		01/11/2023	\$1,275.00
Purpose of Disbursement (Optional)			
Office Rent year-to-date \$6,150.00 Full Name Date (Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement this period disbursement (Mo., Day, Year) 811 E River Pl 02/07/2023 \$1,275.00 City, State, Zip Code 39202-3432 Aggregate year-to-date \$6,150.00 Purpose of Disbursement (Optional) Aggregate year-to-date \$6,150.00 Full Name Date (Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement (Disbursement this period disbursement (Optional) Aggregate year-to-date \$1,800.00 City, State, Zip Code Aggregate year-to-date \$6,150.00 \$6,150.00 Full Name Date (Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement this period disbursement (Optional) \$6,150.00 City, State, Zip Code Aggregate year-to-date \$6,150.00 Purpose of Disbursement (Optional) Aggregate year-to-date \$6,150.00 Full Name Aggregate year-to-date \$6,150.00 Full Name Aggregate year-to-date \$6,150.00 Full Name Aggregate year-to-date \$6,150.00 Full		A	
Date (Mo., Day, Year) Amount of each disbursement this period	•		\$6,150.00
### Amount of each disbursement this period disbursement (Optional) Office Rent Purpose of Disbursement (Optional) Office Rent Pul Name Bate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each disbursement this period disbursement (Optional) Office Rent Purpose of Disbursement (Optional) Office Rent Pul Name Bate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each disbursement (Optional) Office Rent Pul Name Bate (Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement this period disbursement (Optional) Office Rent Amount of each disbursement this period disbursement (Optional) Office Rent Purpose of Disbursement (Optional) Office Rent Amount of each disbursement (Optional) Office Rent Purpose of Disbursement (Optional) Office Rent Pul Name Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement this period disbursement (Optional) Office Rent Pul Name Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each disbursement (Optional) Office Rent Pul Name Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year)			
Mailing Address			
State River Pl		(Mo., Day, Year)	disbursement this period
City, State, Zip Code Jackson, MS 39202-3432 Aggregate year-to-date year-to-date year-to-date \$6,150.00 Office Rent Date year-to-date year-to-date year-to-date \$6,150.00 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 311 E River Pl 03/16/2023 \$1,800.00 City, State, Zip Code Jackson, MS 39202-3432 Aggregate year-to-date \$6,150.00 Purpose of Disbursement (Optional) Aggregate year-to-date \$6,150.00 S11 E River Place LLC Malling Address Amount of each disbursement this period Mailing Address 04/17/2023 \$1,800.00 City, State, Zip Code 31,800.00 \$6,150.00 Jackson, MS 39202-3432 Purpose of Disbursement (Optional) Aggregate year-to-date \$6,150.00 City, State, Zip Code Accomplete Flag Source Amount of each disbursement this period Mailing Address Date (Mo., Day, Year) \$663.87 City, State, Zip Code 325 Interstate 55 North Frontage Rd 01/13/2023 \$663.87 Purpose of Disbursement (Optional) Aggregate \$663.87		00/07/0000	61 075 00
Date Date Mailing Address Date Magregate Selection S		02/07/2023	\$1,275.00
Purpose of Disbursement (Optional)			
Office Rent 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 City, State, Zip Code 39202-3432 Aggregate year-to-date \$6,150.00 Purpose of Disbursement (Optional) Aggregate year-to-date \$6,150.00 Office Rent Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/17/2023 \$1,800.00 Full Name 04/17/2023 \$1,800.00 Jackson, MS 39202-3432 90/17/2023 \$1,800.00 Purpose of Disbursement (Optional) Aggregate year-to-date \$6,150.00 Office Rent Date (Mo., Day, Year) Amount of each disbursement this period Malling Address Amount of each disbursement this period Amount of each disbursement this period Malling Address 01/13/2023 \$663.87 City, State, Zip Code 01/13/2023 \$663.87 Jackson, MS 39211 Aggregate \$1,279.23		Aggragato	
## Amount of each disbursement this period packson, MS 39202-3432 Purpose of Disbursement (Optional)	• • • •		\$6,150.00
### ### ##############################	Full Name		
Mailing Address 811 E River P1	811 E River Place LLC		
City, State, Zip Code Jackson, MS 39202-3432 Purpose of Disbursement (Optional) Aggregate year-to-date \$6,150.00 Office Rent Date (Mo., Day, Year) Amount of each disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 311 E River Pl 04/17/2023 \$1,800.00 City, State, Zip Code Jackson, MS 39202-3432 Aggregate year-to-date \$6,150.00 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 5295 Interstate 55 North Frontage Rd 01/13/2023 \$663.87 City, State, Zip Code Jackson, MS 39211 Aggregate \$1,279.23	Mailing Address		
Purpose of Disbursement (Optional) Office Rent Full Name 811 E River Place LLC Mailing Address 811 E River Pl City, State, Zip Code Jackson, MS 39202–3432 Purpose of Disbursement (Optional) Office Rent Purpose of Disbursement (Optional) Office Rent Purpose of Disbursement (Optional) Office Rent A Complete Flag Source Mailing Address S295 Interstate 55 North Frontage Rd City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Office Rent A Rount of each disbursement this period Amount of each disbursement this period Amount of each disbursement this period	811 E River Pl	03/16/2023	\$1,800.00
Purpose of Disbursement (Optional) Office Rent Full Name 811 E River Place LLC Mailing Address 811 E River Pl Office Rent Oute (Mo., Day, Year) Oute (M	City, State, Zip Code		
Office Rent Full Name 811 E River Place LLC Mailing Address 811 E River Pl City, State, Zip Code Jackson, MS 39202-3432 Purpose of Disbursement (Optional) Aggregate year-to-date Put Amount of each disbursement this period Aggregate year-to-date \$6,150.00 Aggregate (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate year-to-date \$6,150.00 Amount of each disbursement (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period Amount of each disbursement (Mo., Day, Year) Amount of each disbursement this period	Jackson, MS 39202-3432		
Full Name 811 E River Place LLC Mailing Address 811 E River Pl City, State, Zip Code Jackson, MS 39202-3432 Purpose of Disbursement (Optional) Office Rent Amount of each disbursement this period Aggregate year-to-date Year-to-date \$6,150.00 Amount of each disbursement (Optional) Office Rent Full Name A Complete Flag Source Mailing Address 5295 Interstate 55 North Frontage Rd City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate S1,279 23	Purpose of Disbursement (Optional)	Aggregate	\$6 150 00
Mailing Address 811 E River Place LLC Mailing Address 811 E River Pl 04/17/2023 \$1,800.00 City, State, Zip Code Jackson, MS 39202-3432 Purpose of Disbursement (Optional) Office Rent Aggregate year-to-date Pull Name A Complete Flag Source Mailing Address 5295 Interstate 55 North Frontage Rd City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement this period	Office Rent	year-to-date	\$0,150.00
811 E River Place LLC Mailing Address 811 E River Pl 04/17/2023 \$1,800.00 City, State, Zip Code Jackson, MS 39202-3432 Purpose of Disbursement (Optional) Office Rent A Complete Flag Source Mailing Address 5295 Interstate 55 North Frontage Rd City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each (disbursement this period) \$663.87	Full Name	Date	Amount of each
811 E River Pl City, State, Zip Code Jackson, MS 39202-3432 Purpose of Disbursement (Optional) Office Rent Full Name A Complete Flag Source Mailing Address 5295 Interstate 55 North Frontage Rd City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate year-to-date \$1,800.00 \$6,150.00 Aggregate (Mo., Day, Year) \$663.87	811 E River Place LLC		
City, State, Zip Code Jackson, MS 39202-3432 Purpose of Disbursement (Optional) Office Rent Full Name A Complete Flag Source Mailing Address 5295 Interstate 55 North Frontage Rd City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate year-to-date \$6,150.00 Amount of each disbursement this period \$663.87	Mailing Address		
Purpose of Disbursement (Optional) Office Rent Full Name A Complete Flag Source Mailing Address 5295 Interstate 55 North Frontage Rd City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate year-to-date \$6,150.00 Amount of each disbursement this period Amount of each disbursement this period \$663.87	811 E River Pl	04/17/2023	\$1,800.00
Purpose of Disbursement (Optional) Office Rent Full Name A Complete Flag Source Mailing Address 5295 Interstate 55 North Frontage Rd City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate year-to-date \$6,150.00 Amount of each disbursement this period Amount of each disbursement this period \$663.87	City, State, Zip Code		
Office Rent Full Name A Complete Flag Source Mailing Address 5295 Interstate 55 North Frontage Rd City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) \$6,150.00 Amount of each disbursement this period \$663.87	Jackson, MS 39202-3432		
Full Name A Complete Flag Source Mailing Address 5295 Interstate 55 North Frontage Rd City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Amount of each disbursement this period	• • • • • • • • • • • • • • • • • • • •		\$6,150.00
A Complete Flag Source Mailing Address 5295 Interstate 55 North Frontage Rd City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Amount of each disbursement this period Amount of each disbursement this period Amount of each disbursement this period \$663.87	Office Rent	year-to-date	40,100.00
A Complete Flag Source (Mo., Day, Year) disbursement this period Mailing Address 5295 Interstate 55 North Frontage Rd 01/13/2023 \$663.87 City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate \$1,279.23	Full Name	Date	Amount of each
5295 Interstate 55 North Frontage Rd 01/13/2023 \$663.87 City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate \$1,279.23	A Complete Flag Source		1
City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate \$1,279,23	Mailing Address		
Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate \$1,279,23	5295 Interstate 55 North Frontage Rd	01/13/2023	\$663.87
Purpose of Disbursement (Optional) Aggregate \$1,279,23	City, State, Zip Code		
\$1.279.231	Jackson, MS 39211		
Purchase of American Flags for Office and General year-to-date			\$1 279 23
	Purchase of American Flags for Office and General	year-to-date	71,213.23

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

Date Amount of each Section Se	Disbursements from contributions accumulated	☐Prior to January 1, 2018 or	✓ On or Afte	er January 1, 2018
A Complete Flag Source (Mo., Day, Year) disbursement this period Mailing Address 5295 Interstate 55 North Frontage Rd 02/02/2023 \$615.36 (City, State, Zip Code Disbursement (Optional) Aggregate year-to-date Purpose of Disbursement (Optional) Aggregate S1,279.23 (Mo., Day, Year) Aggregate S0 (Mo., Day, Year) Aggregate S1,279.23 (Mo., Day, Year) Aggregate S0 (Mo., D	Full Name		Data	Amount of cook
S295 Interstate 55 North Frontage Rd	A Complete Flag Source	10		
City, State, Zip Code Jackson, MS 39211 Purpose of Disbursement (Optional) Aggregate year-to-date \$1,279.23 Amount of each disbursement (Incidence) Aggregate year-to-date \$1,279.23 Amount of each disbursement (Incidence) Aggregate year-to-date \$1,279.23 Amount of each disbursement this period (Incidence) Aggregate year-to-date \$1,279.23 \$28.66 Amount of each disbursement (Incidence) Aggregate year-to-date \$1,279.23 \$28.66 Amount of each disbursement (Incidence) Aggregate year-to-date \$1,279.23 \$28.66 Amount of each disbursement (Incidence) Aggregate year-to-date \$1,279.23	Mailing Address			-
Jackson, MS 39211 Purpose of Disbursement (Optional) Printing of Fundraising Envelopes Full Name Act Blue Technical Services Mailing Address Jackson, MS 02144-3132 Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) Credit Card Processing Fees Act Blue Technical Services Mailing Address 366 Summer St Mailing Address Act Blue Technical Services Act Blue Technical Servi	5295 Interstate 55 North Frontage Rd		02/02/2023	\$615.36
Princes of Disbursement (Optional) Printing of Fundraising Envelopes Printing of Fundraising Envelopes Printing of Fundraising Envelopes Printing of Fundraising Envelopes Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Pull Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Pull Name ActBlue Technical Services Mailing Address Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Pull Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement this period Mailing Address 366 Summer St O2/15/2023 \$23.81 Amount of each disbursement this period Mailing Address 366 Summer St O2/15/2023 \$23.81 Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processi	City, State, Zip Code			
Frinting of Fundraising Envelopes Full Name ActBlue Technical Services Malling Address 366 Summer St City, State, Zip Code Summer St City, State, Zip Code Sactify State, Zip	Jackson, MS 39211			
Frinting of Fundraising Envelopes Pail Name	Purpose of Disbursement (Optional)			\$1 270 22
ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Pull Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Mo., Day, Year) Amount of each disbursement this period Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Pull Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement this period Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Pull Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Sp38.89 Pull Name Amount of each disbursement this period Mailing Address 368 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Sp38.89	Printing of Fundraising Envelopes		year-to-date	71,279,23
ActBlue Technical Services (Mo., Day, Year) disbursement this period Mailing Address \$28.66 City, State, Zip Code Somerville, MA 02144-3132 Aggregate year-to-date (Mo., Day, Year) disbursement (Optional) Aggregate year-to-date (Mo., Day, Year) Aggregate year-to-date	Full Name		Data	Amount of each
\$28.66 \$30 \$28.66 \$30 \$28.66 \$30 \$	ActBlue Technical Services	l		
City, State, Zip Code Somerville, MA 02144-3132 Aggregate year-to-date \$938.89 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Credit Card Processing Fees Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 02/15/2023 \$5.91 366 Summer St 02/15/2023 \$938.89 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 02/15/2023 \$23.81 366 Summer St 02/15/2023 \$23.81 City, State, Zip Code 02/15/2023 \$938.89 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Full Name Date (Mo., Day, Year) \$938.89 Full Name Date (Mo., Day, Year) \$938.89 ActBlue Technical Services Mailing Address \$938.89 366 Summer St 02/15/2023 \$24.55 City, State, Zip Code \$938.89 Somerville, Ma 02144-3132 \$24.55 Full Name <td>Mailing Address</td> <td></td> <td></td> <td></td>	Mailing Address			
Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date Somerville, MA 02144-3132 Purpose of Disbursement (Optional) ActBlue Technical Services Amount of each disbursement this period ActBlue Technical Services Amount of each disbursement this period ActBlue Technical Services Amount of each disbursement this period ActBlue Technical Services Amount of each disbursement this period ActBlue Technical Services Amount of each disbursement this period ActBlue Technical Services Amount of each disbursement this period ActBlue Technical Services Amount of each disbursement this period ActBlue Technical Services Amount of each disbursement this period	366 Summer St		01/19/2023	\$28.66
Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees Tull Name ActBlue Technical Services Amount of each disbursement this period Aggregate (Mo., Day, Year) Toty, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement (Optional) Amount of each disbursement (No., Day, Year) Amount of each disbursement this period Amount of each disbursement (No., Day, Year) Amount of each disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Full Name ActBlue Technical Services Mailing Address Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees Full Name ActBlue Technical Services Amount of each disbursement this period Mailing Address 366 Summer St Credit Card Processing Fees Full Name ActBlue Technical Services Amount of each disbursement this period Mailing Address 366 Summer St Credit Card Processing Fees Amount of each disbursement this period Amount of each disbursement this period Mailing Address 366 Summer St Credit Card Processing Fees Amount of each disbursement this period	City, State, Zip Code			
Trull Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Crity, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees ActBlue Technical Services Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each disbursement (Optional) Credit Card Processing Fees ActBlue Technical Services Aggregate (Mo., Day, Year) Amount of each disbursement this period Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132	Somerville, MA 02144-3132			
Tedit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date ActBlue Technical Services Full Name ActBlue Technical Services City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Amount of each disbursement this period Aggregate year-to-date \$938.89 Amount of each disbursement (Optional) Aggregate year-to-date \$938.89 Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Amount of each disbursement this period Amiling Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132	Purpose of Disbursement (Optional)			\$038 80
ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement this period Amount of each disbursement (Optional) Aggregate year-to-date Full Name Act Blue Technical Services Amount of each disbursement this period	Credit Card Processing Fees		year-to-date	7930.09
Act Blue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Till Name Act Blue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Tull Name Act Blue Technical Services Amount of each disbursement this period Aggregate year-to-date Vear-to-date Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Tull Name Act Blue Technical Services Aggregate year-to-date Somerville, MA 02144-3132 Aggregate year-to-date Somerville, MA 02144-3132 Amount of each disbursement (Optional) Aggregate year-to-date Somerville, MA 02144-3132 Amount of each disbursement this period Amailing Address 366 Summer St O2/15/2023 S24.55 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate S938.89	Full Name		Dato	Amount of each
366 Summer St	ActBlue Technical Services	(
City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees O2/15/2023 S23.81 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees Amount of each disbursement (Mo., Day, Year) Aggregate year-to-date Sp38.89 Amount of each disbursement (Mo., Day, Year) Aggregate Year-to-date Amount of each disbursement this period ActBlue Technical Services Mailing Address 366 Summer St O2/15/2023 \$24.55 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Sp38.89	Mailing Address			
Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Aggregate year-to-date Sy38.89 Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Sy38.89	366 Summer St		02/15/2023	\$5.91
Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees O2/15/2023 S23.81 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Aggregate year-to-date S938.89 Aggregate year-to-date S938.89 Amount of each disbursement (Optional) Aggregate year-to-date S938.89 Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St O2/15/2023 S24.55 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate S938.89	City, State, Zip Code			
Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees O2/15/2023 S23.81 Credit Card Processing Fees O2/15/2023 S23.81 Aggregate year-to-date Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees Somerville, MA 02144-3132 Amount of each disbursement this period Aggregate S24.55 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate S938.89	Somerville, MA 02144-3132			
Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date Year-to-date Sp38.89 Amount of each disbursement this period	Purpose of Disbursement (Optional)			4038 80
ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Aggregate year-to-date Amount of each disbursement this period Amount of each disbursement this period Amount of each disbursement this period ActBlue Technical Services City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate S938.89	Credit Card Processing Fees		year-to-date	7930.09
ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date (Mo., Day, Year) Amount of each disbursement this period \$24.55 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate \$938.89	Full Name		Date	Amount of each
366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date Amount of each disbursement this period \$23.81 \$23.81 \$23.81	ActBlue Technical Services	(
City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Amount of each disbursement this period \$24.55 Aggregate (Mo., Day, Year) \$24.55	Mailing Address			
Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Amount of each disbursement this period \$24.55	366 Summer St		02/15/2023	\$23.81
Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date Sp38.89 Amount of each disbursement this period Aggregate year-to-date Amount of each disbursement this period Aggregate sp38.89	City, State, Zip Code			
Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) year-to-date Amount of each disbursement this period ActBlue Technical Services Amount of each disbursement this period Appreciate Appreciate \$938.89	Somerville, MA 02144-3132			
Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Amount of each disbursement this period Amount of each disbursement this period Aggregate \$24.55	Purpose of Disbursement (Optional)			\$938.89
ActBlue Technical Services (Mo., Day, Year) disbursement this period Mailing Address 366 Summer St 02/15/2023 \$24.55 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate \$938.89	Credit Card Processing Fees		year-to-date	4,50.05
ActBlue Technical Services (Mo., Day, Year) disbursement this period Mailing Address 366 Summer St 02/15/2023 \$24.55 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate \$938.89	Full Name		Date	Amount of each
366 Summer St 02/15/2023 \$24.55 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate \$938.89	ActBlue Technical Services			
City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate \$938.89	Mailing Address			
Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate \$938.89	366 Summer St		02/15/2023	\$24.55
Purpose of Disbursement (Optional) Aggregate \$938.89	City, State, Zip Code			
\$938.891	Somerville, MA 02144-3132	1		
Credit Card Processing Fees year-to-date	Purpose of Disbursement (Optional)			\$030 00
	Credit Card Processing Fees		year-to-date	60.02

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

Put Name	Disbursements from contributions accumulated	☐ Prior to January 1, 2018 or	✓ On or Afte	er January 1, 2018
ActBlue Technical Services	Full Name		Data	Amount of each
366 Summer St	ActBlue Technical Services	(1		
City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Pull Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement this period Mailing Address 368 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Somerville, MA 02144-3132	Mailing Address			
Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89	366 Summer St		02/22/2023	\$52.97
Purpose of Disbursement (Optional) Credit Card Processing Fees	City, State, Zip Code			
Credit Card Processing Fees year-to-date \$938.89 Full Name Date (Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement this period disbursement this period disbursement (Pottonal) 366 Summer St 02/22/2023 \$28.97 City, State, Zip Code 20/22/2023 \$28.97 Full Name Aggregate year-to-date \$938.89 Act Blue Technical Services Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement (Pottonal) Category State, Zip Code 20/228/2023 \$8.31 Somerville, MA 02144-3132 Aggregate year-to-date \$938.89 Full Name Aggregate year-to-date \$938.89 Act Blue Technical Services Date (Mo., Day, Year) Amount of each disbursement (Inis period disbursemen	Somerville, MA 02144-3132			
Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Oz/22/2023 S28.97 City, State, Zip Code Somer ville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Mailing Address 366 Summer St Oz/28/2023 S28.97 City State, Zip Code Somer St Oz/28/2023 S28.97 Aggregate year-to-date Spanson St Oz/28/2023 S8.89 Amount of each disbursement this period disbursement (Optional) Credit Card Processing Fees Oz/28/2023 S8.31 City, State, Zip Code Somer ville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement this period disbursement (Mo., Day, Year) Mailing Address 366 Summer St O3/07/2023 S26.26 City, State, Zip Code Somer ville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees S938.89 Amount of each disbursement this period disb	Purpose of Disbursement (Optional)			\$038 89
ActBlue Technical Services Malling Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) ActBlue Technical Services Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement this period Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Aggregate year-to-date (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate year-to-date City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date Amount of each disbursement this period Malling Address 366 Summer St O3/07/2023 \$26.26 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Sagregate year-to-date Sagregate S	Credit Card Processing Fees		year-to-date	\$30.03
ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) ActBlue Technical Services City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) ActBlue Technical Services City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement this period Mailing Address City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Aggregate Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Aggregate Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Credit Card Processing Fees Amount of each disbursement (Optional) Aggregate Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132	Full Name		Date	Amount of each
366 Summer St	ActBlue Technical Services	(n		
City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees ActBlue Technical Services Mailing Address 366 Summer St O3/07/2023 S26.26 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date (Mo., Day, Year) Aggregate year-to-date Somerville, MA 02144-3132 Samer St O3/15/2023 S8.27 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date Sp38.89 Aggregate year-to-date Sp38.89 Sp38.8	Mailing Address		•	
Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees ActBlue Technical Services Mailing Address 366 Summer St 02/28/2023 \$8.31 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 366 Summer St 03/07/2023 \$26.26 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees ActBlue Technical Services Mailing Address 367 Summer St 03/07/2023 \$26.26 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 368 Summer St 03/15/2023 \$8.89 Amount of each disbursement this period Mailing Address 369 Summer St 03/15/2023 \$8.27 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132	366 Summer St		02/22/2023	\$28.97
Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Full Name Date (Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement this period disbursement this period disbursement (Optional) Gity, State, Zip Code Aggregate year-to-date \$938.89 Somerville, MA 02144-3132 Aggregate year-to-date \$938.89 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Credit Card Processing Fees Amount of each disbursement this period disbursement this period Mailing Address Date (Mo., Day, Year) Amount of each disbursement this period Somerville, MA 02144-3132 \$938.89 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Credit Card Processing Fees Date (Mo., Day, Year) Amount of each disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period Act Blue Technical Services Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/15/2023 \$8.27 City, State, Zip Code 03/15/2023 \$8.27 Somerville, MA 02144-3132 Aggregate \$938.89	City, State, Zip Code			
Truil Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) ActBlue Technical Services Mailing Address 366 Summer St O2/28/2023 \$8.31 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees ActBlue Technical Services Mailing Address 366 Summer St O3/07/2023 \$266.26 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Aggregate year-to-date \$938.89 Amount of each disbursement this period Mailing Address O3/07/2023 \$26.26 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees ActBlue Technical Services Mailing Address 303/15/2023 \$8.27 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132	Somerville, MA 02144-3132			
Credit Card Processing Fees Year Outstand Full Name Date (Mo., Day, Year) Amount of each disbursement this period ActBlue Technical Services 02/28/2023 \$8.31 City, State, Zip Code 02/28/2023 \$8.31 Somerville, MA 02144-3132 Aggregate year-to-date \$938.89 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 366 Summer St 03/07/2023 \$26.26 City, State, Zip Code Somerville, MA 02144-3132 \$938.89 Full Name Aggregate year-to-date \$938.89 ActBlue Technical Services Amount of each disbursement this period Mailing Address 366 Summer St 03/15/2023 \$8.27 City, State, Zip Code 03/15/2023 \$8.27 City, State, Zip Code Somerville, MA 02144-3132 \$938.89 Purpose of Disbursement (Optional) Aggregate \$938.89	Purpose of Disbursement (Optional)		Aggregate	\$020.00
ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Addliling Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Adjregate (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement (Optional) Amount of each disbursement (Optional) Amount of each disbursement this period Amount of each disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement (Optional) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate Sy38.89 Amount of each disbursement (Optional) Aggregate Sy38.89 Amount of each disbursement (Optional) Aggregate Sy38.89 Amount of each disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate Sy38.89 Amount of each disbursement (Optional) Aggregate Sy38.89	Credit Card Processing Fees		year-to-date	7930.09
ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Aggregate year-to-date (Mo., Day, Year) Aggregate year-to-date (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate year-to-date (Mo., Day, Year) Amount of each disbursement (Date (Mo., Day, Year) Aggregate (Mo., Day, Year)	Fuil Name		Date	Amount of cook
366 Summer St	ActBlue Technical Services	(1		
City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement this period May 72023 \$26.26 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St O3/15/2023 \$88.27 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132	Mailing Address			
Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Pull Name ActBlue Technical Services Amount of each disbursement this period Aggregate year-to-date \$938.89 Full Name ActBlue Technical Services Amount of each disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Amount of each disbursement this period Mailing Address 366 Summer St O3/15/2023 \$83.27 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132	366 Summer St		2/28/2023	\$8.31
Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees O3/07/2023 \$26.26 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St Credit Card Processing Fees Oake (Mo., Day, Year) Aggregate year-to-date (Mo., Day, Year) Aggregate (Mo., Day, Year) Syss. 89 Amount of each disbursement (Mo., Day, Year) Amount of each disbursement this period	City, State, Zip Code			
Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Amount of each disbursement this period Aggregate year-to-date \$938.89 Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each disbursement this period	Somerville, MA 02144-3132			
Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) ActBlue Technical Services Pull Name ActBlue Technical Services Amount of each disbursement this period Aggregate year-to-date \$938.89 Amount of each disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Amount of each disbursement this period Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate S938.89	Purpose of Disbursement (Optional)		Aggregate	\$020.00
ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Amount of each disbursement this period Aggregate year-to-date Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period Amount of each disbursement this period Aggregate S938.89 Purpose of Disbursement (Optional) Aggregate S938.89	Credit Card Processing Fees		year-to-date	\$930.09
ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period Aggregate year-to-date Amount of each disbursement this period Aggregate Services Aggregate Services Aggregate Services	Fuli Name		Data	Amount of each
Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Amount of each disbursement this period \$88.27 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate \$938.89	ActBlue Technical Services	(/\		
City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date Sp38.89 Amount of each disbursement this period \$8.27	Mailing Address			<u> </u>
Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89	366 Summer St		3/07/2023	\$26.26
Purpose of Disbursement (Optional) Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate year-to-date \$938.89 Amount of each disbursement this period \$8.27 Aggregate (Mo., Day, Year) \$8.27	City, State, Zip Code			
Credit Card Processing Fees Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) System Sy	Somerville, MA 02144-3132			
Full Name ActBlue Technical Services Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Amount of each disbursement this period	Purpose of Disbursement (Optional)		Aggregate	6020 00
ActBlue Technical Services (Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement this period 366 Summer St 03/15/2023 \$8.27 City, State, Zip Code Somerville, MA 02144-3132 Aggregate \$938.89	Credit Card Processing Fees		year-to-date	5320.03
ActBlue Technical Services (Mo., Day, Year) disbursement this period Mailing Address 366 Summer St City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate \$938.89	Full Name		Data	Amount of sock
Mailing Address 03/15/2023 \$8.27 366 Summer St 03/15/2023 \$8.27 City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate \$938.89	ActBlue Technical Services	[(N		
City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate \$938.89	Mailing Address		<u>=</u> _=_=	,
City, State, Zip Code Somerville, MA 02144-3132 Purpose of Disbursement (Optional) Aggregate S938.89	366 Summer St		3/15/2023	\$8.27
Purpose of Disbursement (Optional) Aggregate \$938.89	City, State, Zip Code		-	·
Purpose of Disbursement (Optional) Aggregate \$938.89	Somerville, MA 02144-3132			
1			Aggregate	6070 00
	Credit Card Processing Fees			\$938.89

Reporting Period _____1/1/2023

through 4/30/2023

Disbursements from contributions accumulated P	rior to January 1, 2018 or ✓️On or Aft	er January 1, 2018
Full Name	Date	Amount of each
ActBlue Technical Services	(Mo., Day, Year)	
Mailing Address		
366 Summer St	03/15/2023	\$49.06
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate	\$938.89
Credit Card Processing Fees	year-to-date	7,50.05
Full Name	Date	Amount of each
ActBlue Technical Services	(Mo., Day, Year)	
Mailing Address		
366 Summer St	03/23/2023	\$11.68
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate	\$938.89
Credit Card Processing Fees	year-to-date	Ç950.09
Full Name	Date	Amount of each
ActBlue Technical Services	(Mo., Day, Year)	
Mailing Address		
366 Summer St	04/05/2023	\$9.70
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate	\$938.89
Credit Card Processing Fees	year-to-date	7550.05
Full Name	Date	Amount of each
ActBlue Technical Services	(Mo., Day, Year)	disbursement this period
Mailing Address		· · · · · · · · · · · · · · · · · · ·
366 Summer St	04/05/2023	\$4.44
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate	\$938.89
Credit Card Processing Fees	year-to-date	\$550.05
Full Name	Date	Amount of each
ActBlue Technical Services	(Mo., Day, Year)	disbursement this period
Mailing Address		
366 Summer St	04/05/2023	\$9.23
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate	\$938.89
Credit Card Processing Fees	year-to-date	\$30.89

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

HEWIZED DISBU	RSEMENTS	
	nuary 1, 2018 or 🗸 On or Aft	er January 1, 2018
Full Name	Date	Amount of each
ActBlue Technical Services	(Mo., Day, Year)	disbursement this period
Mailing Address		
366 Summer St	04/17/2023	\$4.99
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate	\$938.89
Credit Card Processing Fees	year-to-date	·
Full Name	Date	Amount of each
ActBlue Technical Services	(Mo., Day, Year)	disbursement this period
Mailing Address		
366 Summer St	04/27/2023	\$26.95
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate	\$938.89
Credit Card Processing Fees	year-to-date	
Full Name	Date	Amount of each
ActBlue Technical Services	(Mo., Day, Year)	disbursement this period
Mailing Address		
366 Summer St	04/27/2023	\$19.15
City, State, Zip Code	7	
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate	\$938.89
Credit Card Processing Fees	year-to-date	+330.03
Full Name	Date	Amount of each
ActBlue Technical Services	(Mo., Day, Year)	disbursement this period
Mailing Address		
366 Summer St	04/30/2023	\$595.98
City, State, Zip Code		
Somerville, MA 02144-3132		
Purpose of Disbursement (Optional)	Aggregate	\$938.89
Credit Card Processing Fees	year-to-date	
Full Name	Date	Amount of each
Amazon	(Mo., Day, Year)	disbursement this period
Mailing Address		
410 Terry Ave N	02/09/2023	\$1,034.21
City, State, Zip Code		,
Seattle, WA 98109-5210		
Purpose of Disbursement (Optional)	Aggregate	61 050 05
Office Equipment	year-to-date	\$1,050.25

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

Distursements from contributions accumulated Prior to January 1, 2018 or Prior After January 1, 2018 or Prior Maining Address O3/10/2023 S16.04	I ENIZED DISBUI		
Amazon		uary 1, 2018 or 📝 On or Aft	er January 1, 2018
Mailing Address	Full Name		Amount of each
According to the property of		(Mo., Day, Year)	disbursement this period
City, State, Zip Code Seattle, WA 98109-5210 WA 98109-5210 Aggregate year-to-date \$1,050.25 Purpose of Disbursement (Optional) Date (Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement this period disbursement this period disbursement (Optional) Rest Buy 01/11/2023 \$200.07 City, State, Zip Code 01/11/2023 \$200.07 Radison, NK 3 9110-6039 Aggregate year-to-date \$200.07 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement this period disbursement this period Mailing Address 03/01/2023 \$2,829.42 Po Box 59234 03/01/2023 \$8,836.19 Payronl Aggregate year-to-date year-to-date \$8,836.19 Payronl Aggregate year-to-date \$8,836.19 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Purpose of Disbursement (Optiona	-		
Seattle, WA 98109-5210 Purpose of Disbursement (Optional) Options of Disburseme		03/10/2023	\$16.04
Purpose of Disbursement (Optional) Office Supplies Date (Mo., Day, Year)			
Office Supplies year-to-date \$1,050.25 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 01/11/2023 \$200.07 City, State, Zip Code 4 200.07 Madison, MS 39110-6039 Aggregate year-to-date \$200.07 Purpose of Disbursement (Optional) Aggregate year-to-date \$200.07 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/01/2023 \$2,829.42 PO Box 59234 03/01/2023 \$2,829.42 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Payronl Aggregate year-to-date \$8,836.19 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Po Box 59234 03/31/2023 \$3,177.34 City, State, Zip Code Syram, MS 39272 Aggregate year-to-date \$8,836.19 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Purpose of Disbursement (Opt			
Date Mailing Address Mai	• • • • • • • • • • • • • • • • • • • •		\$1,050.25
Best Buy Mo, Day, Year Amount of each disbursement this period		year-to-date	
Mailing Address 175 Grandview Blvd 01/11/2023 \$200.07			Amount of each
175 Grandview Blvd		(Mo., Day, Year)	disbursement this period
City, State, Zip Code Madison, MS 39110-6039 Purpose of Disbursement (Optional) Aggregate year-to-date year-to-date year-to-date \$200.07	-		
Madison, MS 39110-6039 Aggregate year-to-date \$200.07 Office Supplies Aggregate year-to-date \$200.07 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 0 3/01/2023 \$2,829.42 Po Box 59234 03/01/2023 \$2,829.42 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Payroll Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/31/2023 \$3,177.34 PO Box 59234 03/31/2023 \$3,177.34 City, State, Zip Code Byram, MS 39272 Aggregate year-to-date \$8,836.19 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address O4/27/2023 \$2,829.43 City, State, Zip Code State (Mo., Day, Year) Aggregate \$2,829.43 Purpose of Disbursement (Optional) Aggregate \$2,829.43		01/11/2023	\$200.07
Purpose of Disbursement (Optional) Aggregate year-to-date \$200.07 Full Name (Mo., Day, Year) Amount of each disbursement this period Mikel Bolden 03/01/2023 \$2,829.42 City, State, Zip Code 203/01/2023 \$2,829.42 Byram, MS 39272 Aggregate year-to-date \$8,836.19 Pull Name Date (Mo., Day, Year) Amount of each disbursement this period Malling Address Date (Mo., Day, Year) Amount of each disbursement this period Po Box 59234 03/31/2023 \$3,177.34 City, State, Zip Code 34 \$8,836.19 Byram, MS 39272 Aggregate year-to-date \$8,836.19 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Malling Address Date (Mo., Day, Year) Amount of each disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period Malling Address 04/27/2023 \$2,829.43 PO Box 59234 04/27/2023 \$2,829.43 City, State, Zip Code 8yram, MS 39272 82,836.19 Purpose of Disbursement (Optional) Aggregate \$8,836.19			
Offfice Supplies year-to-date \$208.07 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/01/2023 \$2,829.42 PO Box 59234 03/01/2023 \$2,829.42 City, State, Zip Code Syram, MS 39272 Aggregate year-to-date \$8,836.19 Payroll Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/31/2023 \$3,177.34 Po Box 59234 03/31/2023 \$3,177.34 City, State, Zip Code Byram, MS 39272 \$8,836.19 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/27/2023 \$2,829.43 City, State, Zip Code 30/27/2023 \$2,829.43 Po Box 59234 04/27/2023 \$2,829.43 City, State, Zip Code 30/27/2023 \$2,829.43 Purpose of Disbursement (Optional) 48,836.19 \$8,836.19		<u>.</u>	
Date (Mo., Day, Year) Amount of each disbursement this period		, ,,	\$200.07
Mikel Bolden Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement this period disbursement this period disbursement (Ptional) PO Box 59234 03/01/2023 \$2,829.42 City, State, Zip Code Aggregate year-to-date \$8,836.19 Payroll Date (Mo., Day, Year) Amount of each disbursement this period disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period City, State, Zip Code 9234 03/31/2023 \$3,177.34 City, State, Zip Code Aggregate year-to-date \$8,836.19 Payroll Aggregate year-to-date \$8,836.19 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mikel Bolden Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/27/2023 \$2,829.43 City, State, Zip Code 04/27/2023 \$2,829.43 City, State, Zip Code 8yram, MS 39272 Aggregate \$8,836.19		your-so-duso	
Mailing Address PO Box 59234 03/01/2023 \$2,829.42			Amount of each
PO Box 59234 03/01/2023 \$2,829.42 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/31/2023 \$3,177.34 Po Box 59234 03/31/2023 \$3,177.34 City, State, Zip Code Aggregate year-to-date \$8,836.19 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/27/2023 \$2,829.43 PO Box 59234 04/27/2023 \$2,829.43 City, State, Zip Code 04/27/2023 \$2,829.43 Porty State, Zip Code Byram, MS 39272 Aggregate \$8,836.19		(Mo., Day, Year)	disbursement this period
City, State, Zip Code Aggregate year-to-date \$8,836.19 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/31/2023 \$3,177.34 PO Box 59234 03/31/2023 \$3,177.34 City, State, Zip Code Aggregate year-to-date \$8,836.19 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/27/2023 \$2,829.43 PO Box 59234 04/27/2023 \$2,829.43 City, State, Zip Code O4/27/2023 \$2,829.43 Purpose of Disbursement (Optional) Aggregate \$8,836.19	-		
Byram, MS 39272 Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mailing Address PO Box 59234 Od/27/2023 \$2,829.43 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement this period Mailing Address PO Box 59234 Od/27/2023 \$2,829.43 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate S8,836.19		03/01/2023	\$2,829.42
Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mailing Address PO Box 59234 Purpose of Disbursement (Optional) Payroll Full Name Byram, MS 39272 Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mailing Address Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mikel Bolden Mikel Bolden Maggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period Amount of each disbursement (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement (Mo., Day, Year)			
Payroll Full Name Mikel Bolden Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mailing Address Po Box 59234 City, State, Zip Code Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period Amount of each disbursement this period Aggregate (Mo., Day, Year)			
Full Name Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mailing Address Po Box 59234 O3/31/2023 \$3,177.34 Aggregate year-to-date \$8,836.19 Amount of each disbursement (Mo., Day, Year) Amount of each disbursement this period	· · ·		\$8,836.19
Mikel Bolden Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mikel Bolden Mikel Bolden Mikel Bolden Mikel Bolden Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement this period		year-to-date	
Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate year-to-date (Mo., Day, Year) Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate \$8,836.19			
## PO Box 59234 City, State, Zip Code		(Mo., Day, Year)	disbursement this period
City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate year-to-date S8,836.19 Amount of each disbursement this period 94/27/2023 \$2,829.43 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional)	_		
Byram, MS 39272 Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Amount of each disbursement this period \$2,829.43		03/31/2023	\$3,177.34
Purpose of Disbursement (Optional) Payroll Full Name Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate year-to-date \$8,836.19 Amount of each disbursement this period \$2,829.43 \$2,829.43			
Payroll Full Name Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) year-to-date Amount of each disbursement this period Adgregate \$2,829.43			
Full Name Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Amount of each disbursement this period	•		\$8,836.19
Mikel Bolden Mikel Bolden Mailing Address PO Box 59234 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Amount of each disbursement this period disbursement this per		your to date	
Mailing Address 04/27/2023 \$2,829.43 PO Box 59234 04/27/2023 \$2,829.43 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate \$8,836.19			Amount of each
PO Box 59234 04/27/2023 \$2,829.43 City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate \$8.836.19		(Mo., Day, Year)	disbursement this period
City, State, Zip Code Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate \$8,836.19	-		
Byram, MS 39272 Purpose of Disbursement (Optional) Aggregate \$8.836.19		04/27/2023	\$2,829.43
Purpose of Disbursement (Optional) Aggregate \$8,836,19			
S8,836.191			
Payroll year-to-date	• • • •		\$8,836.19
	Payroll	year-to-date	

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

I LIVIIZED DISBURS		
Disbursements from contributions accumulated Prior to January	1, 2018 or 🗸 On or Aft	er January 1, 2018
Full Name	Date	Amount of each
Comcast	(Mo., Day, Year)	disbursement this period
Mailing Address		
5915 I 55 N	01/19/2023	\$244.32
City, State, Zip Code		
Jackson, MS 39213-9722		
Purpose of Disbursement (Optional)	Aggregate	\$488.64
Cable and Internet Service	year-to-date	
Full Name	Date	Amount of each
Comcast	(Mo., Day, Year)	disbursement this period
Mailing Address		
5915 I 55 N	02/21/2023	\$244.32
City, State, Zip Code		
Jackson, MS 39213-9722		
Purpose of Disbursement (Optional)	Aggregate	\$488.64
Cable and Internet Service	year-to-date	7100,01
Full Name	Date	Amount of each
Delta Airlines	(Mo., Day, Year)	disbursement this period
Mailing Address		
PO Box 20706	01/11/2023	\$346.40
City, State, Zip Code		
Atlanta, GA 30320-6001		
Purpose of Disbursement (Optional)	Aggregate	\$994.80
Travel	year-to-date	, , , , , , , , , , , , , , , , , , ,
Full Name	Date	Amount of each
Delta Airlines	(Mo., Day, Year)	disbursement this period
Mailing Address		
PO Box 20706	04/12/2023	\$648.40
City, State, Zip Code		
Atlanta, GA 30320-6001		
Purpose of Disbursement (Optional)	Aggregate	\$994.80
Travel	year-to-date	QJJ4.00
Fuil Name	Date	Amount of each
Democratic Grassroots Victory Fund	(Mo., Day, Year)	disbursement this period
Mailing Address		
430 S Capitol St SE	01/20/2023	\$9,756.19
City, State, Zip Code		,
Washington, DC 20003-4024		
Purpose of Disbursement (Optional)	Aggregate	60 750 10
Return of Contribution from Sam Bankman-Fried	year-to-date	\$9 , 756.19

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

Disbursements from contributions accumulated Prior to January 1, 2		er January 1, 2018
Full Name		
Google	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
1600 Amphitheatre Pkwy	01/03/2023	\$96.00
City, State, Zip Code		
Mountain View, CA 94043-1351		
Purpose of Disbursement (Optional)	Aggregate	\$404.56
Website Hosting	year-to-date	7404.50
Full Name	Date	Amount of each
Google	(Mo., Day, Year)	disbursement this period
Mailing Address		-
1600 Amphitheatre Pkwy	02/02/2023	\$96.00
City, State, Zip Code		
Mountain View, CA 94043-1351		
Purpose of Disbursement (Optional)	Aggregate	\$404.56
Website Hosting	year-to-date	V-10-100
Full Name	Date	Amount of each
Google	(Mo., Day, Year)	disbursement this period
Mailing Address		
1600 Amphitheatre Pkwy	03/02/2023	\$104.56
City, State, Zip Code		
Mountain View, CA 94043-1351		
Purpose of Disbursement (Optional)	Aggregate	\$404.56
Website Hosting	year-to-date	Q-10-1.00
Full Name	Date	Amount of each
Google	(Mo., Day, Year)	disbursement this period
Mailing Address		
1600 Amphitheatre Pkwy	04/03/2023	\$108.00
City, State, Zip Code		
Mountain View, CA 94043-1351		
Purpose of Disbursement (Optional)	Aggregate	\$404.56
Website Hosting	year-to-date	Ψ 10 1 . 3 0
Full Name	Date	Amount of each
Harvey Dallas Printing and Graphics, Inc.	(Mo., Day, Year)	disbursement this period
Mailing Address		
PO Box 902	02/22/2023	\$782.17
City, State, Zip Code		
Jackson, MS 39205-0902		
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

Disbursements from contributions accumulated	DISDUISEIVIEN		or language 4 2049
Full Name	Prior to January 1, 2018 or		er January 1, 2018
Hilton Memphis		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	· · · · · · · · · · · · · · · · · · ·	(dispuisement tins period
939 Ridge Lake Blvd		04/11/2023	\$515.89
City, State, Zip Code		01, 11, 1000	401000
Memphis, TN 38120-9407			
Purpose of Disbursement (Optional)		Aggregate	20 262 56
Lodging		year-to-date	\$2,063.56
Full Name		Dete	Amount of each
Hilton Memphis		Date (Mo., Day, Year)	disbursement this period
Mailing Address			•
939 Ridge Lake Blvd		04/11/2023	\$515.89
City, State, Zip Code			
Memphis, TN 38120-9407			
Purpose of Disbursement (Optional)		Aggregate	\$2,063.56
Lodging		year-to-date	42,003.30
Full Name		Date	Amount of each
Hilton Memphis		(Mo., Day, Year)	disbursement this period
Mailing Address			
939 Ridge Lake Blvd		04/11/2023	\$515.89
City, State, Zip Code			
Memphis, TN 38120-9407			
Purpose of Disbursement (Optional)		Aggregate	\$2,063.56
Lodging		year-to-date	¥2/000.00
Full Name		Date	Amount of each
Hilton Memphis		(Mo., Day, Year)	disbursement this period
Mailing Address			
939 Ridge Lake Blvd		04/11/2023	\$515.89
City, State, Zip Code			
Memphis, TN 38120-9407			
Purpose of Disbursement (Optional)		Aggregate	\$2,063.56
Lodging		year-to-date	. , , ,
Full Name		Date	Amount of each
Innovative Staffing Services		(Mo., Day, Year)	disbursement this period
Mailing Address		• ••	
407 Briarwood Dr		03/16/2023	\$425.00
City, State, Zip Code			
Jackson, MS 39206-3034			
Purpose of Disbursement (Optional)		Aggregate	\$425.00
Staff Recruitment		year-to-date	

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

Disbursements from contributions accumulated Prior to Januar	ry 1, 2018 or ☑ On or Afte	er January 1, 2018
Full Name	Date	Amount of each
Tyree Irving	(Mo., Day, Year)	
Mailing Address		
PO Box 1249	01/20/2023	\$1,271.18
City, State, Zip Code		
Madison, MS 39130-1249		
Purpose of Disbursement (Optional)	Aggregate	\$2,848.04
Reimbursement	year-to-date	42,010.01
Full Name	Date	Amount of each
Tyree Irving	(Mo., Day, Year)	disbursement this period
Mailing Address		
PO Box 1249	03/20/2023	\$1,576.86
City, State, Zip Code		
Madison, MS 39130-1249		
Purpose of Disbursement (Optional)	Aggregate	\$2,848.04
Reimbursement	year-to-date	42,010.01
Full Name	Date	Amount of each
J'villes	(Mo., Day, Year)	disbursement this period
Mailing Address		
	01/12/2023	\$350.00
City, State, Zip Code		
<u>, </u>		
Purpose of Disbursement (Optional)	Aggregate	\$721.00
Meals	year-to-date	,,,,,
Full Name	Date	Amount of each
J'villes	(Mo., Day, Year)	disbursement this period
Mailing Address		
	01/27/2023	\$371.00
City, State, Zip Code		
<u>, </u>		
Purpose of Disbursement (Optional)	Aggregate	\$721.00
Meals	year-to-date	412100
Full Name	Date	Amount of each
Johnny T's Bistro & Blues	(Mo., Day, Year)	disbursement this period
Mailing Address		
538 N Farish St	01/11/2023	\$4,411.80
City, State, Zip Code		
Jackson, MS 39202-3201		
Purpose of Disbursement (Optional)	Aggregate	\$5,360.10
Fundraiser Event Space Rental and Catering	year-to-date	75,500.10

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

HEMIZED DISBUR	OFINITINI 9	
Disbursements from contributions accumulated Prior to Janua	ry 1, 2018 or 🗸 On or Aft	er January 1, 2018
Full Name	Date	Amount of each
Johnny T's Bistro & Blues	(Mo., Day, Year)	
Mailing Address		
538 N Farish St	03/16/2023	\$948.30
City, State, Zip Code		
Jackson, MS 39202-3201		
Purpose of Disbursement (Optional)	Aggregate	\$5,360.10
Fundraiser Event Catering	year-to-date	[
Full Name	Date	Amount of each
Low & Slow	(Mo., Day, Year)	disbursement this period
Mailing Address		
101 Hampstead Pl	03/06/2023	\$1,000.00
City, State, Zip Code		
Clinton, MS 39056-5047		
Purpose of Disbursement (Optional)	Aggregate	\$1,000.00
Fundraiser Event Space Rental and Catering	year-to-date	Ψ1,000.00
Full Name	Date	Amount of each
Mailchimp	(Mo., Day, Year)	disbursement this period
Mailing Address		
675 Ponce De Leon Ave NE	01/26/2023	\$283.55
City, State, Zip Code		
Atlanta, GA 30308-2172		
Purpose of Disbursement (Optional)	Aggregate	\$1,134.20
E-Mail Service	year-to-date	\$1,134.20
Full Name	Date	Amount of each
Mailchimp	(Mo., Day, Year)	disbursement this period
Mailing Address		
675 Ponce De Leon Ave NE	02/27/2023	\$283.55
City, State, Zip Code		
Atlanta, GA 30308-2172		
Purpose of Disbursement (Optional)	Aggregate	\$1,134.20
E-mail Service	year-to-date	\$1,134.20
Fuil Name	Date	Amount of each
Mailchimp	(Mo., Day, Year)	disbursement this period
Mailing Address	, , ,	
675 Ponce De Leon Ave NE	03/27/2023	\$283.55
City, State, Zip Code		
Atlanta, GA 30308-2172		
Purpose of Disbursement (Optional)	Aggregate	62 202 00
E-mail Service	year-to-date	\$1,134.20

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

Disbursements from contributions accumulated Prior to January 1, 2018		er January 1, 2018
Full Name	Date	Amount of each
Mailchimp	(Mo., Day, Year)	
Mailing Address		
675 Ponce De Leon Ave NE	04/26/2023	\$283.55
City, State, Zip Code		
Atlanta, GA 30308-2172		
Purpose of Disbursement (Optional)	Aggregate	\$1,134.20
E-mail Service	year-to-date	V1,134.20
Full Name	Date	Amount of each
Mississippi College	(Mo., Day, Year)	
Mailing Address	1	
200 Capitol St	04/26/2023	\$775.00
City, State, Zip Code	7	
Clinton, MS 39056-4026		
Purpose of Disbursement (Optional)	Aggregate	\$775.00
Party Meeting Event Space Rental	year-to-date	\$775.00
Full Name	Date	Amount of each
MS Federation of Democratic Women	(Mo., Day, Year)	disbursement this period
Mailing Address		•
811 E River Pl	02/09/2023	\$500.00
City, State, Zip Code		
Jackson, MS 39202-3432		
Purpose of Disbursement (Optional)	Aggregate	\$500.00
Donation to Non-Federal Committee	year-to-date	\$500.00
Full Name	Date	Amount of each
Matt Nappe	(Mo., Day, Year)	disbursement this period
Mailing Address		
1039 Riviera Rd	01/30/2023	\$3,886.52
City, State, Zip Code		·
Starkville, MS 39759-5192		
Purpose of Disbursement (Optional)	Aggregate	\$15,546.08
Payroll	year-to-date	\$15,546.06
Fuil Name	Date	Amount of each
Matt Nappe	(Mo., Day, Year)	disbursement this period
Mailing Address	1	
1039 Riviera Rd	03/01/2023	\$3,886.52
City, State, Zip Code	7	
		I
Starkville, MS 39759-5192		
Starkville, MS 39759-5192 Purpose of Disbursement (Optional)	Aggregate	\$15,546.08

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

Disbursements from contributions accumulated Prior to January		er January 1, 2018
Full Name		T
Matt Nappe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		· · ·
1039 Riviera Rd	03/31/2023	\$3,886.52
City, State, Zip Code		
Starkville, MS 39759-5192		
Purpose of Disbursement (Optional)	Aggregate	\$15,546.08
Payroll	year-to-date	\$13,340.00
Full Name	Date	Amount of each
Matt Nappe	(Mo., Day, Year)	disbursement this period
Mailing Address		<u> </u>
1039 Riviera Rd	04/27/2023	\$3,886.52
City, State, Zip Code		
Starkville, MS 39759-5192		
Purpose of Disbursement (Optional)	Aggregate	\$15,546.08
Payroll	year-to-date	\$10,540.00
Full Name	Date	Amount of each
Netlink Voice	(Mo., Day, Year)	disbursement this period
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	\$1,250.64
Telephone and Cloud Services	year-to-date	71,230.04
Full Name	Date	Amount of each
Netlink Voice	(Mo., Day, Year)	disbursement this period
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	\$1,250.64
Telephone and Cloud Services	year-to-date	71,250.04
Full Name	Date	Amount of each
NGP VAN	(Mo., Day, Year)	disbursement this period
Mailing Address		-
655 15th St NW	02/16/2023	\$500.00
City, State, Zip Code		
Washington, DC 20005-5738		
Purpose of Disbursement (Optional)	Aggregate	\$4,050.00
Software	year-to-date	74,030.00

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

Mailing Address 02/16/2023 \$2,250.00	Disbursements from contributions accumulated Prior to Ja	nuary 1, 2018 or 🗸 On or Aft	er January 1, 2018
MGP VAN	Full Name	Data	Amount of such
02/16/2023 \$2,250.00	NGP VAN		disbursement this period
City, State, Zip Code Washington, DC 20005-5738 Aggregate year-to-date \$4,050.00 Software Purpose of Disbursement (Optional) Aggregate year-to-date \$4,050.00 Mon Day, Year) Amount of each disbursement finis period Mailing Address 02/16/2023 \$300.00 City, State, Zip Code 20005-5738 Aggregate year-to-date \$4,050.00 Purpose of Disbursement (Optional) Aggregate year-to-date \$4,050.00 NGP VAN Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/21/2023 \$1,000.00 City, State, Zip Code Aggregate year-to-date \$4,050.00 Washington, DC 20005-5738 Aggregate year-to-date \$4,050.00 Purpose of Disbursement (Optional) Aggregate year-to-date \$4,050.00 City, State, Zip Code City, State, Zip Code Amount of each disbursement this period City, State, Zip Code City, State, Zip Code Amount of each disbursement this period City, State, Zip Code City, State, Zip Code Amount of each disbursement this period City, State, Zip Code City, State, Zip Code Amount	Mailing Address		
Nashington, DC 20005-5738 Purpose of Disbursement (Optional) Software \$4,050.00	655 15th St NW	02/16/2023	\$2,250.00
Purpose of Disbursement (Optional)	City, State, Zip Code		
Software Sq. 050.00	Washington, DC 20005-5738		
Date Amount of each Software Software Software Amount of each Software S	Purpose of Disbursement (Optional)		\$4.050.00
NGP VAN	Software	year-to-date	34,030.00
Mos. Day, Year disbursement this period	Full Name	Dato	Amount of each
City, State, Zip Code	NGP VAN		disbursement this period
City, State, Zip Code Washington, DC 20005-5738 Aggregate year-to-date \$4,050.00 Purpose of Disbursement (Optional) Aggregate year-to-date \$4,050.00 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/21/2023 \$1,000.00 655 15th St NW 04/21/2023 \$1,000.00 City, State, Zip Code Aggregate year-to-date \$4,050.00 Washington, DC 20005-5738 Date (Mo., Day, Year) Amount of each disbursement (Optional) Software Date (Mo., Day, Year) Amount of each disbursement this period Purpose of Disbursement (Optional) Aggregate year-to-date \$1,000.00 City, State, Zip Code On/30/2023 \$3,306.36 Gity, State, Zip Code Aggregate year-to-date \$16,441.25 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Payrola 1 - Taxes Date (Mo., Day, Year) Amount of each disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period Washington, DC 2006 Amount of each disbursement (Mo., Day, Year) Amount of each disbursement (Mailing Address		-
Washington, DC 20005-5738 Purpose of Disbursement (Optional) Software Full Name Mailing Address 655 15th St NW City, State, Zip Code Washington, DC 20005-5738 Purpose of Disbursement (Optional) Software Amount of each disbursement this period disbursement (Optional) Software Full Name Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Payroll - Taxes Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Payroll - Taxes Amount of each disbursement this period disbursement disbursement this period disbursement disbur	655 15th St NW	02/16/2023	\$300.00
Purpose of Disbursement (Optional) Software Soft	City, State, Zip Code		
Software Full Name NGP VAN Mailing Address Full Name Washington, DC 20005-5738 Purpose of Disbursement (Optional) Software Paychex Mailing Address Gity, State, Zip Code Washington, DC 20005-5738 Purpose of Disbursement (Optional) Software Full Name Paychex Mailing Address Gity, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Payroll - Taxes Full Name Paychex Date (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period Aggregate year-to-date \$1,000.00 Aggregate year-to-date \$1,000.00 \$1,00.00 Amount of each disbursement this period Aggregate Y4,050.00	Washington, DC 20005-5738		
Full Name NGP VAN Mailing Address 655 15th St NW O4/21/2023 S1,000.00 City, State, Zip Code Washington, DC 20005-5738 Purpose of Disbursement (Optional) Software Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Payroll - Taxes Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Payroll - Taxes Amount of each disbursement this period Aggregate year-to-date S16, 441.25 Aggregate year-to-date S16, 441.25 Amount of each disbursement (Optional) Payroll - Taxes Amount of each disbursement (Optional) Payroll - Taxes Amount of each disbursement (Optional) S16, 441.25	Purpose of Disbursement (Optional)		\$4.050.00
NGP VAN Date (Mo., Day, Year) Amount of each disbursement this period disbursement (Optional) Adjregate year-to-date \$1,000.00 Full Name Date (Mo., Day, Year) Amount of each disbursement this period disbursement (Optional) Amount of each disbursement this period disbursement this period disbursement this period disbursement this period disbursement (Optional) Aggregate year-to-date \$16,441.25 Full Name Date (Mo., Day, Year) Amount of each disbursement this period disbursement (Optional) Purpose of Disbursement (Optional) Aggregate \$305.84 Purpose of Disbursement (Optional) Aggregate \$16,441.25	Software	year-to-date	\$4,050.00
MGP VAN (Mo., Day, Year) disbursement this period	Full Name	Data	Amount of each
Mailing Address 04/21/2023 \$1,000.00 655 15th St NW 04/21/2023 \$1,000.00 City, State, Zip Code Washington, DC 20005-5738 Aggregate year-to-date \$4,050.00 Purpose of Disbursement (Optional) Date (Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement this period disbursement (Notional) \$3,306.36 City, State, Zip Code 01/30/2023 \$3,306.36 Gretna, LA 70056-2507 Aggregate year-to-date \$16,441.25 Full Name Date (Mo., Day, Year) Amount of each disbursement this period disbursement (Optional) Aggregate (Mo., Day, Year) \$305.84 City, State, Zip Code 01/31/2023 \$305.84 City, State, Zip Code 01/31/2023 \$305.84	NGP VAN		disbursement this period
City, State, Zip Code Washington, DC 20005-5738 Purpose of Disbursement (Optional) Software Full Name Paychex Mailing Address 401 Whitney Ave Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Payroll - Taxes Full Name Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Payroll - Taxes Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement this period	Mailing Address		-
Washington, DC 20005-5738 Purpose of Disbursement (Optional) Software Full Name Paychex Mailing Address 401 Whitney Ave Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Paychex Full Name Paychex O1/30/2023 \$3,306.36 Aggregate (Mo., Day, Year) Aggregate year-to-date \$16,441.25 Full Name Paychex Mailing Address 401 Whitney Ave O1/31/2023 \$305.84 City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate year-to-date Paychex O1/31/2023 \$305.84 City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate Year-to-date Amount of each disbursement this period Aggregate Year-to-date S16,441.25	655 15th St NW	04/21/2023	\$1,000.00
Purpose of Disbursement (Optional) Software Full Name Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Payroll - Taxes Full Name Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Payroll - Taxes Mailing Address 401 Whitney Ave Payroll - Taxes Mailing Address 401 Whitney Ave Payroll - Taxes Aggregate year-to-date Paychex Mailing Address 401 Whitney Ave Payroll - Taxes Aggregate (Mo., Day, Year) Aggregate year-to-date S16, 441.25 Aggregate (Mo., Day, Year)	City, State, Zip Code		
Software Full Name Paychex Mailing Address 401 Whitney Ave Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Aggregate year-to-date (Mo., Day, Year) Amount of each disbursement this period	Washington, DC 20005-5738		
Full Name Paychex Mailing Address 401 Whitney Ave Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Paychex Mailing Address 401 Whitney Ave O1/30/2023 \$3,306.36 Aggregate year-to-date \$16,441.25 Amount of each disbursement (Optional) Aggregate year-to-date \$16,441.25 Amount of each disbursement (Optional) Amount of each disbursement (Optional) Amount of each disbursement (Insperiod)	Purpose of Disbursement (Optional)		\$4.050.00
Paychex Mailing Address 401 Whitney Ave Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Paychex Mailing Address Full Name Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Payroll - Taxes Full Name Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Aggregate year-to-date Amount of each disbursement (Mo., Day, Year) Amount of each disbursement this period Aggregate Full Name Paychex Amount of each disbursement this period Aggregate Full Name Paychex Amount of each disbursement this period Aggregate Full Name Paychex Amount of each disbursement this period Aggregate Full Name Paychex Amount of each disbursement this period Aggregate Full Name Paychex Amount of each disbursement this period Aggregate S16, 441, 25	Software	year-to-date	\$4,030.00
Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Payroll - Taxes Full Name Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Aggregate year-to-date City, State, Zip Code (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period And Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate \$16,441.25	Full Name	Data	Amount of each
Mailing Address 01/30/2023 \$3,306.36 401 Whitney Ave 01/30/2023 \$3,306.36 Gretna, LA 70056~2507 Aggregate year-to-date \$16,441.25 Payroll - Taxes Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 01/31/2023 \$305.84 City, State, Zip Code 01/31/2023 \$305.84 Gretna, LA 70056-2507 Aggregate \$16,441.25	Paychex		1
City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Payroll - Taxes Full Name Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate year-to-date \$16,441.25 Amount of each disbursement this period \$305.84	Mailing Address		
City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Payroll - Taxes Full Name Paychex Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate year-to-date S16, 441.25 Amount of each disbursement this period \$305.84	401 Whitney Ave	01/30/2023	\$3,306.36
Purpose of Disbursement (Optional) Payroll - Taxes Full Name Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate year-to-date \$16,441.25 Amount of each disbursement this period \$305.84	City, State, Zip Code		·
Payroll - Taxes Full Name Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) S16, 441.25 Amount of each disbursement this period \$305.84	Gretna, LA 70056-2507		
Full Name Payroll - Taxes Full Name Paychex Paychex Mailing Address 401 Whitney Ave City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate S16 441 25	Purpose of Disbursement (Optional)	Aggregate	\$16 441 25
Paychex Date (Mo., Day, Year) Amount of each disbursement this period d	Payroll - Taxes	year-to-date	\$10,441.23
Paychex (Mo., Day, Year) disbursement this period Mailing Address 401 Whitney Ave 01/31/2023 \$305.84 City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate \$16.441.25	Full Name	Data	Amount of each
Mailing Address 401 Whitney Ave 01/31/2023 \$305.84 City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate \$16,441.25	Paychex		disbursement this period
City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate S16, 441, 25	Mailing Address		
City, State, Zip Code Gretna, LA 70056-2507 Purpose of Disbursement (Optional) Aggregate S16, 441, 25	401 Whitney Ave	01/31/2023	\$305.84
Purpose of Disbursement (Optional) Aggregate \$16,441,25	City, State, Zip Code		·
Purpose of Disbursement (Optional) Aggregate \$16,441,25	Gretna, LA 70056-2507		
1 516-441-75	Purpose of Disbursement (Optional)	Aggregate	61.6 441 05
	Payroll - Invoice		\$16,441.25

Reporting Period 1/1/2023 through _

4/30/2023

Disbursements from contributions accumulated Prior to Januar	i ji, zero di Ujeri di Ala	er January 1, 2018
Paychex	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(Moz, Bay, Tear)	dispuisement this period
401 Whitney Ave	02/28/2023	\$172.04
City, State, Zip Code	02/20/2020	7112101
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate	01.6 441 05
Payroll - Invoice	year-to-date	\$16,441.25
Full Name	Dete	Amount of each
Paychex	Date (Mo., Day, Year)	disbursement this period
Mailing Address		-
401 Whitney Ave	03/01/2023	\$4,123.26
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate	\$16,441.25
Payroll - Taxes	year-to-date	\$10,441.25
Full Name	Date	Amount of each
Paychex	(Mo., Day, Year)	disbursement this period
Mailing Address		
401 Whitney Ave	03/31/2023	\$172.04
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate	\$16,441.25
Payroll - Invoice	year-to-date	
Full Name	Date	Amount of each
Paychex	(Mo., Day, Year)	disbursement this period
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	year-to-date	
Full Name	Date	Amount of each
Paychex	(Mo., Day, Year)	disbursement this period
Mailing Address		
401 Whitney Ave	04/27/2023	\$3,964.74
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate	\$16,441.25
Payroll - Taxes	year-to-date	, ,

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

Disbursements from contributions accumulated Prior to Ja	anuary 1, 2018 or 🛮 🗸 On or Afte	er January 1, 2018
Full Name	Date	Amount of each
Paychex	(Mo., Day, Year)	disbursement this period
Mailing Address		
401 Whitney Ave	04/28/2023	\$187.04
City, State, Zip Code		
Gretna, LA 70056-2507		
Purpose of Disbursement (Optional)	Aggregate	\$16,441.25
Payroll - Invoice	year-to-date	
Full Name	Date	Amount of each
Princess Cleaning Services LLC	(Mo., Day, Year)	disbursement this period
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	\$328.00
Office Cleaning	year-to-date	7520.00
Full Name	Date	Amount of each
Sam's Club	(Mo., Day, Year)	disbursement this period
Mailing Address		
90 Bass Pro Dr	02/10/2023	\$219.23
City, State, Zip Code		
Pearl, MS 39208-9242	ľ	
Purpose of Disbursement (Optional)	Aggregate	\$219.23
Office Supplies	year-to-date	7213.23
Full Name	Date	Amount of each
Sheraton Philadelphia Downtown	(Mo., Day, Year)	disbursement this period
Mailing Address		
201 N 17th St	02/07/2023	\$568.58
City, State, Zip Code		
Philadelphia, PA 19103-1201		
Purpose of Disbursement (Optional)	Aggregate	\$568.58
Lodging	year-to-date	Ψ500.50
Full Name	Date	Amount of each
T-Mobile	(Mo., Day, Year)	disbursement this period
Mailing Address		-
PO Box 790047	01/20/2023	\$120.00
City, State, Zip Code		
Saint Louis, MO 63179-0047		
Purpose of Disbursement (Optional)	Aggregate	¢400 00
Telephone Services	year-to-date	\$480.00

Reporting Period 1/1/2023

through 4/30/2023

Disbursements from contributions accumulated Prior to Janua	ary 1, 2018 or 🗸 On or Afte	er January 1, 2018
Full Name	Date	Amount of each
T-Mobile	(Mo., Day, Year)	disbursement this period
Mailing Address		
PO Box 790047	02/21/2023	\$120.00
City, State, Zip Code		
Saint Louis, MO 63179-0047		
Purpose of Disbursement (Optional)	Aggregate	\$480.00
Telephone Services	year-to-date	7.00.00
Full Name	Date	Amount of each
T-Mobile	(Mo., Day, Year)	disbursement this period
Mailing Address		
PO Box 790047	03/20/2023	\$120.00
City, State, Zip Code		
Saint Louis, MO 63179-0047		
Purpose of Disbursement (Optional)	Aggregate	\$480.00
Telephone Services	year-to-date	Ų 100.00
Full Name	Date	Amount of each
T-Mobile	(Mo., Day, Year)	disbursement this period
Mailing Address		
PO Box 790047	04/20/2023	\$120.00
City, State, Zip Code		
Saint Louis, MO 63179-0047		
Purpose of Disbursement (Optional)	Aggregate	\$480.00
Telephone Services	year-to-date	Q400.00
Full Name	Date	Amount of each
Tougaloo College	(Mo., Day, Year)	disbursement this period
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	\$220.00
Party Meeting Rental Space	year-to-date	γ220.00
Full Name	Date	Amount of each
United Airlines	(Mo., Day, Year)	disbursement this period
Mailing Address		
233 S Wacker Dr	04/12/2023	\$314.30
City, State, Zip Code		
Chicago, IL 60606-7147		
Purpose of Disbursement (Optional)	Aggregate	0.000 E0
Travel	year-to-date	\$622.50

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

Disbursements from contributions accumulated Prior to Jan	uary 1, 2018 or ☑ On or Afte	er January 1, 2018
Full Name	Date	Amount of each
United Airlines	(Mo., Day, Year)	
Mailing Address		
233 S Wacker Dr	04/12/2023	\$308.20
City, State, Zip Code		
Chicago, IL 60606-7147		
Purpose of Disbursement (Optional)	Aggregate	\$622.50
Travel	year-to-date	, , , , , , , , , , , , , , , , , , , ,
Full Name	Date	Amount of each
Andre Wagner	(Mo., Day, Year)	disbursement this period
Mailing Address		
3100 Cleburne St	01/30/2023	\$4,671.59
City, State, Zip Code		
Houston, TX 77004-4501		
Purpose of Disbursement (Optional)	Aggregate	\$18,686.36
Payroll_	year-to-date	, = 0, 01000
Full Name	Date	Amount of each
Andre Wagner	(Mo., Day, Year)	disbursement this period
Mailing Address		
3100 Cleburne St	03/01/2023	\$4,671.59
City, State, Zip Code		
Houston, TX 77004-4501		
Purpose of Disbursement (Optional)	Aggregate	\$18,686.36
Payroll	year-to-date	,
Fuil Name	Date	Amount of each
Andre Wagner	(Mo., Day, Year)	disbursement this period
Mailing Address		
3100 Cleburne St	03/31/2023	\$4,671.59
City, State, Zip Code		
Houston, TX 77004-4501		
Purpose of Disbursement (Optional)	Aggregate	\$18,686.36
Payroll	year-to-date	
Full Name	Date	Amount of each
Andre Wagner	(Mo., Day, Year)	disbursement this period
Mailing Address		
3100 Cleburne St	04/27/2023	\$4,671.59
City, State, Zip Code		
Houston, TX 77004-4501		
Purpose of Disbursement (Optional)	Aggregate	\$18,686.36
Payroll	year-to-date	1 710,000.30

Reporting Period

1/1/2023

through 4/30/2023

Date Malmart Supercenter Malmart Super	Disbursements from contributions accumulated	☐ Prior to January 1, 2018 or		er January 1, 2018
Malmert Supercenter (Mo., Day, Year) disbursement this period Mailing Address 03/22/2023 \$229.70 Zity, State, Zip Code Aggregate year-to-date \$229.70 Office Supplies Aggregate year-to-date \$229.70 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 01/25/2023 \$70.19 Standaden Blvd 01/25/2023 \$70.19 City, State, Zip Code Aggregate year-to-date \$282.92 Software Purpose of Disbursement (Optional) Aggregate year-to-date \$282.92 Software Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 02/24/2023 \$70.19 Software Quality Code \$282.92 San Jose, CA 95113-1608 Aggregate year-to-date \$282.92 Purpose of Disbursement (Optional) Aggregate year-to-date \$282.92 Software Aggregate year-to-date \$282.92 City, State, Zip Code San Jose, CA 95113-1608 \$282.92 Purpose of Disbursement (Optional) Aggregate year-to-da	Fuil Name	1		<u> </u>
2711 Greenway Dr	Walmart Supercenter			
City, State, Zip Code Jackson, MS 39204-3304 MS 39204-3304 Aggregate year-to-date \$229.70 Office Supplies Aggregate year-to-date \$229.70 Aggregate year-to-date \$229.70 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address \$70.19 55 Almaden Blvd 01/25/2023 \$70.19 \$282.92 Software Aggregate year-to-date \$282.92 Younge of Disbursement (Optional) Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 02/24/2023 \$70.19 55 Almaden Blvd 02/24/2023 \$70.19 City, State, Zip Code Aggregate year-to-date \$282.92 Software Date (Mo., Day, Year) Amount of each disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address Aggregate year-to-date \$282.92 Software Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address Aggregate year-to-date \$282.92 Software Date (Mo., Day, Year)	Mailing Address			
Jackson, MS 39204-3304 Purpose of Disbursement (Optional) Aggregate year-to-date \$229.70	2711 Greenway Dr		03/22/2023	\$229.70
Purpose of Disbursement (Optional)	City, State, Zip Code			
Office Supplies year-to-date \$229.70 Full Name Date (Mo., Day, Year) Amount of each disbursement this period disbursement this period disbursement this period disbursement this period disbursement (Dritonal) 55 Almaden Blvd 01/25/2023 \$70.19 City, State, Zip Code Aggregate year-to-date \$282.92 Software Date (Mo., Day, Year) Amount of each disbursement this period disbursement (Optional) 02/24/2023 \$70.19 Software Aggregate year-to-date \$282.92 Purpose of Disbursement (Optional) Aggregate year-to-date \$282.92 Software Date (Mo., Day, Year) Amount of each disbursement this period disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period disbursement (Optional) Software Aggregate year-to-date \$282.92 Full Name Aggregate year-to-date \$282.92 Software Aggregate year-to-date \$282.92 Full Name Aggregate year-to-date \$282.92 Software Aggregate year-to-date \$282.92 S	Jackson, MS 39204-3304	i		
### Common	Purpose of Disbursement (Optional)		Aggregate	\$229 70
Amount of each disbursement this period disbursement (Optional) Aggregate year-to-date \$282.92	Office Supplies		year-to-date	Ψ223.70
Zoom	Full Name		Data	Amount of each
55 Almaden Blvd	Zoom			
City, State, Zip Code San Jose, CA 95113-1608 Aggregate year-to-date year-to-date year-to-date \$282.92 Purpose of Disbursement (Optional) Aggregate year-to-date year-to-date \$282.92 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address Aggregate year-to-date \$70.19 Purpose of Disbursement (Optional) Aggregate year-to-date \$282.92 Software Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/24/2023 \$71.27 City, State, Zip Code Aggregate year-to-date \$282.92 Software Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address Date (Mo., Day, Year) Amount of each disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address Almaden Blvd O4/24/2023 \$71.27 City, State, Zip Code San Jose, CA 95113-1608 Aggregate San Jose, CA 95113-1608 Purpose of Disbursement (Optional)	Mailing Address			
San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Aggregate year-to-date \$282.92 \$282.9	55 Almaden Blvd		01/25/2023	\$70.19
Purpose of Disbursement (Optional) Software Software Software Software Software Som	City, State, Zip Code			
Software year-to-date \$282.92 Full Name Date (Mo., Day, Year) Amount of each disbursement this period 55 Almaden Blvd 02/24/2023 \$70.19 55 Almaden Blvd 02/24/2023 \$70.19 City, State, Zip Code San Jose, CA 95113-1608 Aggregate year-to-date \$282.92 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/24/2023 \$71.27 55 Almaden Blvd 03/24/2023 \$71.27 City, State, Zip Code Aggregate year-to-date \$282.92 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/24/2023 \$71.27 City, State, Zip Code San Jose, CA 95113-1608 \$71.27 Purpose of Disbursement (Optional) Aggregate \$71.27	San Jose, CA 95113-1608			
Full Name Zoom Mailing Address 55 Almaden Blvd City, State, Zip Code San Jose, CA 95113-1608 Full Name Zoom Mailing Address Software Full Name Zoom Mailing Address Software Tull Name Software Tull Name Som Mailing Address Software Tull Name Software Software Tull Name Software Software Tull Name Software Software Tull Name Software	Purpose of Disbursement (Optional)	-		\$202.02
Date Amount of each disbursement this period	Software		year-to-date	9202.92
Mo, Day, Year disbursement this period	Full Name		Date	Amount of each
55 Almaden Blvd 02/24/2023 \$70.19 City, State, Zip Code San Jose, CA 95113-1608 Aggregate year-to-date \$282.92 Purpose of Disbursement (Optional) Aggregate year-to-date \$282.92 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/24/2023 \$71.27 City, State, Zip Code Aggregate year-to-date \$282.92 Software Aggregate year-to-date \$282.92 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 55 Almaden Blvd 04/24/2023 \$71.27 City, State, Zip Code 04/24/2023 \$71.27 City, State, Zip Code Aggregate \$282.92	Zoom			
City, State, Zip Code Aggregate year-to-date \$282.92 Purpose of Disbursement (Optional) Aggregate year-to-date \$282.92 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/24/2023 \$71.27 55 Almaden Blvd 03/24/2023 \$71.27 City, State, Zip Code Aggregate year-to-date \$282.92 Software Date (Mo., Day, Year) Amount of each disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/24/2023 \$71.27 City, State, Zip Code 04/24/2023 \$71.27 City, State, Zip Code Aggregate \$282.92 San Jose, CA 95113-1608 Aggregate \$282.92	Mailing Address			-
San Jose, CA 95113-1608 Aggregate year-to-date \$282.92 Purpose of Disbursement (Optional) Aggregate year-to-date \$282.92 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 03/24/2023 \$71.27 City, State, Zip Code Aggregate year-to-date \$282.92 Software Date (Mo., Day, Year) Amount of each disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/24/2023 \$71.27 City, State, Zip Code O4/24/2023 \$71.27 City, State, Zip Code Aggregate \$282.92 Purpose of Disbursement (Optional) Aggregate \$282.92	55 Almaden Blvd		02/24/2023	\$70.19
Purpose of Disbursement (Optional) Software Full Name Zoom Mailing Address 55 Almaden Blvd City, State, Zip Code San Jose, CA 95113-1608 Full Name Zoom Oxiderate (Mo., Day, Year) Amount of each disbursement this period \$71.27 Aggregate year-to-date \$282.92 Aggregate year-to-date \$282.92 Aggregate year-to-date \$282.92 Amount of each disbursement (Optional) Aggregate year-to-date \$282.92 Amount of each disbursement (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period Amount of each disbursement (Optional) Aggregate year-to-date Year-to-date \$282.92 Amount of each disbursement this period	City, State, Zip Code			
Software Full Name Zoom Mailing Address 55 Almaden Blvd City, State, Zip Code San Jose, CA 95113-1608 Full Name Zoom Aggregate year-to-date San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Software Tull Name Zoom Mailing Address 55 Almaden Blvd Aggregate (Mo., Day, Year) Amount of each disbursement this period	San Jose, CA 95113-1608			
Full Name Zoom Mailing Address 55 Almaden Blvd Purpose of Disbursement (Optional) Software Full Name Zoom Amount of each disbursement this period \$71.27 Aggregate year-to-date \$282.92 Amount of each disbursement (Optional) Aggregate year-to-date \$282.92 Amount of each disbursement (Optional) \$31.27 Amount of each disbursement (Mo., Day, Year) Amount of each disbursement (No., Day, Year) Amount of each disbursement (Optional) \$31.27 City, State, Zip Code San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Aggregate \$3282.92	Purpose of Disbursement (Optional)			\$282 92
Zoom (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 Full Name Zoom Date (Mo., Day, Year) Mailing Address 55 Almaden Blvd 04/24/2023 \$71.27 City, State, Zip Code San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Aggregate year-to-date Amount of each disbursement this period	Software		year-to-date	Q202.32
Zoom(Mo., Day, Year)disbursement this periodMailing Address03/24/2023\$71.2755 Almaden Blvd03/24/2023\$71.27City, State, Zip CodeAggregate year-to-date\$282.92SoftwareDate (Mo., Day, Year)Amount of each disbursement this periodFull NameDate (Mo., Day, Year)Amount of each disbursement this periodMailing Address04/24/2023\$71.27City, State, Zip Code\$282.92San Jose, CA 95113-1608Aggregate\$282.92	Full Name		Date	Amount of each
55 Almaden Blvd	Zoom			
City, State, Zip Code San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Software Full Name Zoom Mailing Address 55 Almaden Blvd City, State, Zip Code San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Aggregate year-to-date \$282.92 Amount of each disbursement this period \$71.27 Amount of each disbursement this period Aggregate \$71.27	Mailing Address			
San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Software Full Name Zoom Date (Mo., Day, Year) Mailing Address 55 Almaden Blvd City, State, Zip Code San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Aggregate year-to-date \$282.92 Amount of each disbursement this period	55 Almaden Blvd		03/24/2023	\$71.27
Purpose of Disbursement (Optional) Software Full Name Zoom Date (Mo., Day, Year) Mailing Address 55 Almaden Blvd City, State, Zip Code San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Aggregate year-to-date \$282.92 Amount of each disbursement this period \$71.27	City, State, Zip Code			
Software year-to-date \$282.92 Full Name Zoom Mailing Address 55 Almaden Blvd City, State, Zip Code San Jose, CA 95113-1608 Purpose of Disbursement (Optional) \$282.92 Amount of each disbursement this period \$71.27	San Jose, CA 95113-1608			
Full Name Zoom Date (Mo., Day, Year) Mailing Address 55 Almaden Blvd City, State, Zip Code San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Amount of each disbursement this period	Purpose of Disbursement (Optional)			\$282 92
Zoom 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) Aggregate \$282.92	Software		year-to-date	7202.92
Zoom (Mo., Day, Year) 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) Aggregate \$282.92	Full Name	·	Date	Amount of each
Mailing Address 04/24/2023 \$71.27 55 Almaden Blvd 04/24/2023 \$71.27 City, State, Zip Code San Jose, CA 95113-1608 Aggregate \$282.92 Purpose of Disbursement (Optional) Aggregate \$282.92	Zoom	İ		
City, State, Zip Code San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Aggregate \$282.92	Mailing Address	"-	·	
City, State, Zip Code San Jose, CA 95113-1608 Purpose of Disbursement (Optional) Aggregate \$282.92	55 Almaden Blvd		04/24/2023	\$71.27
Purpose of Disbursement (Optional) Aggregate \$282,92	City, State, Zip Code			·
\$282.92	San Jose, CA 95113-1608			
Software year-to-date year-to-date	Purpose of Disbursement (Optional)			\$202.02
	Software		year-to-date	۹۷۵۷.9۷