

Ref No: CF202330347
Date Filed: 6/9/2023

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election

RECEIVED
Michael Watson
Secretary of State
By Secretary of State Elections Division at 4:47 pm, Jun 09, 2023

Name of Candidate Brandon Presley
Address PO Box 208 City/State/Zip Nettleton, MS 38858
Telephone (Work) _____ (Home) (202) 552-0221 (Fax) _____
Contact Name Rachel Headley Email Address info@brandonpresley.com
Office Sought _____ Political Party Democratic Party

Check here if above is different from previous report

TYPE OF REPORT

- May Periodic Report Mandatory
- June Periodic Report (May 1, 2023 through May 31, 2023) Mandatory
- July Periodic Report Mandatory
- Primary Pre-Election Report (_____ through _____) Mandatory
- Primary Pre-Runoff Report (_____ through _____) Runoff Candidates Only
- October Periodic Report Mandatory
- Pre-Election Report (_____ through _____) Mandatory
- Pre-Runoff Report (_____ through _____) Runoff Candidates Only
- January Periodic Report Mandatory
- Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) **Required to terminate reporting obligations**

IMPORTANT

- (1) All candidates for office shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed.
- (3) Until a candidate files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807(b) (ii) and (iii)
- (4) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth these "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.

(5) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline.

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Michael Watson
Secretary of State

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS AS OF
JANUARY 1, 2018**

JAN 1, 2023 CASH ON HAND BALANCE				
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-To-Date
TOTAL AMT OF CONTRIBUTIONS		+		
TOTAL AMT OF DISBURSEMENTS		+		
CASH ON HAND BALANCE				

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED AFTER
JANUARY 1, 2018**

JAN 1, 2023 CASH ON HAND BALANCE					\$727,532.54
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-To-Date	
TOTAL AMT OF CONTRIBUTIONS	\$293,455.75	+	\$61,813.55	\$355,269.30	\$1,760,057.29
TOTAL AMT OF DISBURSEMENTS	\$250,746.60	+	\$2,655.20	\$253,401.80	\$773,134.42
CASH ON HAND BALANCE					\$1,714,455.41

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

Brandon Presley

Signature of Candidate

06/09/2023

Date

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

Penalties: A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadlines cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§23-15-811 and 813 (1972)

Candidates for Statewide, State District, or Legislative Offices file this Report with the Secretary of State to 401 Mississippi Street, Jackson, MS; P.O. Box 136, Jackson, MS 39205; fax 601-576-2545; or email CampaignFinance@sos.ms.gov

Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Richard Ballard	05/21/2023	\$5.00
Mailing Address 142 Road 598		
City, State, Zip Code Plantersville, MS 38862-4901		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$215.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Meredith Rosenthal	05/04/2023	\$500.00
Mailing Address 23 Regent Cir		
City, State, Zip Code Brookline, MA 02445-3355		
Name of Employer (Required) Harvard University		
Occupation (Required) Professor	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny D. Jones	05/24/2023	\$250.00
Mailing Address 611 S Pear Orchard Rd		
City, State, Zip Code Ridgeland, MS 39157-4836		
Name of Employer (Required) The DELTA Project		
Occupation (Required) CEO	Aggregate year-to-date	\$803.50
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Truax	05/28/2023	\$25.00
Mailing Address 913 Southgate Dr		
City, State, Zip Code Starkville, MS 39759-9434		
Name of Employer (Required) Self Employed		
Occupation (Required) Engineer	Aggregate year-to-date	\$850.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Francis Springer Mailing Address 136 Wildwood Dr City, State, Zip Code Madison, MS 39110-7044 Name of Employer (Required) Self Employed Occupation (Required) Attorney	05/30/2023	\$500.00
Aggregate year-to-date		\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Ballard Mailing Address 142 Road 598 City, State, Zip Code Plantersville, MS 38862-4901 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/11/2023	\$10.00
Aggregate year-to-date		\$215.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cynthia Yap Mailing Address 1955 Popps Ferry Rd City, State, Zip Code Biloxi, MS 39532-2029 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/12/2023	\$35.00
Aggregate year-to-date		\$285.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heath Randall Mailing Address 2248 Summit Dr City, State, Zip Code Arnold, MO 63010-2254 Name of Employer (Required) Frontline Managed Services Occupation (Required) IT Professional	05/24/2023	\$25.00
Aggregate year-to-date		\$575.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Eugene Bramlett <hr/> Mailing Address 1123 College St <hr/> City, State, Zip Code Columbus, MS 39701-5810 <hr/> Name of Employer (Required) Covenant United Methodist Church <hr/> Occupation (Required) Minister	05/05/2023	\$250.00
Aggregate year-to-date		\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cynthia Yap <hr/> Mailing Address 1955 Popp's Ferry Rd <hr/> City, State, Zip Code Biloxi, MS 39532-2029 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/18/2023	\$50.00
Aggregate year-to-date		\$285.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilson Golden <hr/> Mailing Address 3136 White Magnolia Chase SW <hr/> City, State, Zip Code Gainesville, GA 30504-5587 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/28/2023	\$100.00
Aggregate year-to-date		\$685.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marian Barksdale <hr/> Mailing Address 917 Old Taylor Rd <hr/> City, State, Zip Code Oxford, MS 38655-4637 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/29/2023	\$100.00
Aggregate year-to-date		\$600.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Crymes M. Pittman	05/30/2023	\$250.00
Mailing Address 2213 Heritage Hill Dr		
City, State, Zip Code Jackson, MS 39211-5822		
Name of Employer (Required) Pittman, Roberts & Welsh, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joyce Aboussie	05/11/2023	\$1,000.00
Mailing Address 76 Overhills Dr		
City, State, Zip Code Saint Louis, MO 63124-1532		
Name of Employer (Required) Aboussie Associates		
Occupation (Required) CEO	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vonda Reeves-Darby	05/31/2023	\$250.00
Mailing Address 3866 Forest Hill Rd		
City, State, Zip Code Jackson, MS 39212-5301		
Name of Employer (Required) Self Employed		
Occupation (Required) Physician	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paula Temperilli	05/25/2023	\$10.00
Mailing Address 15231 Rainhollow Dr		
City, State, Zip Code Houston, TX 77070-1328		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$510.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Lee Carroll <hr/> Mailing Address 4445 Sears Rd <hr/> City, State, Zip Code Pegram, TN 37143-5007 <hr/> Name of Employer (Required) Nashville Opera <hr/> Occupation (Required) Fundraiser	05/11/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrina R. Dace <hr/> Mailing Address 105 Sutter Dr <hr/> City, State, Zip Code Terry, MS 39170-5032 <hr/> Name of Employer (Required) Kaleidoscope of Learning <hr/> Occupation (Required) Business Owner	05/11/2023	\$50.00
Aggregate year-to-date		\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Morris <hr/> Mailing Address PO Box 2136 <hr/> City, State, Zip Code Oxford, MS 38655-7136 <hr/> Name of Employer (Required) Brad Morris Law Firm PLLC <hr/> Occupation (Required) Attorney	05/02/2023	\$500.00
Aggregate year-to-date		\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenda Roberts <hr/> Mailing Address 709 Northdale Pl <hr/> City, State, Zip Code Brandon, MS 39047-5110 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/05/2023	\$100.00
Aggregate year-to-date		\$300.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Victor Fleitas Mailing Address 148 Midway Dr City, State, Zip Code Tupelo, MS 38804-2800 Name of Employer (Required) Self Employed Occupation (Required) Attorney	05/16/2023	\$100.00
Aggregate year-to-date		\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eric Shangle Mailing Address 84 Malvern Walk City, State, Zip Code Asheville, NC 28806-0183 Name of Employer (Required) Pine Gate Renewables Occupation (Required) Human Resources	05/20/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Partnership</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ballard Spahr LLP Mailing Address 1735 Market St City, State, Zip Code Philadelphia, PA 19103-7507 Name of Employer (Required) _____ Occupation (Required) _____	05/30/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bernell McGehee Mailing Address PO Box 410 City, State, Zip Code Liberty, MS 39645-0410 Name of Employer (Required) Self Employed Occupation (Required) Accountant	05/30/2023	\$100.00
Aggregate year-to-date		\$300.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Robert M. Pugh <hr/> Mailing Address 5924 Whitestone Rd <hr/> City, State, Zip Code Jackson, MS 39206-2515 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/11/2023	\$25.00
Aggregate year-to-date		\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William L. Chadwick <hr/> Mailing Address 449 Highway 334 <hr/> City, State, Zip Code Oxford, MS 38655-6339 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis J. Erby <hr/> Mailing Address PO Box 2811 <hr/> City, State, Zip Code Columbus, MS 39704-2811 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/26/2023	\$1,000.00
Aggregate year-to-date		\$1,650.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Parrott <hr/> Mailing Address 9 Abbey Nord Pl <hr/> City, State, Zip Code Jackson, MS 39216-3743 <hr/> Name of Employer (Required) Adams and Reese <hr/> Occupation (Required) Attorney	05/08/2023	\$250.00
Aggregate year-to-date		\$350.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Carolyn Goren	05/08/2023	\$25.00
Mailing Address PO Box 7189		
City, State, Zip Code Missoula, MT 59807-7189		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Aggregate year-to-date		\$280.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Dunbar	05/02/2023	\$1,000.00
Mailing Address 621 N Lamar Blvd		
City, State, Zip Code Oxford, MS 38655-3207		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Aggregate year-to-date		\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name VJ3 Holdings LLC	05/23/2023	\$1,000.00
Mailing Address 4206 Dauphine St		
City, State, Zip Code New Orleans, LA 70117-5317		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Smithson	05/23/2023	\$250.00
Mailing Address 155 Castle Cir		
City, State, Zip Code Madison, MS 39110-9403		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Jill Herring	05/31/2023	\$100.00
Mailing Address 6644 Barrett Rd		
City, State, Zip Code Falls Church, VA 22042-4228		
Name of Employer (Required) US Navy		
Occupation (Required) Sailor		
Aggregate year-to-date		\$787.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny Newson	05/03/2023	\$500.00
Mailing Address 433 Andrews Ave		
City, State, Zip Code Clarksdale, MS 38614-6109		
Name of Employer (Required) Newson & Newson		
Occupation (Required) Attorney		
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Maddox	05/15/2023	\$250.00
Mailing Address 6285 Darren Dr		
City, State, Zip Code Olive Branch, MS 38654-7151		
Name of Employer (Required) Alliance Retail Group		
Occupation (Required) Senior Vice President		
Aggregate year-to-date		\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Buchanan	05/25/2023	\$30.00
Mailing Address 155 Bryant St		
City, State, Zip Code Palo Alto, CA 94301-1104		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Aggregate year-to-date		\$331.50

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Suzanne Robinson <hr/> Mailing Address 206 Wood St <hr/> City, State, Zip Code Water Valley, MS 38965-2603 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/25/2023	\$15.00
		Aggregate year-to-date \$425.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen Baylot <hr/> Mailing Address 9269 Highway 18 <hr/> City, State, Zip Code Raymond, MS 39154-8914 <hr/> Name of Employer (Required) Mardi Gras Motors <hr/> Occupation (Required) Business Owner	05/26/2023	\$500.00
		Aggregate year-to-date \$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathy Olsen <hr/> Mailing Address 4416 Sunnybrook Dr <hr/> City, State, Zip Code Nashville, TN 37205-3860 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/17/2023	\$5,000.00
		Aggregate year-to-date \$40,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marsha M. Pimperl <hr/> Mailing Address 28 Bernis Hill Rd <hr/> City, State, Zip Code Taylorsville, MS 39168-4449 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Writer	05/10/2023	\$1,000.00
		Aggregate year-to-date \$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Graham Slakie <hr/> Mailing Address 4706 Buckingham Dr <hr/> City, State, Zip Code Chattanooga, TN 37421-1108 <hr/> Name of Employer (Required) Regal Cinemas <hr/> Occupation (Required) Usher	05/01/2023	\$11.60
Aggregate year-to-date		\$200.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Graham Slakie <hr/> Mailing Address 4706 Buckingham Dr <hr/> City, State, Zip Code Chattanooga, TN 37421-1108 <hr/> Name of Employer (Required) Regal Cinemas <hr/> Occupation (Required) Usher	05/31/2023	\$30.00
Aggregate year-to-date		\$200.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrick J. O'Connor <hr/> Mailing Address 541 E Scenic Dr <hr/> City, State, Zip Code Pass Christian, MS 39571-4510 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Filmmaker	05/22/2023	\$2,500.00
Aggregate year-to-date		\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marcella Strong <hr/> Mailing Address 100 Fairlane Dr <hr/> City, State, Zip Code Hattiesburg, MS 39402-2309 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/13/2023	\$200.00
Aggregate year-to-date		\$300.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Marc Doyle <hr/> Mailing Address 704 State St <hr/> City, State, Zip Code Natchez, MS 39120-3543 <hr/> Name of Employer (Required) Echo Pictures, Inc. <hr/> Occupation (Required) Documentary Film Maker	05/25/2023	\$25.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John B. Spencer III <hr/> Mailing Address PO Box 26 <hr/> City, State, Zip Code Charleston, MS 38921-0026 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/26/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Juanita Boutin <hr/> Mailing Address PO Box 400 <hr/> City, State, Zip Code Oxford, MS 38655-0400 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/07/2023	\$50.00
Aggregate year-to-date		\$425.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen Suitts <hr/> Mailing Address 737 Myrtle St NE <hr/> City, State, Zip Code Atlanta, GA 30308-1402 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/31/2023	\$500.00
Aggregate year-to-date		\$3,550.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Thomas Reardon <hr/> Mailing Address PO Box 68 <hr/> City, State, Zip Code Taylor, MS 38673-0068 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/02/2023	\$150.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carolyn Goren <hr/> Mailing Address PO Box 7189 <hr/> City, State, Zip Code Missoula, MT 59807-7189 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/12/2023	\$25.00
Aggregate year-to-date		\$280.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dempsey M. Levi <hr/> Mailing Address 401 E Beach Dr <hr/> City, State, Zip Code Ocean Springs, MS 39564-5132 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/22/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Williams <hr/> Mailing Address 122 Madison Pl <hr/> City, State, Zip Code Hattiesburg, MS 39402-8339 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/22/2023	\$25.00
Aggregate year-to-date		\$525.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Richard Braida Mailing Address 111 Brandywine Dr City, State, Zip Code South Bethany, DE 19930-9737 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/06/2023	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Claudia Hauberg Mailing Address 234 Eastbrooke St City, State, Zip Code Jackson, MS 39216-4716 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/26/2023	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert O'Brien Mailing Address 6007 SW 240th St City, State, Zip Code Vashon, WA 98070-7247 Name of Employer (Required) Health Net Occupation (Required) COO	05/13/2023	\$100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hackett Cummins Mailing Address 9 Nelson Ln City, State, Zip Code Pass Christian, MS 39571-4716 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/23/2023	\$125.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
	Aggregate year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Mary Ann O'Gorman <hr/> Mailing Address 1411 Calhoun Ave <hr/> City, State, Zip Code Ocean Springs, MS 39564-4919 <hr/> Name of Employer (Required) Studio 2Point46, LLC <hr/> Occupation (Required) Business Owner	05/07/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leonard A. Blackwell II <hr/> Mailing Address 11857 Lorraine Rd <hr/> City, State, Zip Code Gulfport, MS 39503-3951 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$250.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Ballard <hr/> Mailing Address 142 Road 598 <hr/> City, State, Zip Code Plantersville, MS 38862-4901 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/31/2023	\$5.00
Aggregate year-to-date		\$215.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank W. Trapp <hr/> Mailing Address 742 Turkey Oak Cv <hr/> City, State, Zip Code Oxford, MS 38655-1267 <hr/> Name of Employer (Required) Phelps Dunbar LLP <hr/> Occupation (Required) Attorney	05/31/2023	\$500.00
Aggregate year-to-date		\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name George H. Williams <hr/> Mailing Address 100 Martins Ky <hr/> City, State, Zip Code Ridgeland, MS 39157-3419 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/22/2023	\$10.00
Aggregate year-to-date		\$460.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stefan Massong <hr/> Mailing Address 307 Wisteria St <hr/> City, State, Zip Code Ocean Springs, MS 39564-2840 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Psychologist	05/14/2023	\$100.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lance L. Stevens <hr/> Mailing Address 104 Keystone Pl <hr/> City, State, Zip Code Brandon, MS 39042-2332 <hr/> Name of Employer (Required) Stevens Law Group <hr/> Occupation (Required) Attorney	05/24/2023	\$250.00
Aggregate year-to-date		\$451.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Jakobson <hr/> Mailing Address 167 E 74th St <hr/> City, State, Zip Code New York, NY 10021-3226 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/05/2023	\$250.00
Aggregate year-to-date		\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Dennis J. Erby <hr/> Mailing Address PO Box 2811 <hr/> City, State, Zip Code Columbus, MS 39704-2811 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/16/2023	\$50.00
Aggregate year-to-date		\$1,650.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Higginbotham <hr/> Mailing Address 27 Fox Hollow Ln <hr/> City, State, Zip Code Laurel, MS 39443-4946 <hr/> Name of Employer (Required) South Central Regional Medical Center <hr/> Occupation (Required) Hospital Administrator	05/07/2023	\$250.00
Aggregate year-to-date		\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Gaudet <hr/> Mailing Address 99 Midtown Sq <hr/> City, State, Zip Code Hattiesburg, MS 39402-7513 <hr/> Name of Employer (Required) William Carey University <hr/> Occupation (Required) Associate Professor	05/29/2023	\$100.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lele W. Gillespie <hr/> Mailing Address 1013 S Lamar Blvd <hr/> City, State, Zip Code Oxford, MS 38655-4739 <hr/> Name of Employer (Required) University of Mississippi <hr/> Occupation (Required) Project Coordinator	05/30/2023	\$250.00
Aggregate year-to-date		\$1,100.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Watkins Wild	05/11/2023	\$250.00
Mailing Address 188 Cedar Ridge Rd		
City, State, Zip Code Mccomb, MS 39648-2100		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sheila Skemp	05/02/2023	\$250.00
Mailing Address 209 Cullen Rd		
City, State, Zip Code Oxford, MS 38655-2203		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Professor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Helen Boone	05/25/2023	\$100.00
Mailing Address 3726 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3605		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$647.45
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harold Fiore	05/09/2023	\$100.00
Mailing Address 118 W Jefferson Ave		
City, State, Zip Code Greenwood, MS 38930-3536		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Inez Kelleher	05/19/2023	\$50.00
Mailing Address 914 N Country Club Ln		
City, State, Zip Code Biloxi, MS 39532-3204		
Name of Employer (Required) Memorial Hospital Gulfport		
Occupation (Required) Physician	Aggregate year-to-date	\$1,150.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cynthia Yap	05/10/2023	\$25.00
Mailing Address 1955 Popp's Ferry Rd		
City, State, Zip Code Biloxi, MS 39532-2029		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$285.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Melissa Scholes	05/30/2023	\$100.00
Mailing Address 2501 Lake Cir		
City, State, Zip Code Jackson, MS 39211-6625		
Name of Employer (Required) University of Mississippi Medical Center		
Occupation (Required) Physician	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Judi Leake	05/11/2023	\$200.00
Mailing Address 5645 Traceside Dr		
City, State, Zip Code Nashville, TN 37221-4093		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Joanna Shows	05/31/2023	\$50.00
Mailing Address 1388 LAMPTON HILLTOP Rd		
City, State, Zip Code Columbia, MS 39429		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Aggregate year-to-date		\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Desiree Hensley	05/02/2023	\$250.00
Mailing Address 210 Longest Rd		
City, State, Zip Code Oxford, MS 38655-2216		
Name of Employer (Required) University of Mississippi School of Law		
Occupation (Required) Law Professor		
Aggregate year-to-date		\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cliff Johnson	05/02/2023	\$250.00
Mailing Address 1275 Highway 7 S		
City, State, Zip Code Water Valley, MS 38965-3758		
Name of Employer (Required) MacArthur Justice Center		
Occupation (Required) Attorney		
Aggregate year-to-date		\$264.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Daniel Pair	05/12/2023	\$50.00
Mailing Address 968 Road 261		
City, State, Zip Code Tupelo, MS 38801-7600		
Name of Employer (Required) SSA		
Occupation (Required) Claims Specialist		
Aggregate year-to-date		\$300.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Keith Mansel Mailing Address 229 Eastbrooke St City, State, Zip Code Jackson, MS 39216-4716 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Physician	05/15/2023	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brett White Mailing Address 150 U St NE City, State, Zip Code Washington, DC 20002-1372 Name of Employer (Required) Pine Gate Renewables Occupation (Required) Attorney	05/20/2023	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Ballard Mailing Address 5488 Turningleaf Cv City, State, Zip Code Tupelo, MS 38801-9516 Name of Employer (Required) Cardinal Health Occupation (Required) Pharmacist	05/30/2023	\$100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kevin W. Frye PLLC Mailing Address PO Box 2456 City, State, Zip Code Oxford, MS 38655-6200 Name of Employer (Required)	05/02/2023	\$350.00
Occupation (Required)	Aggregate year-to-date	\$350.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Roger Mcdowell Mailing Address 1904 Fuller St City, State, Zip Code Hattiesburg, MS 39401-7544 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/14/2023	\$164.25
Aggregate year-to-date		\$1,339.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marc Doyle Mailing Address 704 State St City, State, Zip Code Natchez, MS 39120-3543 Name of Employer (Required) Echo Pictures, Inc. Occupation (Required) Documentary Film Maker	05/31/2023	\$25.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Farish Percy Mailing Address 1006 Woodland Ln City, State, Zip Code Oxford, MS 38655-5305 Name of Employer (Required) University of Mississippi Occupation (Required) Professor	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald Sittman Mailing Address 1822 Devine St City, State, Zip Code Jackson, MS 39202-1317 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/23/2023	\$50.00
Aggregate year-to-date		\$1,250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Elizabeth Cowan <hr/> Mailing Address 931 Governor Nicholls St <hr/> City, State, Zip Code New Orleans, LA 70116-2454 <hr/> Name of Employer (Required) None	05/23/2023	\$250.00
Occupation (Required) University Student	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pamela A. Johnson <hr/> Mailing Address 114 Bent Creek Dr <hr/> City, State, Zip Code Brandon, MS 39047-6636 <hr/> Name of Employer (Required) Not Employed	05/01/2023	\$250.00
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Clark <hr/> Mailing Address 167 Rolling Meadows Rd <hr/> City, State, Zip Code Ridgeland, MS 39157-9488 <hr/> Name of Employer (Required) Not Employed	05/21/2023	\$100.00
Occupation (Required) Not Employed	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Adrian L. Wood III <hr/> Mailing Address 2905 Pinecrest Cir <hr/> City, State, Zip Code Corinth, MS 38834-3864 <hr/> Name of Employer (Required) J&A Inc.	05/31/2023	\$100.00
Occupation (Required) Director	Aggregate year-to-date	\$500.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Martzell, Bickford, & Centola APC <hr/> Mailing Address 338 Lafayette St <hr/> City, State, Zip Code New Orleans, LA 70130-3244 <hr/> Name of Employer (Required) _____ <hr/> Occupation (Required) _____	05/23/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Annette Sowell <hr/> Mailing Address 574 Nellwood Dr <hr/> City, State, Zip Code Hattiesburg, MS 39402-9277 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/05/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cathy Boone <hr/> Mailing Address 3710 Crane Blvd <hr/> City, State, Zip Code Jackson, MS 39216-3605 <hr/> Name of Employer (Required) ROI Communication <hr/> Occupation (Required) Consultant	05/25/2023	\$250.00
Aggregate year-to-date		\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George D. Penick Jr <hr/> Mailing Address 4 Pecan Tree Pl <hr/> City, State, Zip Code Jackson, MS 39211-6468 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/26/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Maggie Sasser Mailing Address 603 Edmund St City, State, Zip Code Raleigh, NC 27604-2341 Name of Employer (Required) Pine Gate Renewables Occupation (Required) Vice President	05/17/2023	\$250.00
Aggregate year-to-date		\$3,903.74
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Alley Mailing Address 735 Gillespie St City, State, Zip Code Jackson, MS 39202-1712 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/09/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joyce Leech Mailing Address 214 Main St S City, State, Zip Code Amory, MS 38821-4218 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/31/2023	\$100.00
Aggregate year-to-date		\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Decker Mailing Address 4044 Oakridge Dr City, State, Zip Code Jackson, MS 39216-3413 Name of Employer (Required) Duvall Decker Occupation (Required) Architect	05/22/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Barbara Jakobson <hr/> Mailing Address 167 E 74th St <hr/> City, State, Zip Code New York, NY 10021-3226 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/05/2023	\$250.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thorne Butler <hr/> Mailing Address 3942 Oakridge Dr <hr/> City, State, Zip Code Jackson, MS 39216-3411 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/15/2023	\$10.00
Aggregate year-to-date		\$360.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald Sittman <hr/> Mailing Address 1822 Devine St <hr/> City, State, Zip Code Jackson, MS 39202-1317 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/26/2023	\$1,000.00
Aggregate year-to-date		\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary-Anna Holden <hr/> Mailing Address 25 Grove St <hr/> City, State, Zip Code Madison, NJ 07940-2143 <hr/> Name of Employer (Required) NJ Board of Public Utilities <hr/> Occupation (Required) Commissioner	05/17/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name James E Vance <hr/> Mailing Address 1216 Lakeshire Dr <hr/> City, State, Zip Code Tupelo, MS 38804-1000 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Tax Accountant	05/08/2023	\$500.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William L. Thames <hr/> Mailing Address 316 W 7th St <hr/> City, State, Zip Code Laurel, MS 39440-3407 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/10/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Hinton <hr/> Mailing Address 817 Chartres St <hr/> City, State, Zip Code New Orleans, LA 70116-3206 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Writer	05/31/2023	\$250.00
Aggregate year-to-date		\$1,950.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tom R. Schnridau <hr/> Mailing Address 14000 W El Bonito Dr <hr/> City, State, Zip Code Ocean Springs, MS 39564-2573 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/22/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Fred Kency <hr/> Mailing Address 503 Pinebrook Cv <hr/> City, State, Zip Code Brandon, MS 39047-7827 <hr/> Name of Employer (Required) Baptist Medical <hr/> Occupation (Required) Physician	05/07/2023	\$10.00
Aggregate year-to-date		\$210.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Sussman <hr/> Mailing Address 240 W 75th St <hr/> City, State, Zip Code New York, NY 10023-1723 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/18/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carolyn Goren <hr/> Mailing Address PO Box 7189 <hr/> City, State, Zip Code Missoula, MT 59807-7189 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/12/2023	\$25.00
Aggregate year-to-date		\$280.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cathy Isaacson <hr/> Mailing Address 2400 Saint Charles Ave <hr/> City, State, Zip Code New Orleans, LA 70130-6080 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/22/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Heath Randall	05/13/2023	\$250.00
Mailing Address 2248 Summit Dr		
City, State, Zip Code Arnold, MO 63010-2254		
Name of Employer (Required) Frontline Managed Services		
Occupation (Required) IT Professional	Aggregate year-to-date	\$575.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Rankin	05/15/2023	\$50.00
Mailing Address PO Box 219		
City, State, Zip Code Braxton, MS 39044-0219		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$475.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert L. Gibbs	05/26/2023	\$500.00
Mailing Address 1223 Hallmark Dr		
City, State, Zip Code Jackson, MS 39206-2142		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marie Mckellar	05/03/2023	\$2,000.00
Mailing Address 425 Davis St		
City, State, Zip Code Evanston, IL 60201-4830		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$8,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Richard Courtney <hr/> Mailing Address 136 Ingleside Rd <hr/> City, State, Zip Code Madison, MS 39110-9729 <hr/> Name of Employer (Required) Self Employed	05/18/2023	\$100.00
Occupation (Required) Attorney	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Jordan <hr/> Mailing Address 1087 Augusta Dr <hr/> City, State, Zip Code Oxford, MS 38655-6187 <hr/> Name of Employer (Required) Oxford Answerphone Inc	05/30/2023	\$500.00
Occupation (Required) Business Owner	Aggregate year-to-date	\$4,501.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bruce Davis <hr/> Mailing Address 777 Shady Oaks Cir <hr/> City, State, Zip Code Oxford, MS 38655-5450 <hr/> Name of Employer (Required) Not Employed	05/30/2023	\$250.00
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Melissa Scholes <hr/> Mailing Address 2501 Lake Cir <hr/> City, State, Zip Code Jackson, MS 39211-6625 <hr/> Name of Employer (Required) University of Mississippi Medical Center	05/24/2023	\$250.00
Occupation (Required) Physician	Aggregate year-to-date	\$350.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Joseph Sheppard <hr/> Mailing Address PO Box 327 <hr/> City, State, Zip Code Cuero, TX 77954-0327 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/07/2023	\$250.00
Aggregate year-to-date		\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert O'Brien <hr/> Mailing Address 6007 SW 240th St <hr/> City, State, Zip Code Vashon, WA 98070-7247 <hr/> Name of Employer (Required) Health Net <hr/> Occupation (Required) COO	05/08/2023	\$100.00
Aggregate year-to-date		\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathy Olsen <hr/> Mailing Address 4416 Sunnybrook Dr <hr/> City, State, Zip Code Nashville, TN 37205-3860 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/09/2023	\$10,000.00
Aggregate year-to-date		\$40,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lele W. Gillespie <hr/> Mailing Address 1013 S Lamar Blvd <hr/> City, State, Zip Code Oxford, MS 38655-4739 <hr/> Name of Employer (Required) University of Mississippi <hr/> Occupation (Required) Project Coordinator	05/30/2023	\$250.00
Aggregate year-to-date		\$1,100.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Jay Sones <hr/> Mailing Address 1225 3rd St <hr/> City, State, Zip Code New Orleans, LA 70130-5741 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/11/2023	\$5,000.00
Aggregate year-to-date		\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph B. Atkins <hr/> Mailing Address 11 County Road 3064 <hr/> City, State, Zip Code Oxford, MS 38655-8354 <hr/> Name of Employer (Required) University of Mississippi <hr/> Occupation (Required) Professor	05/02/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Hinton <hr/> Mailing Address 817 Chartres St <hr/> City, State, Zip Code New Orleans, LA 70116-3206 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Writer	05/14/2023	\$1,000.00
Aggregate year-to-date		\$1,950.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Ballard <hr/> Mailing Address 142 Road 598 <hr/> City, State, Zip Code Plantersville, MS 38862-4901 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/07/2023	\$5.00
Aggregate year-to-date		\$215.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Ray Mabus Mailing Address 74 Woodcutters Ln City, State, Zip Code Harpers Ferry, WV 25425-7121 Name of Employer (Required) Mabus Group Occupation (Required) CEO	05/08/2023	\$250.00
Aggregate year-to-date		\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen Farrow Mailing Address 177 Kenmore Ave City, State, Zip Code Biloxi, MS 39531-4704 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/30/2023	\$100.00
Aggregate year-to-date		\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Keith Johnson Mailing Address PO Box 421 City, State, Zip Code Nesbit, MS 38651-0421 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/31/2023	\$50.00
Aggregate year-to-date		\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne Drinkwater Mailing Address 106 Waterstone Dr City, State, Zip Code Oxford, MS 38655-0009 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/02/2023	\$500.00
Aggregate year-to-date		\$1,500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Graham Slakie <hr/> Mailing Address 4706 Buckingham Dr <hr/> City, State, Zip Code Chattanooga, TN 37421-1108 <hr/> Name of Employer (Required) Regal Cinemas <hr/> Occupation (Required) Usher	05/16/2023	\$10.00
Aggregate year-to-date		\$200.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Redmond Gill <hr/> Mailing Address 721 Constantinople St <hr/> City, State, Zip Code New Orleans, LA 70115-1415 <hr/> Name of Employer (Required) Pine Gate Renewables <hr/> Occupation (Required) Senior Director	05/21/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathy L. Neff <hr/> Mailing Address 122 Lakeway Dr <hr/> City, State, Zip Code Oxford, MS 38655-9666 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Bookseller	05/02/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Green Hills Farm <hr/> Mailing Address 1721 Highway 4 W <hr/> City, State, Zip Code Ripley, MS 38663-9678 <hr/> Name of Employer (Required) _____	05/03/2023	\$550.00
Aggregate year-to-date		\$550.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Ryan Scafidel Mailing Address 750 City Park Ave City, State, Zip Code New Orleans, LA 70119-3646 Name of Employer (Required) Self Employed Occupation (Required) Attorney	05/23/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blue Ridge Power Mailing Address 105 Fairview Rd City, State, Zip Code Asheville, NC 28803-3077 Name of Employer (Required) Occupation (Required)	05/04/2023	\$5,000.00
Aggregate year-to-date		\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rheta Johnson Mailing Address 117 County Road 259 City, State, Zip Code Iuka, MS 38852-8542 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/16/2023	\$500.00
Aggregate year-to-date		\$650.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nan Tarlton Mailing Address 210 Meadowlane Dr City, State, Zip Code Madison, MS 39110-9611 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/27/2023	\$50.00
Aggregate year-to-date		\$375.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Ronald W. Lewis	05/02/2023	\$250.00
Mailing Address PO Box 2729		
City, State, Zip Code Oxford, MS 38655-4200		
Name of Employer (Required) Lewis Law Firm		
Occupation (Required) Attorney		
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Mcdowell	05/04/2023	\$200.00
Mailing Address 1904 Fuller St		
City, State, Zip Code Hattiesburg, MS 39401-7544		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		
Aggregate year-to-date		\$1,339.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Oneal	05/15/2023	\$100.00
Mailing Address 1011 Adeline St		
City, State, Zip Code Hattiesburg, MS 39401-5022		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician		
Aggregate year-to-date		\$1,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Judith Wiener	05/25/2023	\$500.00
Mailing Address 1621 Devine St		
City, State, Zip Code Jackson, MS 39202-1314		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		
Aggregate year-to-date		\$600.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Kelly A. Butler	05/26/2023	\$250.00
Mailing Address 3942 Oakridge Dr		
City, State, Zip Code Jackson, MS 39216-3411		
Name of Employer (Required) Barksdale Reading Institute		
Occupation (Required) Educator	Aggregate year-to-date	\$505.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Blandford	05/09/2023	\$2,500.00
Mailing Address 46 Mayfair Dr		
City, State, Zip Code Rancho Mirage, CA 92270-2562		
Name of Employer (Required) Blandford Group		
Occupation (Required) Public Affairs Consultant	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth Nash	05/22/2023	\$500.00
Mailing Address 1201 Mission Park Dr		
City, State, Zip Code Vicksburg, MS 39180-3747		
Name of Employer (Required) Nash Family Dentistry		
Occupation (Required) Dentist	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marie Mckellar	05/17/2023	\$1,000.00
Mailing Address 425 Davis St		
City, State, Zip Code Evanston, IL 60201-4830		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$8,000.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Connie M Moran <hr/> Mailing Address 206 Washington Ave <hr/> City, State, Zip Code Ocean Springs, MS 39564-4626 <hr/> Name of Employer (Required) Moran Consultants <hr/> Occupation (Required) Property Development	05/22/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth B. Allin <hr/> Mailing Address 782 Belhaven St <hr/> City, State, Zip Code Jackson, MS 39202-1705 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/26/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary F. Taylor <hr/> Mailing Address 2239 Greenbriar Dr <hr/> City, State, Zip Code Jackson, MS 39211-6735 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Educational Consultant	05/18/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn J. Irby <hr/> Mailing Address 730 Tegarden Rd <hr/> City, State, Zip Code Gulfport, MS 39507-2625 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/11/2023	\$25.00
Aggregate year-to-date		\$343.25

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Betty Sparkman <hr/> Mailing Address 145 Least Tern Dr <hr/> City, State, Zip Code Pass Christian, MS 39571-4844 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/31/2023	\$100.00
Aggregate year-to-date		\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Phillips <hr/> Mailing Address 111 Philip Rd <hr/> City, State, Zip Code Oxford, MS 38655-2013 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald L. Kilgore <hr/> Mailing Address 435 Center Ave N <hr/> City, State, Zip Code Philadelphia, MS 39350-2918 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/26/2023	\$100.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Martha Harper <hr/> Mailing Address 351 Oakridge Cir <hr/> City, State, Zip Code Biloxi, MS 39531-2719 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/19/2023	\$250.00
Aggregate year-to-date		\$250.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Cornelis Gispen <hr/> Mailing Address 1112 S 11th St <hr/> City, State, Zip Code Oxford, MS 38655-4610 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/11/2023	\$100.00
Aggregate year-to-date		\$1,050.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Miller Scott <hr/> Mailing Address 111 E Pointe Dr <hr/> City, State, Zip Code Starkville, MS 39759-3696 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/25/2023	\$100.00
Aggregate year-to-date		\$255.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Baria <hr/> Mailing Address 544 Main St <hr/> City, State, Zip Code Bay Saint Louis, MS 39520-2730 <hr/> Name of Employer (Required) Cosmich Simmons & Brown PLLC <hr/> Occupation (Required) Attorney	05/07/2023	\$1,000.00
Aggregate year-to-date		\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Virginia S. Bauer <hr/> Mailing Address 210 Conover Ln <hr/> City, State, Zip Code Red Bank, NJ 07701-6272 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/10/2023	\$2,500.00
Aggregate year-to-date		\$2,500.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Michael Oneal <hr/> Mailing Address 1011 Adeline St <hr/> City, State, Zip Code Hattiesburg, MS 39401-5022 <hr/> Name of Employer (Required) Hattiesburg Clinic <hr/> Occupation (Required) Physician	05/30/2023	\$250.00
Aggregate year-to-date		\$1,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alma Walls <hr/> Mailing Address 3887 Kenton Dr <hr/> City, State, Zip Code Southaven, MS 38672-7225 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/30/2023	\$25.00
Aggregate year-to-date		\$575.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David G. Hill <hr/> Mailing Address PO Box 429 <hr/> City, State, Zip Code Oxford, MS 38655-0429 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/02/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fred Banks <hr/> Mailing Address 25 Saint Andrews Dr <hr/> City, State, Zip Code Jackson, MS 39211-2438 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/30/2023	\$250.00
Aggregate year-to-date		\$250.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name E. K. Pruitt Mailing Address 4217 Oakridge Dr City, State, Zip Code Jackson, MS 39216-3420 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/31/2023	\$50.00
Aggregate year-to-date		\$375.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David O. Bell Mailing Address 906 University Ave City, State, Zip Code Oxford, MS 38655-3937 Name of Employer (Required) Self Employed Occupation (Required) Attorney	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark C. Wallfisch Mailing Address 211 Fairway Dr City, State, Zip Code Pass Christian, MS 39571-2126 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/04/2023	\$100.00
Aggregate year-to-date		\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name L. Michelle Moore Mailing Address 13711 Winterberry Rdg City, State, Zip Code Midlothian, VA 23112-4951 Name of Employer (Required) Groundswell Occupation (Required) Nonprofit Executive	05/25/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Cherie Labat Mailing Address 8218 Ridgewood Dr City, State, Zip Code Kiln, MS 39556-8474 Name of Employer (Required) University of Southern Mississippi Occupation (Required) Educator	05/07/2023	\$6.00
Aggregate year-to-date		\$1,156.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marilyn Vandemark Mailing Address 412 Highpoint Dr City, State, Zip Code Diamondhead, MS 39525-3719 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/27/2023	\$100.00
Aggregate year-to-date		\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eleanor Gill Mailing Address 2605 School St City, State, Zip Code Hernando, MS 38632-2217 Name of Employer (Required) Self Employed Occupation (Required) Dentist	05/08/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francis Turner Mailing Address 166 Steep Holw City, State, Zip Code Hattiesburg, MS 39402-7004 Name of Employer (Required) Self Employed Occupation (Required) Attorney	05/29/2023	\$100.00
Aggregate year-to-date		\$300.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Reilly Morse <hr/> Mailing Address 929 Bridge St <hr/> City, State, Zip Code Gulfport, MS 39507-3432 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/31/2023	\$50.00
Aggregate year-to-date		\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Lynch <hr/> Mailing Address 617 Camelia Trl <hr/> City, State, Zip Code Brandon, MS 39047-6316 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/24/2023	\$50.00
Aggregate year-to-date		\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janice Jackson <hr/> Mailing Address 113 Greens View Dr <hr/> City, State, Zip Code Madison, MS 39110-8050 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/15/2023	\$34.00
Aggregate year-to-date		\$609.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Raymond <hr/> Mailing Address 3915 Saint Charles Ave <hr/> City, State, Zip Code New Orleans, LA 70115-4659 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$100.00
Aggregate year-to-date		\$775.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Kathryn J. Irby <hr/> Mailing Address 730 Tegarden Rd <hr/> City, State, Zip Code Gulfport, MS 39507-2625 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$6.00
Aggregate year-to-date		\$343.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Virinder Singh <hr/> Mailing Address 1507 Elsdon Cir <hr/> City, State, Zip Code Carmichael, CA 95608-6014 <hr/> Name of Employer (Required) EDF Renewables <hr/> Occupation (Required) Vice President	05/22/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joyce Leech <hr/> Mailing Address 214 Main St S <hr/> City, State, Zip Code Amory, MS 38821-4218 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/13/2023	\$50.00
Aggregate year-to-date		\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Judi Leake <hr/> Mailing Address 5645 Traceside Dr <hr/> City, State, Zip Code Nashville, TN 37221-4093 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/25/2023	\$25.00
Aggregate year-to-date		\$225.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Douglas Masterson <hr/> Mailing Address 43 Palm Tree Loop <hr/> City, State, Zip Code Petal, MS 39465-9251 <hr/> Name of Employer (Required) University of Southern Mississippi <hr/> Occupation (Required) Chemist	05/16/2023	\$50.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Camp Brothers Real Estate LLC <hr/> Mailing Address 104 1/2 Maxwell St <hr/> City, State, Zip Code Starkville, MS 39759-3422 <hr/> Name of Employer (Required) _____ <hr/> Occupation (Required) _____	05/08/2023	\$2,500.00
Aggregate year-to-date		\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn J. Irby <hr/> Mailing Address 730 Tegarden Rd <hr/> City, State, Zip Code Gulfport, MS 39507-2625 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/03/2023	\$5.00
Aggregate year-to-date		\$343.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca Conwell <hr/> Mailing Address 4846 Coliseum St <hr/> City, State, Zip Code New Orleans, LA 70115-3945 <hr/> Name of Employer (Required) UNO Research and Technology Foundation <hr/> Occupation (Required) President	05/23/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Duncan Gray III <hr/> Mailing Address 110 Philip Rd <hr/> City, State, Zip Code Oxford, MS 38655-2014 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/17/2023	\$50.00
Aggregate year-to-date		\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca Avery <hr/> Mailing Address 143 Breckenridge Dr <hr/> City, State, Zip Code Oxford, MS 38655-7501 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Social Worker	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Goff II <hr/> Mailing Address 109 Lighthouse Pt <hr/> City, State, Zip Code Slidell, LA 70458-5767 <hr/> Name of Employer (Required) JGILS, LLC <hr/> Occupation (Required) Business Owner	05/04/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Will Manuel <hr/> Mailing Address 827 Beaumont Dr <hr/> City, State, Zip Code Madison, MS 39110-7494 <hr/> Name of Employer (Required) Bradley Arant <hr/> Occupation (Required) Attorney	05/25/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Timothy C. Medley <hr/> Mailing Address 238 Eastbrooke St <hr/> City, State, Zip Code Jackson, MS 39216-4716 <hr/> Name of Employer (Required) Medley & Brown <hr/> Occupation (Required) Partner	05/26/2023	\$250.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kelly A. Butler <hr/> Mailing Address 3942 Oakridge Dr <hr/> City, State, Zip Code Jackson, MS 39216-3411 <hr/> Name of Employer (Required) Barksdale Reading Institute <hr/> Occupation (Required) Educator	05/09/2023	\$250.00
Aggregate year-to-date		\$505.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David R. Mann <hr/> Mailing Address 316 Sonoma Cv <hr/> City, State, Zip Code Madison, MS 39110-9549 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/31/2023	\$100.00
Aggregate year-to-date		\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary Macwade <hr/> Mailing Address 4234 Brussels Dr <hr/> City, State, Zip Code Jackson, MS 39211-6105 <hr/> Name of Employer (Required) St. Philip's Episcopal Church <hr/> Occupation (Required) Episcopal Priest	05/23/2023	\$2,500.00
Aggregate year-to-date		\$2,500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Jamie Priest <hr/> Mailing Address 1316 Poplar Blvd <hr/> City, State, Zip Code Jackson, MS 39202-2111 <hr/> Name of Employer (Required) Gill Ladner & Priest PLLC <hr/> Occupation (Required) Attorney	05/08/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James N. Butts <hr/> Mailing Address 703 N 7th Ave <hr/> City, State, Zip Code Laurel, MS 39440-3468 <hr/> Name of Employer (Required) Wayne Sanderson Farms <hr/> Occupation (Required) Manager	05/10/2023	\$500.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathy Olsen <hr/> Mailing Address 4416 Sunnybrook Dr <hr/> City, State, Zip Code Nashville, TN 37205-3860 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/01/2023	\$10,000.00
Aggregate year-to-date		\$40,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen Suitts <hr/> Mailing Address 737 Myrtle St NE <hr/> City, State, Zip Code Atlanta, GA 30308-1402 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/31/2023	\$500.00
Aggregate year-to-date		\$3,550.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Carol P. Palmer	05/26/2023	\$1,000.00
Mailing Address 3 Cypress Ln		
City, State, Zip Code Jackson, MS 39211-5935		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ed Penny	05/18/2023	\$250.00
Mailing Address 4366 N Honeysuckle Ln		
City, State, Zip Code Jackson, MS 39211-6131		
Name of Employer (Required) Self Employed		
Occupation (Required) Forest Landowner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrick C. Morrow	05/02/2023	\$2,500.00
Mailing Address PO Box 1787		
City, State, Zip Code Opelousas, LA 70571-1787		
Name of Employer (Required) Patrick C Morrow APLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott T. Shows	05/23/2023	\$1,000.00
Mailing Address 541 Madison St		
City, State, Zip Code New Orleans, LA 70116-3313		
Name of Employer (Required) Self Employed		
Occupation (Required) Physician	Aggregate year-to-date	\$1,000.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name James W. Manuel Mailing Address 827 Beaumont Dr City, State, Zip Code Madison, MS 39110-7494 Name of Employer (Required) Bradley Arant Occupation (Required) Attorney	05/15/2023	\$100.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Graham Slakie Mailing Address 4706 Buckingham Dr City, State, Zip Code Chattanooga, TN 37421-1108 Name of Employer (Required) Regal Cinemas Occupation (Required) Usher	05/26/2023	\$6.00
Aggregate year-to-date		\$200.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lisa M. Ross Mailing Address PO Box 11264 City, State, Zip Code Jackson, MS 39283-1264 Name of Employer (Required) Law Offices of Lisa M. Ross Occupation (Required) Attorney	05/26/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joel Brunt Mailing Address 5130 Arthur St City, State, Zip Code Moss Point, MS 39563-2706 Name of Employer (Required) Ochsner Occupation (Required) Physician	05/02/2023	\$500.00
Aggregate year-to-date		\$1,500.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Robert Alexander <hr/> Mailing Address 18 Highland Meadows Dr <hr/> City, State, Zip Code Jackson, MS 39211-5949 <hr/> Name of Employer (Required) Alexander CPA, LLC <hr/> Occupation (Required) Certified Public Accountant	05/25/2023	\$100.00
Aggregate year-to-date		\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susan Shands Jones <hr/> Mailing Address 1233 Saint Ann St <hr/> City, State, Zip Code Jackson, MS 39202-2149 <hr/> Name of Employer (Required) University of Mississippi Medical Center <hr/> Occupation (Required) General Counsel	05/26/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Sullivan <hr/> Mailing Address 253 County Road 325 <hr/> City, State, Zip Code Oxford, MS 38655-9566 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$250.00
Aggregate year-to-date		\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hackett Cummins <hr/> Mailing Address 9 Nelson Ln <hr/> City, State, Zip Code Pass Christian, MS 39571-4716 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/01/2023	\$100.00
Aggregate year-to-date		\$250.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Janice Jackson <hr/> Mailing Address 113 Greens View Dr <hr/> City, State, Zip Code Madison, MS 39110-8050 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/31/2023	\$50.00
Aggregate year-to-date		\$609.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Suzette D. Shelmire <hr/> Mailing Address PO Box 3138 <hr/> City, State, Zip Code Oxford, MS 38655-3100 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brian Miller <hr/> Mailing Address 850 Avondale St <hr/> City, State, Zip Code Jackson, MS 39216-3315 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/13/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Oneal <hr/> Mailing Address 1011 Adeline St <hr/> City, State, Zip Code Hattiesburg, MS 39401-5022 <hr/> Name of Employer (Required) Hattiesburg Clinic <hr/> Occupation (Required) Physician	05/25/2023	\$100.00
Aggregate year-to-date		\$1,200.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Pam Mottley <hr/> Mailing Address 1810 Fuller St <hr/> City, State, Zip Code Hattiesburg, MS 39401-7548 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$25.00
Aggregate year-to-date		\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward Snowdon <hr/> Mailing Address 50 Riverside Dr <hr/> City, State, Zip Code New York, NY 10024-6508 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Theatrical Producer	05/11/2023	\$5,000.00
Aggregate year-to-date		\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Curtis C. Wilkie <hr/> Mailing Address 1016 S 11th St <hr/> City, State, Zip Code Oxford, MS 38655-4608 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/02/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Ballard <hr/> Mailing Address 142 Road 598 <hr/> City, State, Zip Code Plantersville, MS 38862-4901 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/04/2023	\$10.00
Aggregate year-to-date		\$215.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Larry Holdren Mailing Address 3070 Redhaven Way City, State, Zip Code Highlands Ranch, CO 80126-7552 Name of Employer (Required) RenUSA Occupation (Required) Partner	05/15/2023	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Debra Reed Mailing Address 3436 Magazine St City, State, Zip Code New Orleans, LA 70115-2480 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/29/2023	\$100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Laura Bailey Mailing Address 2356 East St City, State, Zip Code Hernando, MS 38632-1801 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/20/2023	\$200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward Ashworth Mailing Address PO Box 14356 City, State, Zip Code Baton Rouge, LA 70898-4356 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/11/2023	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
	Aggregate year-to-date	\$250.00
	Aggregate year-to-date	\$1,100.00
	Aggregate year-to-date	\$300.00
	Aggregate year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Randy M. Wadkins <hr/> Mailing Address 1605 Pierce Avenue Ext <hr/> City, State, Zip Code Oxford, MS 38655-4459 <hr/> Name of Employer (Required) University of Mississippi <hr/> Occupation (Required) Chemist	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee <hr/> Mailing Address Not Employed <hr/> City, State, Zip Code Hattiesburg, MS 39402 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/12/2023	\$10.00
Aggregate year-to-date		\$293.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Rankin <hr/> Mailing Address PO Box 219 <hr/> City, State, Zip Code Braxton, MS 39044-0219 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/23/2023	\$50.00
Aggregate year-to-date		\$475.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Klingler <hr/> Mailing Address 7844 E Sandalwood Dr <hr/> City, State, Zip Code Scottsdale, AZ 85250-7269 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/15/2023	\$25.00
Aggregate year-to-date		\$775.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Sally Lewis Mailing Address 135 Bayou Rd City, State, Zip Code Greenville, MS 38701-7702 Name of Employer (Required) Self Employed Occupation (Required) Farmer	05/16/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert O'Brien Mailing Address 6007 SW 240th St City, State, Zip Code Vashon, WA 98070-7247 Name of Employer (Required) Health Net Occupation (Required) COO	05/30/2023	\$100.00
Aggregate year-to-date		\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth A. Payne Mailing Address 633 Park Dr City, State, Zip Code Oxford, MS 38655-2824 Name of Employer (Required) Southern Association for Women Historians Occupation (Required) Historian	05/02/2023	\$1,000.00
Aggregate year-to-date		\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michelle Dueitt Mailing Address 12446 Adams Ridge Ln City, State, Zip Code Humble, TX 77346-1868 Name of Employer (Required) Pine Gate Renewables Occupation (Required) Vice President	05/22/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Joel Brunt <hr/> Mailing Address 5130 Arthur St <hr/> City, State, Zip Code Moss Point, MS 39563-2706 <hr/> Name of Employer (Required) Ochsner <hr/> Occupation (Required) Physician	05/15/2023	\$1,000.00
Aggregate year-to-date		\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eugene Bramlett <hr/> Mailing Address 1123 College St <hr/> City, State, Zip Code Columbus, MS 39701-5810 <hr/> Name of Employer (Required) Covenant United Methodist Church <hr/> Occupation (Required) Minister	05/16/2023	\$25.00
Aggregate year-to-date		\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Russell Smith <hr/> Mailing Address 158 Arlington Rd <hr/> City, State, Zip Code Beaumont, MS 39423-2617 <hr/> Name of Employer (Required) Bentley Systems, Inc. <hr/> Occupation (Required) Software Development Manager	05/20/2023	\$100.00
Aggregate year-to-date		\$341.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Drake <hr/> Mailing Address 1220 Sunset Dr <hr/> City, State, Zip Code Ocean Springs, MS 39564-2943 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/31/2023	\$100.00
Aggregate year-to-date		\$1,200.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Harriet D. Roberts <hr/> Mailing Address 2223 Lee Loop <hr/> City, State, Zip Code Oxford, MS 38655-4919 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/02/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Sangisetty <hr/> Mailing Address 1535 Octavia St <hr/> City, State, Zip Code New Orleans, LA 70115-4256 <hr/> Name of Employer (Required) Ochsner Medical Center <hr/> Occupation (Required) Physician	05/23/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marley Lott <hr/> Mailing Address 1928 South Blvd <hr/> City, State, Zip Code Houston, TX 77098-5424 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/04/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Doug Horne <hr/> Mailing Address 412 N Cedar Bluff Rd <hr/> City, State, Zip Code Knoxville, TN 37923-3631 <hr/> Name of Employer (Required) Horne Properties, Inc <hr/> Occupation (Required) Developer	05/20/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Laura Harper	05/04/2023	\$1,000.00
Mailing Address 326 Wishing Tree Ln		
City, State, Zip Code Oxford, MS 38655-9604		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$1,000.00
Full Name William R. Clement Jr	05/26/2023	\$250.00
Mailing Address 1605 Poplar Blvd		
City, State, Zip Code Jackson, MS 39202-2118		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$250.00
Full Name Linda Foshee	05/17/2023	\$35.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$293.00
Full Name Jeffrey Cantin	05/17/2023	\$500.00
Mailing Address 5804 River Oaks Rd S		
City, State, Zip Code New Orleans, LA 70123-2155		
Name of Employer (Required) Solar Alternatives		
Occupation (Required) Manager		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$1,500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Karley Jarin <hr/> Mailing Address 1 Greenbriar Cir <hr/> City, State, Zip Code Newtown, PA 18940-2619 <hr/> Name of Employer (Required) Consultancy <hr/> Occupation (Required) Manager	05/09/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Natalie Bernstein <hr/> Mailing Address 2130 E Lake Rd NE <hr/> City, State, Zip Code Atlanta, GA 30307-1836 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/31/2023	\$250.00
Aggregate year-to-date		\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hal Fogelman <hr/> Mailing Address 343 Greenway Pl <hr/> City, State, Zip Code Memphis, TN 38117-4315 <hr/> Name of Employer (Required) Research Dynamics <hr/> Occupation (Required) Marketing	05/04/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Buchanan <hr/> Mailing Address 155 Bryant St <hr/> City, State, Zip Code Palo Alto, CA 94301-1104 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/04/2023	\$99.00
Aggregate year-to-date		\$331.50

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Eugene Bramlett <hr/> Mailing Address 1123 College St <hr/> City, State, Zip Code Columbus, MS 39701-5810 <hr/> Name of Employer (Required) Covenant United Methodist Church <hr/> Occupation (Required) Minister	05/05/2023	\$50.00
Aggregate year-to-date		\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Audrey McBride <hr/> Mailing Address 1250 E Lakeshore Dr <hr/> City, State, Zip Code Starkville, MS 39759-2482 <hr/> Name of Employer (Required) McBride & Co Real Estate <hr/> Occupation (Required) Broker	05/25/2023	\$15.00
Aggregate year-to-date		\$265.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sonia Thompson <hr/> Mailing Address 530 N 14th St <hr/> City, State, Zip Code Oxford, MS 38655-3218 <hr/> Name of Employer (Required) University of Mississippi <hr/> Occupation (Required) Public Relations	05/08/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eden Brent <hr/> Mailing Address 811 Arnold Ave <hr/> City, State, Zip Code Greenville, MS 38701-5812 <hr/> Name of Employer (Required) Little Boogaloo Entertainment, LLC <hr/> Occupation (Required) Musician	05/18/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Danny Rasberry <hr/> Mailing Address 764 N 8th Ave <hr/> City, State, Zip Code Laurel, MS 39440-3451 <hr/> Name of Employer (Required) Rasberry Producer Group <hr/> Occupation (Required) Sales	05/10/2023	\$2,500.00
Aggregate year-to-date		\$2,750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benjamin Griffith <hr/> Mailing Address 162 Oxford Creek Dr <hr/> City, State, Zip Code Oxford, MS 38655-2242 <hr/> Name of Employer (Required) Griffith Law Firm <hr/> Occupation (Required) Attorney	05/30/2023	\$50.00
Aggregate year-to-date		\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ron Dale <hr/> Mailing Address 42 County Road 411 <hr/> City, State, Zip Code Oxford, MS 38655-9462 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Artist	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee <hr/> Mailing Address Not Employed <hr/> City, State, Zip Code Hattiesburg, MS 39402 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/03/2023	\$20.00
Aggregate year-to-date		\$293.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Cheryl Goggin Mailing Address 402 Mandalay Dr City, State, Zip Code Hattiesburg, MS 39402-2039 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/04/2023	\$100.00
Aggregate year-to-date		\$205.10
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Randall B. Wall Mailing Address 2206 Culleywood Rd City, State, Zip Code Jackson, MS 39211-5815 Name of Employer (Required) Jones Walker LLP Occupation (Required) Attorney	05/26/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. K. Pruitt Mailing Address 4217 Oakridge Dr City, State, Zip Code Jackson, MS 39216-3420 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/07/2023	\$50.00
Aggregate year-to-date		\$375.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carol Rizzolo Mailing Address 24 Long Hill Farm City, State, Zip Code Guilford, CT 06437-1867 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/18/2023	\$500.00
Aggregate year-to-date		\$500.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Carolyn Goren <hr/> Mailing Address PO Box 7189 <hr/> City, State, Zip Code Missoula, MT 59807-7189 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/01/2023	\$25.00
Aggregate year-to-date		\$280.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Todd A. Williams <hr/> Mailing Address 3889 Maple Ave <hr/> City, State, Zip Code Dallas, TX 75219-3923 <hr/> Name of Employer (Required) The Commit Partnership <hr/> Occupation (Required) CEO	05/11/2023	\$2,000.00
Aggregate year-to-date		\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Barksdale <hr/> Mailing Address 837 Lowell Blvd <hr/> City, State, Zip Code Denver, CO 80204-3118 <hr/> Name of Employer (Required) Radiant Engineering <hr/> Occupation (Required) Solar Engineer	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alicia A. Franck <hr/> Mailing Address 1326 Philip St <hr/> City, State, Zip Code New Orleans, LA 70130-5719 <hr/> Name of Employer (Required) National World War II Museum <hr/> Occupation (Required) Vice President	05/23/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Michael F. Cavanaugh <hr/> Mailing Address PO Box 1911 <hr/> City, State, Zip Code Biloxi, MS 39533-1911 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/26/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alma Walls <hr/> Mailing Address 3887 Kenton Dr <hr/> City, State, Zip Code Southaven, MS 38672-7225 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/18/2023	\$250.00
Aggregate year-to-date		\$575.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Witherspoon <hr/> Mailing Address 910 Lincoln Ave <hr/> City, State, Zip Code Oxford, MS 38655-4328 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$50.00
Aggregate year-to-date		\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frances M. Coleman <hr/> Mailing Address 108 Royal Garden Ter <hr/> City, State, Zip Code Madison, MS 39110-7637 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/12/2023	\$5.00
Aggregate year-to-date		\$300.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Jerry Harrington <hr/> Mailing Address 2327 Cameron Way <hr/> City, State, Zip Code Iowa City, IA 52246-1830 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/04/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kristie Miller <hr/> Mailing Address 3133 Connecticut Ave NW <hr/> City, State, Zip Code Washington, DC 20008-5112 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Writer	05/04/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Debbie Hall <hr/> Mailing Address 127 Sesame Rd <hr/> City, State, Zip Code Tupelo, MS 38801-8615 <hr/> Name of Employer (Required) University of Mississippi <hr/> Occupation (Required) Professor	05/16/2023	\$25.00
Aggregate year-to-date		\$437.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cynthia Walker <hr/> Mailing Address 201 Watermelon Rd <hr/> City, State, Zip Code Ovett, MS 39464-4046 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Writer	05/07/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name David Williams <hr/> Mailing Address 122 Madison Pl <hr/> City, State, Zip Code Hattiesburg, MS 39402-8339 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/29/2023	\$250.00
Aggregate year-to-date		\$525.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Clark <hr/> Mailing Address 110 Olympia Flds <hr/> City, State, Zip Code Jackson, MS 39211-2509 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/10/2023	\$5,000.00
Aggregate year-to-date		\$10,003.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ann J. Abadie <hr/> Mailing Address 2238 Lee Loop <hr/> City, State, Zip Code Oxford, MS 38655-4920 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/30/2023	\$25.00
Aggregate year-to-date		\$585.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christy Jones <hr/> Mailing Address 205 Duck Cv <hr/> City, State, Zip Code Madison, MS 39110-9280 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Raleigh Byars <hr/> Mailing Address 48 County Road 229 <hr/> City, State, Zip Code Oxford, MS 38655-5800 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$25.00
Aggregate year-to-date		\$215.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Suzanne Robinson <hr/> Mailing Address 206 Wood St <hr/> City, State, Zip Code Water Valley, MS 38965-2603 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/31/2023	\$50.00
Aggregate year-to-date		\$425.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gay G. Graeber <hr/> Mailing Address 1584 Buchanan Ave <hr/> City, State, Zip Code Oxford, MS 38655-4418 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Artist	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deborah Bailey <hr/> Mailing Address 109 1st St <hr/> City, State, Zip Code Grenada, MS 38901-2615 <hr/> Name of Employer (Required) First & Green, LLC <hr/> Occupation (Required) Entrepreneur	05/03/2023	\$25.00
Aggregate year-to-date		\$525.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Sue Bell Cobb Mailing Address 837 Williamsburg Dr City, State, Zip Code Pike Road, AL 36064-3427 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/08/2023	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jennifer Riley-Collins Mailing Address 142 Bellemeade Trce City, State, Zip Code Clinton, MS 39056-6240 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/11/2023	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Claiborne Barksdale Mailing Address 917 Old Taylor Rd City, State, Zip Code Oxford, MS 38655-4637 Name of Employer (Required) Barksdale Reading Institute Occupation (Required) Attorney	05/02/2023	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary Coleman Mailing Address 1338 N El Paso St City, State, Zip Code Colorado Spring, CO 80903-2524 Name of Employer (Required) Oak Street Health Occupation (Required) Healthcare Administrator	05/04/2023	\$100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
	Aggregate year-to-date	\$353.40

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Deborah Reiner Mailing Address 1921 Jonahs Ridge Dr City, State, Zip Code Nolensville, TN 37135-9609 Name of Employer (Required) HCA Healthcare Occupation (Required) Marketing	05/24/2023	\$2,500.00
Aggregate year-to-date		\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ben Kelahan Mailing Address 23119 Minerva Dr City, State, Zip Code Brambleton, VA 20148-7289 Name of Employer (Required) RenUSA Occupation (Required) Partner	05/15/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Ballard Mailing Address 142 Road 598 City, State, Zip Code Plantersville, MS 38862-4901 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/27/2023	\$10.00
Aggregate year-to-date		\$215.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew Dickson Mailing Address 807 Sth 19Th Ave City, State, Zip Code Hattiesburg, MS 39401 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/20/2023	\$100.00
Aggregate year-to-date		\$900.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Marcella Strong <hr/> Mailing Address 100 Fairlane Dr <hr/> City, State, Zip Code Hattiesburg, MS 39402-2309 <hr/> Name of Employer (Required) Not Employed	05/30/2023	\$100.00
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Graham Slakie <hr/> Mailing Address 4706 Buckingham Dr <hr/> City, State, Zip Code Chattanooga, TN 37421-1108 <hr/> Name of Employer (Required) Regal Cinemas	05/11/2023	\$25.00
Occupation (Required) Usher	Aggregate year-to-date	\$200.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy H. Brown <hr/> Mailing Address 512 Northpointe Loop <hr/> City, State, Zip Code Oxford, MS 38655-7718 <hr/> Name of Employer (Required) Not Employed	05/02/2023	\$500.00
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chapman Lewis & Swan, PLLC <hr/> Mailing Address PO Box 428 <hr/> City, State, Zip Code Clarksdale, MS 38614-0428 <hr/> Name of Employer (Required)	05/10/2023	\$500.00
Occupation (Required)	Aggregate year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Jack Reed III <hr/> Mailing Address 555 Page Ave NE <hr/> City, State, Zip Code Atlanta, GA 30307-1766 <hr/> Name of Employer (Required) Reed & Reed Marketing <hr/> Occupation (Required) Marketing	05/31/2023	\$25.00
Aggregate year-to-date		\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ben Smith <hr/> Mailing Address 601 New Rd <hr/> City, State, Zip Code Raleigh, NC 27608-2705 <hr/> Name of Employer (Required) Kilpatrick Townsend & Stockton LLP <hr/> Occupation (Required) Attorney	05/23/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Helen Boone <hr/> Mailing Address 3726 Crane Blvd <hr/> City, State, Zip Code Jackson, MS 39216-3605 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/17/2023	\$87.70
Aggregate year-to-date		\$647.45
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Parrott <hr/> Mailing Address 9 Abbey Nord Pl <hr/> City, State, Zip Code Jackson, MS 39216-3743 <hr/> Name of Employer (Required) Adams and Reese <hr/> Occupation (Required) Attorney	05/31/2023	\$100.00
Aggregate year-to-date		\$350.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Susan Fino <hr/> Mailing Address 1030 Augusta Dr <hr/> City, State, Zip Code Oxford, MS 38655-8142 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Margaret Thomas <hr/> Mailing Address 153 Timberton Dr <hr/> City, State, Zip Code Hattiesburg, MS 39401-8209 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/15/2023	\$10.00
Aggregate year-to-date		\$312.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sarah Bentley <hr/> Mailing Address 144 Glenway Dr <hr/> City, State, Zip Code Jackson, MS 39216-4101 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/26/2023	\$250.00
Aggregate year-to-date		\$519.50
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Beth Orlansky <hr/> Mailing Address 12 Oakleigh Pl <hr/> City, State, Zip Code Jackson, MS 39211-2204 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/09/2023	\$250.00
Aggregate year-to-date		\$350.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Nancy Miller <hr/> Mailing Address 17452 Lovers Ln <hr/> City, State, Zip Code Gordonsville, VA 22942-8133 <hr/> Name of Employer (Required) Miller Firm LLC <hr/> Occupation (Required) Attorney	05/21/2023	\$5,000.00
Aggregate year-to-date		\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gayle Massey <hr/> Mailing Address 186 Parke Dr <hr/> City, State, Zip Code Ridgeland, MS 39157-9402 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/31/2023	\$100.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jean Fenwick <hr/> Mailing Address 208 S Madison St <hr/> City, State, Zip Code Kosciusko, MS 39090-3946 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/04/2023	\$50.00
Aggregate year-to-date		\$950.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Keith Johnson <hr/> Mailing Address PO Box 421 <hr/> City, State, Zip Code Nesbit, MS 38651-0421 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/26/2023	\$50.00
Aggregate year-to-date		\$450.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Alan W. Perry Mailing Address 2455 Sandridge Dr City, State, Zip Code Jackson, MS 39211-6204 Name of Employer (Required) Self Employed Occupation (Required) Attorney	05/26/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilson Golden Mailing Address 3136 White Magnolia Chase SW City, State, Zip Code Gainesville, GA 30504-5587 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/17/2023	\$35.00
Aggregate year-to-date		\$685.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilson Golden Mailing Address 3136 White Magnolia Chase SW City, State, Zip Code Gainesville, GA 30504-5587 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/17/2023	\$250.00
Aggregate year-to-date		\$685.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael J. Stratton Mailing Address 1717 N Downing St City, State, Zip Code Denver, CO 80218-1056 Name of Employer (Required) Brownstein Hyatt Farber Schreck Occupation (Required) Senior Policy Director	05/10/2023	\$1,000.00
Aggregate year-to-date		\$2,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Fraser Hunter Mailing Address 645 W End Ave City, State, Zip Code New York, NY 10025-7352 Name of Employer (Required) WilmerHale Occupation (Required) Attorney	05/31/2023	\$500.00
Aggregate year-to-date		\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jack Pendarvis Mailing Address 406 Timber Ln City, State, Zip Code Oxford, MS 38655-5853 Name of Employer (Required) Self Employed Occupation (Required) Writer	05/04/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carol C. Mann Mailing Address 316 Sonoma Cv City, State, Zip Code Madison, MS 39110-9549 Name of Employer (Required) Mann Agency Occupation (Required) Communications	05/26/2023	\$250.00
Aggregate year-to-date		\$285.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Juanita Boutin Mailing Address PO Box 400 City, State, Zip Code Oxford, MS 38655-0400 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/07/2023	\$25.00
Aggregate year-to-date		\$425.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Kathy Ashworth <hr/> Mailing Address 1015 W Saint Mary Blvd <hr/> City, State, Zip Code Lafayette, LA 70506-3420 <hr/> Name of Employer (Required) RLP Realty Investing LLC <hr/> Occupation (Required) Real Estate	05/17/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Rogers <hr/> Mailing Address 831 Cedar Lake Rd <hr/> City, State, Zip Code Biloxi, MS 39532-4671 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/18/2023	\$250.00
Aggregate year-to-date		\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny Sneed <hr/> Mailing Address 4303 Ambrose Ave <hr/> City, State, Zip Code Los Angeles, CA 90027-2112 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Actor	05/31/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name H. Hackett Cummins <hr/> Mailing Address 9 Nelson Ln <hr/> City, State, Zip Code Pass Christian, MS 39571-4716 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/22/2023	\$250.00
Aggregate year-to-date		\$300.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Mary Clay Morgan <hr/> Mailing Address 1045 Avondale St <hr/> City, State, Zip Code Jackson, MS 39216-3513 <hr/> Name of Employer (Required) Horne LLP <hr/> Occupation (Required) Attorney	05/26/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W. Ralph Eubanks <hr/> Mailing Address 133 U St NE <hr/> City, State, Zip Code Washington, DC 20002-1319 <hr/> Name of Employer (Required) University of Mississippi <hr/> Occupation (Required) Professor	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew Cunningham <hr/> Mailing Address 13462 MS Highway 388 <hr/> City, State, Zip Code Brooksville, MS 39739-9167 <hr/> Name of Employer (Required) Valley Farm <hr/> Occupation (Required) Farm Worker	05/13/2023	\$100.00
Aggregate year-to-date		\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ed Gogek <hr/> Mailing Address PO Box 13086 <hr/> City, State, Zip Code Prescott, AZ 86304-3086 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Physician	05/04/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Peter A. Simon <hr/> Mailing Address PO Box 19088 <hr/> City, State, Zip Code Jean, NV 89019-9088 <hr/> Name of Employer (Required) Diamond Gold Investors <hr/> Occupation (Required) Managing Partner	05/26/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephanie Barksdale <hr/> Mailing Address 1331 3rd St <hr/> City, State, Zip Code New Orleans, LA 70130-5743 <hr/> Name of Employer (Required) Sparking Insights LLC <hr/> Occupation (Required) Consultant	05/27/2023	\$5,000.00
Aggregate year-to-date		\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jean Fenwick <hr/> Mailing Address 208 S Madison St <hr/> City, State, Zip Code Kosciusko, MS 39090-3946 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/11/2023	\$100.00
Aggregate year-to-date		\$950.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew Dickson <hr/> Mailing Address 807 Sth 19Th Ave <hr/> City, State, Zip Code Hattiesburg, MS 39401 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/03/2023	\$250.00
Aggregate year-to-date		\$900.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Polly Sattler <hr/> Mailing Address 289 Candler St NE <hr/> City, State, Zip Code Atlanta, GA 30307-2031 <hr/> Name of Employer (Required) Partnership for Inclusive Innovation <hr/> Occupation (Required) Sustainability Planner	05/07/2023	\$250.00
Aggregate year-to-date		\$484.34
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jean Fenwick <hr/> Mailing Address 208 S Madison St <hr/> City, State, Zip Code Kosciusko, MS 39090-3946 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/18/2023	\$100.00
Aggregate year-to-date		\$950.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deirdre Phillips <hr/> Mailing Address 200 Jefferson Rdg <hr/> City, State, Zip Code Ridgeland, MS 39157-9101 <hr/> Name of Employer (Required) Delta Health System <hr/> Occupation (Required) Physician	05/09/2023	\$50.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mignon Clyburn <hr/> Mailing Address 350 G St SW <hr/> City, State, Zip Code Washington, DC 20024-3170 <hr/> Name of Employer (Required) MLC Strategies, LLC <hr/> Occupation (Required) Consultant	05/29/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name John Ditto Mailing Address 4212 Sneed Rd City, State, Zip Code Nashville, TN 37215-3214 Name of Employer (Required) Hamilton Creek Partners, LLC Occupation (Required) Investments	05/10/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Clark Mailing Address 110 Olympia Flds City, State, Zip Code Jackson, MS 39211-2509 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/30/2023	\$3.00
Aggregate year-to-date		\$10,003.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Brombacher Mailing Address 108 Coachmans Rd City, State, Zip Code Madison, MS 39110-9227 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/30/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William N. LaForge Mailing Address 225 Liberty St City, State, Zip Code New York, NY 10281-1048 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/30/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Johanna Rice <hr/> Mailing Address 167 Court St <hr/> City, State, Zip Code West Point, MS 39773-7990 <hr/> Name of Employer (Required) Johanna Rice, LLC <hr/> Occupation (Required) Publisher	05/27/2023	\$100.00
Aggregate year-to-date		\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Peter OKeefe <hr/> Mailing Address 4200 Fordham Rd NW <hr/> City, State, Zip Code Washington, DC 20016-1908 <hr/> Name of Employer (Required) Forbes Tate Co <hr/> Occupation (Required) Consultant	05/08/2023	\$2,500.00
Aggregate year-to-date		\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Fye <hr/> Mailing Address 5439 Ennis Rd <hr/> City, State, Zip Code Starkville, MS 39759-4861 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Licensed Professional Counselor	05/28/2023	\$10.00
Aggregate year-to-date		\$545.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susan McAdory <hr/> Mailing Address 163 Skyline Dr <hr/> City, State, Zip Code Clinton, MS 39056-6009 <hr/> Name of Employer (Required) Porter & Malouf <hr/> Occupation (Required) Paralegal	05/19/2023	\$276.70
Aggregate year-to-date		\$276.70

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Ken Mcgraw <hr/> Mailing Address 1406 Johnson Ave <hr/> City, State, Zip Code Oxford, MS 38655-4720 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/04/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elvin Sunds <hr/> Mailing Address 4000 W Tidewater Ln <hr/> City, State, Zip Code Madison, MS 39110-8942 <hr/> Name of Employer (Required) St. Francis of Assisi Church <hr/> Occupation (Required) Clergy	05/16/2023	\$25.00
Aggregate year-to-date		\$235.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn J. Irby <hr/> Mailing Address 730 Tegarden Rd <hr/> City, State, Zip Code Gulfport, MS 39507-2625 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/26/2023	\$5.00
Aggregate year-to-date		\$343.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joyce Leech <hr/> Mailing Address 214 Main St S <hr/> City, State, Zip Code Amory, MS 38821-4218 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/28/2023	\$25.00
Aggregate year-to-date		\$350.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Stephen Suitts Mailing Address 737 Myrtle St NE City, State, Zip Code Atlanta, GA 30308-1402 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/11/2023	\$50.00
Aggregate year-to-date		\$3,550.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard C. Howorth Mailing Address 310 N 16th St City, State, Zip Code Oxford, MS 38655-3712 Name of Employer (Required) Square Books Occupation (Required) Business Owner	05/02/2023	\$1,500.00
Aggregate year-to-date		\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Klein Mailing Address 51 Blossom Cove Rd City, State, Zip Code Red Bank, NJ 07701-6302 Name of Employer (Required) Thrive RB Occupation (Required) Non-Profit Manager	05/03/2023	\$2,500.00
Aggregate year-to-date		\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Law Offices of Richard R. Main Mailing Address 2086 Old Taylor Rd City, State, Zip Code Oxford, MS 38655-5500 Name of Employer (Required) _____ Occupation (Required) _____	05/05/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Y	
Full Name Lunsford Baskin & Priebe LLC Mailing Address 317 E Capitol St City, State, Zip Code Jackson, MS 39201-3409 Name of Employer (Required) Occupation (Required)	05/10/2023	\$1,500.00
Aggregate year-to-date		\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lori Pierce Mailing Address 1514 Forrest Hill Dr City, State, Zip Code Columbus, MS 39701-3500 Name of Employer (Required) State of Mississippi Occupation (Required) Teacher	05/30/2023	\$100.00
Aggregate year-to-date		\$230.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cindy Brown Mailing Address 219 Carol Ln City, State, Zip Code Oxford, MS 38655-3403 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/11/2023	\$50.00
Aggregate year-to-date		\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe Osgoode Mailing Address 10 Private Rd City, State, Zip Code Oxford, MS 38655 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Francis Gresock Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/22/2023	\$25.00
Aggregate year-to-date		\$375.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steven Levitas Mailing Address 17 Westover Dr City, State, Zip Code Asheville, NC 28801-1633 Name of Employer (Required) Pine Gate Renewables Occupation (Required) Executive	05/23/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Graham Slakie Mailing Address 4706 Buckingham Dr City, State, Zip Code Chattanooga, TN 37421-1108 Name of Employer (Required) Regal Cinemas Occupation (Required) Usher	05/31/2023	\$6.00
Aggregate year-to-date		\$200.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carter B. Myers Mailing Address 1005 Fillmore Ave City, State, Zip Code Oxford, MS 38655-4323 Name of Employer (Required) Bloomboard, Inc. Occupation (Required) Director of Sales	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Jeffrey R. Blackwood	05/26/2023	\$250.00
Mailing Address PO Box 1789		
City, State, Zip Code Jackson, MS 39215-1789		
Name of Employer (Required) Bradley Arant Boult Cummings LLP		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jean Fenwick	05/31/2023	\$100.00
Mailing Address 208 S Madison St		
City, State, Zip Code Kosciusko, MS 39090-3946		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$950.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles R. Wilson	05/02/2023	\$250.00
Mailing Address 114 Leighton Rd		
City, State, Zip Code Oxford, MS 38655-2010		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Chapman	05/22/2023	\$250.00
Mailing Address 13048 Knaus Rd		
City, State, Zip Code Lake Oswego, OR 97034-1515		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Kathryn J. Irby <hr/> Mailing Address 730 Tegarden Rd <hr/> City, State, Zip Code Gulfport, MS 39507-2625 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/13/2023	\$35.00
Aggregate year-to-date		\$343.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amy Kreider <hr/> Mailing Address 1145 Grant Rd <hr/> City, State, Zip Code Watertown, TN 37184-3114 <hr/> Name of Employer (Required) Ridgely Walsh <hr/> Occupation (Required) President	05/05/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Buchanan <hr/> Mailing Address 155 Bryant St <hr/> City, State, Zip Code Palo Alto, CA 94301-1104 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/26/2023	\$45.71
Aggregate year-to-date		\$331.50
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Knox Walkup <hr/> Mailing Address 3710 Richland Ave <hr/> City, State, Zip Code Nashville, TN 37205-2438 <hr/> Name of Employer (Required) Wyatt Tarrant & Combs <hr/> Occupation (Required) Attorney	05/26/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Andrew Jenkins <hr/> Mailing Address 116 Highland Meadow Rd <hr/> City, State, Zip Code Flora, MS 39071-9553 <hr/> Name of Employer (Required) AJA Management & Technical Services <hr/> Occupation (Required) Engineering	05/17/2023	\$1,000.00
Aggregate year-to-date		\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elvin Sunds <hr/> Mailing Address 4000 W Tidewater Ln <hr/> City, State, Zip Code Madison, MS 39110-8942 <hr/> Name of Employer (Required) St. Francis of Assisi Church <hr/> Occupation (Required) Clergy	05/11/2023	\$25.00
Aggregate year-to-date		\$235.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Inez Kelleher <hr/> Mailing Address 914 N Country Club Ln <hr/> City, State, Zip Code Biloxi, MS 39532-3204 <hr/> Name of Employer (Required) Memorial Hospital Gulfport <hr/> Occupation (Required) Physician	05/31/2023	\$100.00
Aggregate year-to-date		\$1,150.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christine Lasala <hr/> Mailing Address 15 W 81st St <hr/> City, State, Zip Code New York, NY 10024-6022 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/04/2023	\$500.00
Aggregate year-to-date		\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Wade Perry <hr/> Mailing Address 2454 Eloong Dr <hr/> City, State, Zip Code Mobile, AL 36605-4113 <hr/> Name of Employer (Required) NTIA <hr/> Occupation (Required) Program Officer	05/04/2023	\$250.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jean Fenwick <hr/> Mailing Address 208 S Madison St <hr/> City, State, Zip Code Kosciusko, MS 39090-3946 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/15/2023	\$100.00
Aggregate year-to-date		\$950.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William N. Reed <hr/> Mailing Address 28 Waterford Pl <hr/> City, State, Zip Code Jackson, MS 39211-2945 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/17/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip B. Jones <hr/> Mailing Address 1141 19th Ave E <hr/> City, State, Zip Code Seattle, WA 98112-3504 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/08/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Patrick Falkner <hr/> Mailing Address 176 Shady Acres Rd <hr/> City, State, Zip Code Tupelo, MS 38804-2945 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/18/2023	\$100.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Casey <hr/> Mailing Address 229 Peachtree Hills Ave NE <hr/> City, State, Zip Code Atlanta, GA 30305-4413 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/28/2023	\$25.00
Aggregate year-to-date		\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sheila W. Varnado <hr/> Mailing Address PO Box 16958 <hr/> City, State, Zip Code Hattiesburg, MS 39404-6958 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/10/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Graham Slakie <hr/> Mailing Address 4706 Buckingham Dr <hr/> City, State, Zip Code Chattanooga, TN 37421-1108 <hr/> Name of Employer (Required) Regal Cinemas <hr/> Occupation (Required) Usher	05/21/2023	\$6.00
Aggregate year-to-date		\$200.60

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Michael Jefcoat <hr/> Mailing Address 1306 Homewood Dr <hr/> City, State, Zip Code Laurel, MS 39440-2260 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Obie M. McNair Jr <hr/> Mailing Address 102 Cirencester Dr <hr/> City, State, Zip Code Ridgeland, MS 39157-9788 <hr/> Name of Employer (Required) Central MS Health System <hr/> Occupation (Required) Physician	05/13/2023	\$25.00
Aggregate year-to-date		\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Debra B. Young <hr/> Mailing Address 27 County Road 3024 <hr/> City, State, Zip Code Oxford, MS 38655-9786 <hr/> Name of Employer (Required) University of Mississippi <hr/> Occupation (Required) Academic Dean	05/26/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Williams <hr/> Mailing Address 122 Madison Pl <hr/> City, State, Zip Code Hattiesburg, MS 39402-8339 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/27/2023	\$25.00
Aggregate year-to-date		\$525.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Frank Tietjens <hr/> Mailing Address 209 Lake Cir <hr/> City, State, Zip Code Madison, MS 39110-7992 <hr/> Name of Employer (Required) Not Employed	05/08/2023	\$500.00
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sallye Killebrew <hr/> Mailing Address 1200 Harrison Ave <hr/> City, State, Zip Code Oxford, MS 38655-3944 <hr/> Name of Employer (Required) University of Mississippi	05/02/2023	\$250.00
Occupation (Required) Tutor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sarah Faulkner <hr/> Mailing Address 108 Sumach St <hr/> City, State, Zip Code Lookout Mountai, TN 37350-1132 <hr/> Name of Employer (Required) Not Employed	05/13/2023	\$2,500.00
Occupation (Required) Not Employed	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Sullivan <hr/> Mailing Address 16 Notre Dame Ave <hr/> City, State, Zip Code Cambridge, MA 02140-2506 <hr/> Name of Employer (Required) Self Employed	05/27/2023	\$500.00
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Cherie Labat <hr/> Mailing Address 8218 Ridgewood Dr <hr/> City, State, Zip Code Kiln, MS 39556-8474 <hr/> Name of Employer (Required) University of Southern Mississippi <hr/> Occupation (Required) Educator	05/31/2023	\$900.00
Aggregate year-to-date		\$1,156.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn J. Irby <hr/> Mailing Address 730 Tegarden Rd <hr/> City, State, Zip Code Gulfport, MS 39507-2625 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/12/2023	\$5.00
Aggregate year-to-date		\$343.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pat Guyton <hr/> Mailing Address 11002 Covington Way <hr/> City, State, Zip Code Oxford, MS 38655-7348 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/03/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles R. Wilson <hr/> Mailing Address 114 Leighton Rd <hr/> City, State, Zip Code Oxford, MS 38655-2010 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/14/2023	\$50.00
Aggregate year-to-date		\$450.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Graham Slakie <hr/> Mailing Address 4706 Buckingham Dr <hr/> City, State, Zip Code Chattanooga, TN 37421-1108 <hr/> Name of Employer (Required) Regal Cinemas <hr/> Occupation (Required) Usher	05/07/2023	\$6.00
Aggregate year-to-date		\$200.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denise Pilgrim <hr/> Mailing Address 108 Bellingham Dr <hr/> City, State, Zip Code Madison, MS 39110-8524 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/27/2023	\$100.00
Aggregate year-to-date		\$367.90
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cynthia Yap <hr/> Mailing Address 1955 Popps Ferry Rd <hr/> City, State, Zip Code Biloxi, MS 39532-2029 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/27/2023	\$25.00
Aggregate year-to-date		\$285.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Whitney Shuman <hr/> Mailing Address 1039 S Valley Rd <hr/> City, State, Zip Code Poplarville, MS 39470-6272 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$500.00
Aggregate year-to-date		\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Wm. F. Horne Jr <hr/> Mailing Address 32 Silver Leaf Ct <hr/> City, State, Zip Code Laurel, MS 39440-9002 <hr/> Name of Employer (Required) Wm. F. Horne & Co., PLLC <hr/> Occupation (Required) Managing Partner	05/10/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Benvenuti <hr/> Mailing Address PO Box 2639 <hr/> City, State, Zip Code Bay Saint Louis, MS 39521-2639 <hr/> Name of Employer (Required) AVL CPA Firm, LLC <hr/> Occupation (Required) Accountant	05/31/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C. Jackson Williams <hr/> Mailing Address PO Box 8325 <hr/> City, State, Zip Code University, MS 38677 <hr/> Name of Employer (Required) University of Mississippi <hr/> Occupation (Required) Professor	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Allan Benglen <hr/> Mailing Address 1725 Forrest Hill Dr <hr/> City, State, Zip Code Columbus, MS 39701-3530 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/25/2023	\$100.00
Aggregate year-to-date		\$300.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name George Higginbotham <hr/> Mailing Address 27 Fox Hollow Ln <hr/> City, State, Zip Code Laurel, MS 39443-4946 <hr/> Name of Employer (Required) South Central Regional Medical Center <hr/> Occupation (Required) Hospital Administrator	05/08/2023	\$250.00
Aggregate year-to-date		\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jamie Amos <hr/> Mailing Address 2109 Acklen Ave <hr/> City, State, Zip Code Nashville, TN 37212-3501 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Film Producer	05/11/2023	\$5,000.00
Aggregate year-to-date		\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elaine Gelbard <hr/> Mailing Address 309 Philip Rd <hr/> City, State, Zip Code Oxford, MS 38655-2017 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew Cunningham <hr/> Mailing Address 13462 MS Highway 388 <hr/> City, State, Zip Code Brooksville, MS 39739-9167 <hr/> Name of Employer (Required) Valley Farm <hr/> Occupation (Required) Farm Worker	05/30/2023	\$100.00
Aggregate year-to-date		\$400.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Alma Walls Mailing Address 3887 Kenton Dr City, State, Zip Code Southaven, MS 38672-7225 Name of Employer (Required) Self Employed Occupation (Required) Attorney	05/31/2023	\$25.00
Aggregate year-to-date		\$575.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn York Mailing Address 315 Panola St City, State, Zip Code Water Valley, MS 38965-2408 Name of Employer (Required) Teach for America Occupation (Required) Nonprofit Administration	05/25/2023	\$250.00
Aggregate year-to-date		\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francis Gresock Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/06/2023	\$100.00
Aggregate year-to-date		\$375.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/16/2023	\$1,000.00
Aggregate year-to-date		\$6,350.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Mack Lowery <hr/> Mailing Address 5055 Myers Rd <hr/> City, State, Zip Code Terry, MS 39170-9429 <hr/> Name of Employer (Required) Aamco Transmission <hr/> Occupation (Required) Business Owner	05/11/2023	\$25.00
Aggregate year-to-date		\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Buchanan <hr/> Mailing Address 155 Bryant St <hr/> City, State, Zip Code Palo Alto, CA 94301-1104 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/31/2023	\$100.00
Aggregate year-to-date		\$331.50
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrina R. Dace <hr/> Mailing Address 105 Sutter Dr <hr/> City, State, Zip Code Terry, MS 39170-5032 <hr/> Name of Employer (Required) Kaleidoscope of Learning <hr/> Occupation (Required) Business Owner	05/31/2023	\$50.00
Aggregate year-to-date		\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wanda A. Ikeda <hr/> Mailing Address 418 Cherokee Dr <hr/> City, State, Zip Code Oxford, MS 38655-2700 <hr/> Name of Employer (Required) Cardiac Associates of Northern MS <hr/> Occupation (Required) Registered Nurse	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Francis Gresock Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/24/2023	\$25.00
Aggregate year-to-date		\$375.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susan Hart Mailing Address PO Box 13913 City, State, Zip Code Jackson, MS 39236-3913 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/16/2023	\$250.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mike Kerce Mailing Address 245 Hidden Creek Dr City, State, Zip Code Ridgeland, MS 39157-6601 Name of Employer (Required) Deposit Alternatives, LLC Occupation (Required) CEO	05/26/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Renasant Bank Employees Voluntary Pol. C Mailing Address PO Box 709 City, State, Zip Code Tupelo, MS 38802-0709 Name of Employer (Required) Occupation (Required)	05/08/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Kelley Walton Fenelon Mailing Address 3511 Hawthorn Dr City, State, Zip Code Jackson, MS 39216-3308 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/21/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Josh Bogen Mailing Address 200 Washington Ave City, State, Zip Code Oxford, MS 38655-2175 Name of Employer (Required) Self Employed Occupation (Required) Attorney	05/02/2023	\$1,500.00
Aggregate year-to-date		\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joanne P. Morris Mailing Address 801 Arlington St City, State, Zip Code Jackson, MS 39202-1655 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/26/2023	\$250.00
Aggregate year-to-date		\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Elias Mailing Address 1211 Van St SE City, State, Zip Code Washington, DC 20003-4678 Name of Employer (Required) CleanCapital Occupation (Required) Solar Industry	05/17/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Y	
Full Name The Whalen Firm	05/19/2023	\$500.00
Mailing Address PO Box 23222		
City, State, Zip Code Jackson, MS 39225-3222		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benjamin Griffith	05/11/2023	\$25.00
Mailing Address 162 Oxford Creek Dr		
City, State, Zip Code Oxford, MS 38655-2242		
Name of Employer (Required) Griffith Law Firm		
Occupation (Required) Attorney	Aggregate year-to-date	\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kelly Coleman	05/31/2023	\$100.00
Mailing Address 66 Grandview Cir		
City, State, Zip Code Brandon, MS 39047-7398		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenda M. Eagles	05/03/2023	\$300.00
Mailing Address 116 Philip Rd		
City, State, Zip Code Oxford, MS 38655-2014		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$300.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Daniel Edwards Mailing Address 103 S 21st Ave City, State, Zip Code Hattiesburg, MS 39401-6002 Name of Employer (Required) Forrest General Hospital Occupation (Required) Physician	05/23/2023	\$500.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenda Plunkett Mailing Address 138 N Ridge Dr City, State, Zip Code Saltillo, MS 38866-5763 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/26/2023	\$500.00
Aggregate year-to-date		\$1,101.20
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert M. Pugh Mailing Address 5924 Whitestone Rd City, State, Zip Code Jackson, MS 39206-2515 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/17/2023	\$25.00
Aggregate year-to-date		\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jimmy Walker Mailing Address 750 Island Dr City, State, Zip Code Memphis, TN 38103-0801 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/10/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Helen Boone	05/01/2023	\$59.75
Mailing Address 3726 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3605		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$647.45
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Miller Scott	05/21/2023	\$5.00
Mailing Address 111 E Pointe Dr		
City, State, Zip Code Starkville, MS 39759-3696		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$255.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James L. Davis III	05/26/2023	\$1,500.00
Mailing Address PO Box 1839		
City, State, Zip Code Gulfport, MS 39502-1839		
Name of Employer (Required) Law Office of Jim Davis		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. K. Pruitt	05/17/2023	\$50.00
Mailing Address 4217 Oakridge Dr		
City, State, Zip Code Jackson, MS 39216-3420		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$375.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name John Jopling <hr/> Mailing Address 276 Santini St <hr/> City, State, Zip Code Biloxi, MS 39530-2946 <hr/> Name of Employer (Required) MS Center for Justice <hr/> Occupation (Required) Attorney	05/08/2023	\$100.00
Aggregate year-to-date		\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Maggie Sasser <hr/> Mailing Address 603 Edmund St <hr/> City, State, Zip Code Raleigh, NC 27604-2341 <hr/> Name of Employer (Required) Pine Gate Renewables <hr/> Occupation (Required) Vice President	05/18/2023	\$100.00
Aggregate year-to-date		\$3,903.74
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tom Rhoden <hr/> Mailing Address 117 Park Circle Dr <hr/> City, State, Zip Code Flowood, MS 39232-8878 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/19/2023	\$2,500.00
Aggregate year-to-date		\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Bailey <hr/> Mailing Address 140 Chickasaw Dr <hr/> City, State, Zip Code West Point, MS 39773-3270 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$50.00
Aggregate year-to-date		\$1,050.00

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Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Franklin Services Inc <hr/> Mailing Address PO Box 3910 <hr/> City, State, Zip Code Tupelo, MS 38803-3910 <hr/> Name of Employer (Required) _____ <hr/> Occupation (Required) _____	05/01/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Raleigh Byars <hr/> Mailing Address 48 County Road 229 <hr/> City, State, Zip Code Oxford, MS 38655-5800 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/31/2023	\$25.00
Aggregate year-to-date		\$215.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael J. Stratton <hr/> Mailing Address 1717 N Downing St <hr/> City, State, Zip Code Denver, CO 80218-1056 <hr/> Name of Employer (Required) Brownstein Hyatt Farber Schreck <hr/> Occupation (Required) Senior Policy Director	05/02/2023	\$1,000.00
Aggregate year-to-date		\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Fye <hr/> Mailing Address 5439 Ennis Rd <hr/> City, State, Zip Code Starkville, MS 39759-4861 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Licensed Professional Counselor	05/13/2023	\$5.00
Aggregate year-to-date		\$545.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name James S. Fritz Jr <hr/> Mailing Address 1066 Avondale St <hr/> City, State, Zip Code Jackson, MS 39216-3512 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/26/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Fye <hr/> Mailing Address 5439 Ennis Rd <hr/> City, State, Zip Code Starkville, MS 39759-4861 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Licensed Professional Counselor	05/07/2023	\$50.00
Aggregate year-to-date		\$545.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lisa Stevens <hr/> Mailing Address 101 Boone Dr <hr/> City, State, Zip Code Booneville, MS 38829-2609 <hr/> Name of Employer (Required) NE MS Community College <hr/> Occupation (Required) College Instructor	05/19/2023	\$25.00
Aggregate year-to-date		\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pam Mottley <hr/> Mailing Address 1810 Fuller St <hr/> City, State, Zip Code Hattiesburg, MS 39401-7548 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/01/2023	\$25.00
Aggregate year-to-date		\$275.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Kathy Olsen	05/31/2023	\$10,000.00
Mailing Address 4416 Sunnybrook Dr		
City, State, Zip Code Nashville, TN 37205-3860		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$40,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alison Anderson	05/02/2023	\$250.00
Mailing Address 203 County Road 181		
City, State, Zip Code Oxford, MS 38655-8476		
Name of Employer (Required) Impak Retail		
Occupation (Required) Sales	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Jordan	05/24/2023	\$3,000.00
Mailing Address 1087 Augusta Dr		
City, State, Zip Code Oxford, MS 38655-6187		
Name of Employer (Required) Oxford Answerphone Inc		
Occupation (Required) Business Owner	Aggregate year-to-date	\$4,501.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hankins, Inc.	05/26/2023	\$1,000.00
Mailing Address PO Box 517		
City, State, Zip Code Ripley, MS 38663-0517		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Margaret Thomas Mailing Address 153 Timberton Dr City, State, Zip Code Hattiesburg, MS 39401-8209 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/27/2023	\$250.00
Aggregate year-to-date		\$312.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeff Richardson Mailing Address 115 Bristol Ln City, State, Zip Code Madison, MS 39110-5021 Name of Employer (Required) Ontario Power Generation Occupation (Required) Executive	05/30/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Peddy Mailing Address 3230 Richfield Ln City, State, Zip Code Phoenix, MD 21131-2016 Name of Employer (Required) Self Employed Occupation (Required) Real Estate	05/04/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Felicia Brown-Williams Mailing Address 4010 Council Cir City, State, Zip Code Jackson, MS 39206-5813 Name of Employer (Required) David & Lucile Packard Foundation Occupation (Required) Advisor	05/14/2023	\$50.00
Aggregate year-to-date		\$350.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name James Hull Mailing Address 1008 Coolidge St City, State, Zip Code Tupelo, MS 38801-6231 Name of Employer (Required) Self Employed Occupation (Required) Journslist	05/28/2023	\$100.00
Aggregate year-to-date		\$220.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Russell Smith Mailing Address 158 Arlington Rd City, State, Zip Code Beaumont, MS 39423-2617 Name of Employer (Required) Bentley Systems, Inc. Occupation (Required) Software Development Manager	05/29/2023	\$100.00
Aggregate year-to-date		\$341.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dorothy Roberts Mailing Address 252 Handy Ln City, State, Zip Code Pass Christian, MS 39571-4426 Name of Employer (Required) Robin's Nest In The Pass Occupation (Required) Business Owner	05/30/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jane Walman Mailing Address 8021 Lake Cv City, State, Zip Code Oxford, MS 38655-5997 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/31/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Robert Latham Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/02/2023	\$100.00
Aggregate year-to-date		\$650.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lauren Leslie Mailing Address 328 S Main St City, State, Zip Code Grenada, MS 38901-3215 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/02/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Raspet Mailing Address PO Box 2595 City, State, Zip Code Oxford, MS 38655-4900 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/02/2023	\$1,000.00
Aggregate year-to-date		\$3,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Sneed Mailing Address 4303 Ambrose Ave City, State, Zip Code Los Angeles, CA 90027-2112 Name of Employer (Required) Self Employed Occupation (Required) Actor	05/04/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Stephen Farrow <hr/> Mailing Address 177 Kenmore Ave <hr/> City, State, Zip Code Biloxi, MS 39531-4704 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/05/2023	\$100.00
Aggregate year-to-date		\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tray Hairston <hr/> Mailing Address 1020 Highland Colony Pkwy <hr/> City, State, Zip Code Ridgeland, MS 39157-2139 <hr/> Name of Employer (Required) Butler Snow LLP <hr/> Occupation (Required) Attorney	05/15/2023	\$500.00
Aggregate year-to-date		\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jean Fenwick <hr/> Mailing Address 208 S Madison St <hr/> City, State, Zip Code Kosciusko, MS 39090-3946 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$100.00
Aggregate year-to-date		\$950.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James W. Manuel <hr/> Mailing Address 827 Beaumont Dr <hr/> City, State, Zip Code Madison, MS 39110-7494 <hr/> Name of Employer (Required) Bradley Arant <hr/> Occupation (Required) Attorney	05/31/2023	\$50.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Dennis Truax <hr/> Mailing Address 913 Southgate Dr <hr/> City, State, Zip Code Starkville, MS 39759-9434 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Engineer	05/31/2023	\$25.00
Aggregate year-to-date		\$850.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name S. Allan Alexander <hr/> Mailing Address 526 N 11th St <hr/> City, State, Zip Code Oxford, MS 38655-3108 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Simmons <hr/> Mailing Address 907 Lincoln Ave <hr/> City, State, Zip Code Oxford, MS 38655-4327 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/03/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tiffany Bohlin <hr/> Mailing Address 100 Tower Dr <hr/> City, State, Zip Code Edgewater, NJ 07020-2238 <hr/> Name of Employer (Required) Muller Bohlin <hr/> Occupation (Required) Consulting	05/25/2023	\$2,500.00
Aggregate year-to-date		\$2,500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Barbara Casey Mailing Address 229 Peachtree Hills Ave NE City, State, Zip Code Atlanta, GA 30305-4413 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/06/2023	\$100.00
Aggregate year-to-date		\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Ward Mailing Address 1026 16th St NW City, State, Zip Code Washington, DC 20036-5709 Name of Employer (Required) Self Employed Occupation (Required) Attorney	05/16/2023	\$500.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Machinists Non-Partisan Political League Mailing Address 9000 Machinists Pl City, State, Zip Code Upper Marlboro, MD 20772-2675 Name of Employer (Required) _____ Occupation (Required) _____	05/10/2023	\$10,000.00
Aggregate year-to-date		\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karla Loeb Mailing Address 648 Orleans Pl NE City, State, Zip Code Washington, DC 20002-3402 Name of Employer (Required) Arcadia Occupation (Required) Energy	05/23/2023	\$500.00
Aggregate year-to-date		\$500.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Stacy Evans <hr/> Mailing Address 4825 County Road 23 <hr/> City, State, Zip Code Louin, MS 39338-3367 <hr/> Name of Employer (Required) SE Land Management LLC <hr/> Occupation (Required) Business Owner	05/04/2023	\$250.00
Aggregate year-to-date		\$322.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Morse <hr/> Mailing Address 2046 Meadowbrook Rd <hr/> City, State, Zip Code Jackson, MS 39211-6527 <hr/> Name of Employer (Required) Coker and Palmer <hr/> Occupation (Required) Financial Planner	05/16/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee <hr/> Mailing Address Not Employed <hr/> City, State, Zip Code Hattiesburg, MS 39402 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$10.00
Aggregate year-to-date		\$293.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenda J. West <hr/> Mailing Address 201 Park Dr <hr/> City, State, Zip Code Oxford, MS 38655-2816 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/02/2023	\$250.00
Aggregate year-to-date		\$400.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Y	
Full Name Ready Law Firm	05/22/2023	\$1,000.00
Mailing Address 2103 5th St		
City, State, Zip Code Meridian, MS 39301-5131		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Virden Jones	05/22/2023	\$500.00
Mailing Address 686 Hazelton Dr		
City, State, Zip Code Madison, MS 39110-7332		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,698.90
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cherie Labat	05/15/2023	\$250.00
Mailing Address 8218 Ridgewood Dr		
City, State, Zip Code Kiln, MS 39556-8474		
Name of Employer (Required) University of Southern Mississippi		
Occupation (Required) Educator	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George S. Luter	05/26/2023	\$250.00
Mailing Address PO Box 3656		
City, State, Zip Code Jackson, MS 39207-3656		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Luther Munford	05/09/2023	\$500.00
Mailing Address 810 Gillespie St		
City, State, Zip Code Jackson, MS 39202-1714		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kelly J. Jacobs	05/03/2023	\$250.00
Mailing Address 3985 Robertson Gin Rd		
City, State, Zip Code Hernando, MS 38632-8227		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joanna Shows	05/24/2023	\$250.00
Mailing Address 1388 LAMPTON HILLTOP Rd		
City, State, Zip Code Columbia, MS 39429		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Clark	05/05/2023	\$500.00
Mailing Address 110 Olympia Flds		
City, State, Zip Code Jackson, MS 39211-2509		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$10,003.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Leslie-Burl McLemore <hr/> Mailing Address 7900 Michael Dr <hr/> City, State, Zip Code Lake Cormorant, MS 38641-8211 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/26/2023	\$200.00
Aggregate year-to-date		\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Randy Hall <hr/> Mailing Address 104 Peninsula Dr <hr/> City, State, Zip Code Carriere, MS 39426-7738 <hr/> Name of Employer (Required) Trace7 Services, LLC <hr/> Occupation (Required) Defense Management	05/17/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joel L. Fleishman <hr/> Mailing Address 210 Science Dr <hr/> City, State, Zip Code Durham, NC 27708-9985 <hr/> Name of Employer (Required) Duke University <hr/> Occupation (Required) Professor	05/10/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elvin Sunds <hr/> Mailing Address 4000 W Tidewater Ln <hr/> City, State, Zip Code Madison, MS 39110-8942 <hr/> Name of Employer (Required) St. Francis of Assisi Church <hr/> Occupation (Required) Clergy	05/31/2023	\$10.00
Aggregate year-to-date		\$235.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Preston E. Sullivan <hr/> Mailing Address 1601 County Road 410 <hr/> City, State, Zip Code Okolona, MS 38860-9330 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/26/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Hull <hr/> Mailing Address 1008 Coolidge St <hr/> City, State, Zip Code Tupelo, MS 38801-6231 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Jounslist	05/07/2023	\$10.00
Aggregate year-to-date		\$220.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elise Gomez-Sanchez <hr/> Mailing Address 536 Countryside Pl <hr/> City, State, Zip Code Madison, MS 39110-9301 <hr/> Name of Employer (Required) University of Mississippi Medical Center <hr/> Occupation (Required) Professor	05/18/2023	\$1,000.00
Aggregate year-to-date		\$2,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fred Taylor Company, Inc. <hr/> Mailing Address PO Box 3948 <hr/> City, State, Zip Code Albany, GA 31706-3948 <hr/> Name of Employer (Required) _____ <hr/> Occupation (Required) _____	05/01/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Deval Patrick <hr/> Mailing Address 245 Furnace Rd <hr/> City, State, Zip Code Richmond, MA 01254-5010 <hr/> Name of Employer (Required) Harvard Kennedy School <hr/> Occupation (Required) Professor	05/31/2023	\$2,500.00
Aggregate year-to-date		\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tammy Taylor-Bufford <hr/> Mailing Address 335 Hotophia Hill Dr <hr/> City, State, Zip Code Batesville, MS 38606-5724 <hr/> Name of Employer (Required) Delta Gastroenterology <hr/> Occupation (Required) Nurse Practitioner	05/02/2023	\$250.00
Aggregate year-to-date		\$323.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marianne R. Wynn <hr/> Mailing Address 4009 Pinewood Dr <hr/> City, State, Zip Code Jackson, MS 39211-6447 <hr/> Name of Employer (Required) Pearl River Glass Studio <hr/> Occupation (Required) Craftswoman	05/04/2023	\$250.00
Aggregate year-to-date		\$364.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary Coleman <hr/> Mailing Address 1338 N El Paso St <hr/> City, State, Zip Code Colorado Spring, CO 80903-2524 <hr/> Name of Employer (Required) Oak Street Health <hr/> Occupation (Required) Healthcare Administrator	05/04/2023	\$53.40
Aggregate year-to-date		\$353.40

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Carolyn Goren	05/05/2023	\$35.00
Mailing Address PO Box 7189		
City, State, Zip Code Missoula, MT 59807-7189		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$280.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Keeton	05/26/2023	\$500.00
Mailing Address 1333 Belvoir Pl		
City, State, Zip Code Jackson, MS 39202-1208		
Name of Employer (Required) Self Employed		
Occupation (Required) Photographer	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Melissa Patterson	05/18/2023	\$500.00
Mailing Address 725 N Old Canton Rd		
City, State, Zip Code Canton, MS 39046-8844		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Raymond	05/31/2023	\$25.00
Mailing Address 3915 Saint Charles Ave		
City, State, Zip Code New Orleans, LA 70115-4659		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$775.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Nancy Loftus <hr/> Mailing Address 20329 Longview Rd <hr/> City, State, Zip Code Long Beach, MS 39560-9026 <hr/> Name of Employer (Required) Catholic Charities of Southern Mississippi <hr/> Occupation (Required) Social Worker	05/31/2023	\$100.00
Aggregate year-to-date		\$576.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cornelis Gispen <hr/> Mailing Address 1112 S 11th St <hr/> City, State, Zip Code Oxford, MS 38655-4610 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/02/2023	\$500.00
Aggregate year-to-date		\$1,050.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Campbell <hr/> Mailing Address 835 Avondale St <hr/> City, State, Zip Code Jackson, MS 39216-3316 <hr/> Name of Employer (Required) Bradley Arant Boult Cummings LLP <hr/> Occupation (Required) Attorney	05/24/2023	\$500.00
Aggregate year-to-date		\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carolyn Goren <hr/> Mailing Address PO Box 7189 <hr/> City, State, Zip Code Missoula, MT 59807-7189 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/16/2023	\$5.00
Aggregate year-to-date		\$280.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Y	
Full Name Landfair Solutions LLC	05/26/2023	\$1,000.00
Mailing Address 6035 Waverly Dr		
City, State, Zip Code Jackson, MS 39206-2508		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Bradley	05/30/2023	\$500.00
Mailing Address 107 Philip Rd		
City, State, Zip Code Oxford, MS 38655-2013		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$6,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry Smith	05/30/2023	\$50.00
Mailing Address 136 St Regis Dr		
City, State, Zip Code Madison, MS 39110-7798		
Name of Employer (Required) Mississippi Baptist Medical Center		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Rankin	05/11/2023	\$50.00
Mailing Address PO Box 219		
City, State, Zip Code Braxton, MS 39044-0219		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$475.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Margaret Thomas Mailing Address 153 Timberton Dr City, State, Zip Code Hattiesburg, MS 39401-8209 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/31/2023	\$10.00
Aggregate year-to-date		\$312.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Painter Mailing Address 203 Eastbrooke St City, State, Zip Code Jackson, MS 39216-4716 Name of Employer (Required) Self Employed Occupation (Required) Attorney	05/04/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Rushing Mailing Address 102 N Sunflower Ave City, State, Zip Code Indianola, MS 38751-2552 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/14/2023	\$100.00
Aggregate year-to-date		\$314.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Sumerford Mailing Address 60022 State Line Rd City, State, Zip Code Smithville, MS 38870-9426 Name of Employer (Required) Tronox Occupation (Required) Engineer	05/07/2023	\$1,000.00
Aggregate year-to-date		\$1,000.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name George Patton <hr/> Mailing Address 5102 Canton Heights Dr <hr/> City, State, Zip Code Jackson, MS 39211-4515 <hr/> Name of Employer (Required) Franciscan Missionaries of Our Lady Health System <hr/> Occupation (Required) Physician	05/30/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name TBA of NJ LLC <hr/> Mailing Address 115 Broadway <hr/> City, State, Zip Code New York, NY 10006-1619 <hr/> Name of Employer (Required) Tonio Burgos & Associates <hr/> Occupation (Required) CEO	05/30/2023	\$2,500.00
Aggregate year-to-date		\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Jopling <hr/> Mailing Address 276 Santini St <hr/> City, State, Zip Code Biloxi, MS 39530-2946 <hr/> Name of Employer (Required) MS Center for Justice <hr/> Occupation (Required) Attorney	05/31/2023	\$250.00
Aggregate year-to-date		\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert W. Barnard Jr <hr/> Mailing Address 104 Woodland Hills Dr <hr/> City, State, Zip Code Oxford, MS 38655-9700 <hr/> Name of Employer (Required) University of Mississippi <hr/> Occupation (Required) Professor	05/02/2023	\$250.00
Aggregate year-to-date		\$250.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Wilson Golden <hr/> Mailing Address 3136 White Magnolia Chase SW <hr/> City, State, Zip Code Gainesville, GA 30504-5587 <hr/> Name of Employer (Required) Not Employed	05/12/2023	\$50.00
Occupation (Required) Not Employed	Aggregate year-to-date	\$685.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cheryl Goggin <hr/> Mailing Address 402 Mandalay Dr <hr/> City, State, Zip Code Hattiesburg, MS 39402-2039 <hr/> Name of Employer (Required) Not Employed	05/22/2023	\$55.10
Occupation (Required) Retired	Aggregate year-to-date	\$205.10
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Laura Bailey <hr/> Mailing Address 2356 East St <hr/> City, State, Zip Code Hernando, MS 38632-1801 <hr/> Name of Employer (Required) Not Employed	05/03/2023	\$100.00
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nan Tarlton <hr/> Mailing Address 210 Meadowlane Dr <hr/> City, State, Zip Code Madison, MS 39110-9611 <hr/> Name of Employer (Required) Not Employed	05/25/2023	\$100.00
Occupation (Required) Not Employed	Aggregate year-to-date	\$375.00

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Jesse White <hr/> Mailing Address 38 Mount Bolus Rd <hr/> City, State, Zip Code Chapel Hill, NC 27514-2635 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/09/2023	\$250.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Theresa Steinberger <hr/> Mailing Address 909 Eastwood St <hr/> City, State, Zip Code Pascagoula, MS 39567-7549 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/10/2023	\$25.00
Aggregate year-to-date		\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary A. Alford <hr/> Mailing Address 2182 Attala Road 1162 <hr/> City, State, Zip Code Kosciusko, MS 39090-6916 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/11/2023	\$100.00
Aggregate year-to-date		\$700.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Hinton <hr/> Mailing Address 817 Chartres St <hr/> City, State, Zip Code New Orleans, LA 70116-3206 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Writer	05/05/2023	\$100.00
Aggregate year-to-date		\$1,950.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Michael Moore <hr/> Mailing Address 104 Hidden Oaks Cv <hr/> City, State, Zip Code Ridgeland, MS 39157-7703 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Attorney	05/15/2023	\$2,500.00
Aggregate year-to-date		\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee <hr/> Mailing Address Not Employed <hr/> City, State, Zip Code Hattiesburg, MS 39402 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/20/2023	\$10.00
Aggregate year-to-date		\$293.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Latham <hr/> Mailing Address 2090 Jefferson Pkwy <hr/> City, State, Zip Code Hernando, MS 38632-5905 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/30/2023	\$100.00
Aggregate year-to-date		\$650.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth Groue <hr/> Mailing Address 128 Seaside Dr <hr/> City, State, Zip Code Ocean Springs, MS 39564-5145 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/21/2023	\$500.00
Aggregate year-to-date		\$500.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Margaret Wylde Mailing Address 38 County Road 452 City, State, Zip Code Water Valley, MS 38965-3773 Name of Employer (Required) Promatura Group LLC Occupation (Required) Business Owner	05/02/2023	\$1,500.00
Aggregate year-to-date		\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John T. Edge Mailing Address 913 S 11th St City, State, Zip Code Oxford, MS 38655-4315 Name of Employer (Required) University of Mississippi Occupation (Required) Teacher	05/03/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Ubertini Mailing Address 11 Helen Ln City, State, Zip Code Walpole, MA 02081-2046 Name of Employer (Required) Long and Foster Occupation (Required) Recruiter	05/13/2023	\$5.00
Aggregate year-to-date		\$265.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Daniel Pair Mailing Address 968 Road 261 City, State, Zip Code Tupelo, MS 38801-7600 Name of Employer (Required) SSA Occupation (Required) Claims Specialist	05/25/2023	\$50.00
Aggregate year-to-date		\$300.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Susan Anand Mailing Address 251 Highland Meadow Rd City, State, Zip Code Flora, MS 39071-9513 Name of Employer (Required) University of Mississippi Medical Center Occupation (Required) Art Therapist	05/16/2023	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$1,000.00
Full Name Staci Morgan Mailing Address 6946 Weir Panhandle Rd City, State, Zip Code Weir, MS 39772 Name of Employer (Required) Self Employed Occupation (Required) Conference Director	05/07/2023	\$100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$868.40
Full Name Michael Collins Mailing Address 1826 Ray St City, State, Zip Code Ocean Springs, MS 39564-2930 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/31/2023	\$100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$300.00
Full Name J. Cal Mayo Mailing Address PO Box 1456 City, State, Zip Code Oxford, MS 38655-1456 Name of Employer (Required) Mayo Mallette PLLC Occupation (Required) Attorney	05/02/2023	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$1,000.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Tom Starrs Mailing Address 5808 SW 41st Ave City, State, Zip Code Portland, OR 97221-3407 Name of Employer (Required) EDP Renewables Occupation (Required) Renewable Energy Executive	05/25/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Piper Miller Mailing Address 46 Piercy St City, State, Zip Code Asheville, NC 28806-4466 Name of Employer (Required) Pine Gate Renewables Occupation (Required) Vice President	05/16/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard L. Cooper Mailing Address 424 Turnberry Ct City, State, Zip Code Oxford, MS 38655-2571 Name of Employer (Required) Thrifty Building Supply LLC Occupation (Required) Business Owner	05/02/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pine Gate Renewables, LLC Mailing Address 130 Roberts St City, State, Zip Code Asheville, NC 28801-3129 Name of Employer (Required)	05/22/2023	\$10,000.00
Aggregate year-to-date		\$10,000.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Kris Graham	05/22/2023	\$500.00
Mailing Address PO Box 578		
City, State, Zip Code Ridgeland, MS 39158-0578		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney		
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kay Guiles	05/05/2023	\$500.00
Mailing Address 199 Thomas Creek Rd		
City, State, Zip Code Petal, MS 39465-8137		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	05/25/2023	\$3.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Aggregate year-to-date		\$293.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jayne Buttross	05/26/2023	\$250.00
Mailing Address 329 E Mayes St		
City, State, Zip Code Jackson, MS 39206-5718		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Aggregate year-to-date		\$600.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Ann J. Abadie Mailing Address 2238 Lee Loop City, State, Zip Code Oxford, MS 38655-4920 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/30/2023	\$25.00
Aggregate year-to-date		\$585.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Buchanan Mailing Address 155 Bryant St City, State, Zip Code Palo Alto, CA 94301-1104 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/11/2023	\$25.00
Aggregate year-to-date		\$331.50
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Suzanne Robinson Mailing Address 206 Wood St City, State, Zip Code Water Valley, MS 38965-2603 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/21/2023	\$5.00
Aggregate year-to-date		\$425.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Mcdowell Mailing Address 1904 Fuller St City, State, Zip Code Hattiesburg, MS 39401-7544 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/24/2023	\$250.00
Aggregate year-to-date		\$1,339.25

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Tim Lawrence	05/26/2023	\$10.00
Mailing Address 804 Woodland Pne		
City, State, Zip Code Flowood, MS 39232-8996		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Aggregate year-to-date		\$223.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kirk Lewis	05/17/2023	\$500.00
Mailing Address 1964 Northshire Dr		
City, State, Zip Code Tupelo, MS 38804-7022		
Name of Employer (Required) Blue Springs Metals, LLC		
Occupation (Required) Business Owner		
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew Dickson	05/08/2023	\$200.00
Mailing Address 807 Sth 19Th Ave		
City, State, Zip Code Hattiesburg, MS 39401		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Aggregate year-to-date		\$900.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Buchanan	05/28/2023	\$31.79
Mailing Address 155 Bryant St		
City, State, Zip Code Palo Alto, CA 94301-1104		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Aggregate year-to-date		\$331.50

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name M. Deborrah Hyde <hr/> Mailing Address 19 Summer Trace Blvd <hr/> City, State, Zip Code Laurel, MS 39440-2510 <hr/> Name of Employer (Required) Self Employed <hr/> Occupation (Required) Physician	05/10/2023	\$250.00
Aggregate year-to-date		\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Duncan Gray III <hr/> Mailing Address 110 Philip Rd <hr/> City, State, Zip Code Oxford, MS 38655-2014 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Retired	05/31/2023	\$200.00
Aggregate year-to-date		\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda N. Mabry <hr/> Mailing Address 10608 Maple St <hr/> City, State, Zip Code Vancleave, MS 39565-8339 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/22/2023	\$500.00
Aggregate year-to-date		\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Raburn Coln <hr/> Mailing Address 288 County Road 218 <hr/> City, State, Zip Code Corinth, MS 38834-7531 <hr/> Name of Employer (Required) Not Employed <hr/> Occupation (Required) Not Employed	05/29/2023	\$50.00
Aggregate year-to-date		\$225.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Cheryl Goggin Mailing Address 402 Mandalay Dr City, State, Zip Code Hattiesburg, MS 39402-2039 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/31/2023	\$50.00
Aggregate year-to-date		\$205.10
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jack Garner Mailing Address 408 Vivian St City, State, Zip Code Oxford, MS 38655-2724 Name of Employer (Required) Not Employed Occupation (Required) Retired	05/02/2023	\$500.00
Aggregate year-to-date		\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carolyn Goren Mailing Address PO Box 7189 City, State, Zip Code Missoula, MT 59807-7189 Name of Employer (Required) Not Employed Occupation (Required) Not Employed	05/12/2023	\$25.00
Aggregate year-to-date		\$280.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Peyton D. Prospere Mailing Address 1336 Saint Mary St City, State, Zip Code Jackson, MS 39202-1848 Name of Employer (Required) Watkins & Eager PLLC Occupation (Required) Attorney	05/26/2023	\$500.00
Aggregate year-to-date		\$1,500.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name Heath Randall	05/19/2023	\$25.00
Mailing Address 2248 Summit Dr		
City, State, Zip Code Arnold, MO 63010-2254		
Name of Employer (Required) Frontline Managed Services		
Occupation (Required) IT Professional	Aggregate year-to-date	\$575.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sarah Bentley	05/04/2023	\$179.75
Mailing Address 144 Glenway Dr		
City, State, Zip Code Jackson, MS 39216-4101		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$519.50
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Bradley	05/25/2023	\$500.00
Mailing Address 107 Philip Rd		
City, State, Zip Code Oxford, MS 38655-2013		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$6,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sandy Jones Contractor	05/26/2023	\$1,000.00
Mailing Address 34 Yippie Calle Rd		
City, State, Zip Code Williamsburg, NM 87942-9032		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

Name of Candidate or Committee Brandon Presley
 Reporting Period 5/1/2023 through 5/31/2023

Ref No: CF202330347
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Y	
Full Name John David Barksdale	05/28/2023	\$2,500.00
Mailing Address 1331 3rd St		
City, State, Zip Code New Orleans, LA 70130-5743		
Name of Employer (Required) Alluvian Capital		
Occupation (Required) Investor	Aggregate year-to-date	\$2,500.00

Ref No: CF202330347
Date Filed: 6/9/2023
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ITEMIZED RECEIPTS - IN-KIND CONTRIBUTIONS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	
Full Name Jerry Wigginton	05/01/2023
Mailing Address 2005 W Main St	Estimated Amount of In-Kind Contribution*
City, State, Zip Code Tupelo, MS 38801-3214	
Name of Employer (Required) WC Services LLC	
Occupation (Required) Business Owner	
In-Kind Contribution: Office Space	
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)
Full Name Maggie Sasser	05/23/2023
Mailing Address 603 Edmund St	Estimated Amount of In-Kind Contribution*
City, State, Zip Code Raleigh, NC 27604-2341	
Name of Employer (Required) Pine Gate Renewables	
Occupation (Required) Vice President	
In-Kind Contribution: Event Catering	

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

Reporting Period 5/1/2023 through 5/31/2023

Ref No: CF202330347
Date Filed: 6/9/2023
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Secretary of State

ITEMIZED RECEIPTS - IN-KIND CONTRIBUTION

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	
Full Name Jason Lee Shelton	05/18/2023
Mailing Address 807 Indian Oaks Dr	Estimated Amount of In-Kind Contribution*
City, State, Zip Code Saltillo, MS 38866-9404	
Name of Employer (Required) General Services Administration	\$314.64
Occupation (Required) Regional Administrator	
In-Kind Contribution: Travel	

* 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 Brandon PresleyReporting Period 5/1/2023 through 5/31/2023

Ref No: CF202330347

Date Filed: 6/9/2023

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or after

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Bumperactive	05/24/2023	\$1,132.63
Mailing Address		
5907 Burnet Rd		
City, State, Zip Code		
Austin, TX 78757-3224		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$6,290.89
Store Overhead		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Aristotle, Inc.	05/17/2023	\$500.00
Mailing Address		
205 Pennsylvania Ave SE		
City, State, Zip Code		
Washington, DC 20003-1164		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$2,500.00
Database Services		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Battleaxe Digital	05/08/2023	\$7,751.14
Mailing Address		
1405 Florida Ave NW		
City, State, Zip Code		
Washington, DC 20009-5801		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$56,660.92
Digital Consulting		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
NGP VAN	05/04/2023	\$1,783.44
Mailing Address		
1101 15th St NW		
City, State, Zip Code		
Washington, DC 20005-5006		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$8,441.88
Database Services		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jackie Courson	05/15/2023	\$250.00
Mailing Address		
63 Hidden Crk		
City, State, Zip Code		
Pontotoc, MS 38863-7514		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$250.00
Contribution Refund		

Name of Candidate or Committee Brandon PresleyReporting Period 5/1/2023 through 5/31/2023

Ref No: CF202330347

Date Filed: 6/9/2023

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or after

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stripe	05/08/2023	\$15.66
Mailing Address 3180 18th St		
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$453.80
Walmart	05/19/2023	\$25.74
Mailing Address 702 SW 8th St		
City, State, Zip Code Bentonville, AR 72716-6209		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$286.35
Fedex	05/05/2023	\$108.86
Mailing Address 3640 Hacks Cross Rd		
City, State, Zip Code Memphis, TN 38125-8800		
Purpose of Disbursement (Optional) Shipping & Postage	Aggregate year-to-date	\$350.78
Battleaxe Digital	05/19/2023	\$411.13
Mailing Address 1405 Florida Ave NW		
City, State, Zip Code Washington, DC 20009-5801		
Purpose of Disbursement (Optional) Digital Consulting	Aggregate year-to-date	\$56,660.92
Benjamin Hunt	05/01/2023	\$2,167.10
Mailing Address 510 S Broadway St		
City, State, Zip Code Tupelo, MS 38804-4832		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,501.30

Name of Candidate or Committee Brandon PresleyReporting Period 5/1/2023 through 5/31/2023

Ref No: CF202330347

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated Prior to January 1, 2018 or On or after

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Kroger Co.	05/11/2023	\$54.95
Mailing Address 1014 Vine St		
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$952.23
Full Name Numero	05/02/2023	\$173.08
Mailing Address 200 Spectrum Center Dr		
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$28,280.49
Full Name Tom Bigbee Fiber	05/15/2023	\$309.85
Mailing Address 1346 Auburn Rd		
City, State, Zip Code Tupelo, MS 38804-8412		
Purpose of Disbursement (Optional) Utilities	Aggregate year-to-date	\$1,188.35
Full Name Shell Oil Co	05/15/2023	\$80.33
Mailing Address PO Box 2463		
City, State, Zip Code Houston, TX 77252-2463		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$631.98
Full Name Issac Lampner	05/15/2023	\$2,798.60
Mailing Address 945 Mitchell St		
City, State, Zip Code Tupelo, MS 38801-6773		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$20,051.95

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Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Shinitra Russell	05/01/2023	\$2,320.98
Mailing Address 1185 Collier Rd NW		
City, State, Zip Code Atlanta, GA 30318-8272		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$4,641.96
Full Name Begley Law Firm	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 287	05/08/2023	\$5,000.00
City, State, Zip Code Jackson, MS 39205-0287		
Purpose of Disbursement (Optional) Legal Services	Aggregate year-to-date	\$5,000.00
Full Name Tom Bigbee Fiber	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1346 Auburn Rd	05/24/2023	\$304.40
City, State, Zip Code Tupelo, MS 38804-8412		
Purpose of Disbursement (Optional) Utilities	Aggregate year-to-date	\$1,188.35
Full Name KMM Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 8242 Birch St	05/08/2023	\$8,761.98
City, State, Zip Code New Orleans, LA 70118-2822		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$40,620.20
Full Name Bumperactive	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5907 Burnet Rd	05/04/2023	\$1,112.13
City, State, Zip Code Austin, TX 78757-3224		
Purpose of Disbursement (Optional) Store Overhead	Aggregate year-to-date	\$6,290.89

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Disbursements from contributions accumulated Prior to January 1, 2018 or On or after

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Walmart	05/22/2023	\$13.99
Mailing Address 702 SW 8th St		
City, State, Zip Code Bentonville, AR 72716-6209		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$286.35
ActBlue Technical Services	05/15/2023	\$371.92
Mailing Address PO Box 382110		
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$10,562.16
Vardaman Elementary School	05/12/2023	\$375.00
Mailing Address 114 Wb Gregg Dr		
City, State, Zip Code Vardaman, MS 38878-6201		
Purpose of Disbursement (Optional) Event Sponsorship	Aggregate year-to-date	\$375.00
United Healthcare	05/19/2023	\$7,038.62
Mailing Address PO Box 94017		
City, State, Zip Code Palatine, IL 60094-4017		
Purpose of Disbursement (Optional) Health Insurance	Aggregate year-to-date	\$14,091.72
Benjamin Hunt	05/01/2023	\$2,167.10
Mailing Address 510 S Broadway St		
City, State, Zip Code Tupelo, MS 38804-4832		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,501.30

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Disbursements from contributions accumulated Prior to January 1, 2018 or On or after

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jake Laves	05/15/2023	\$2,974.48
Mailing Address 699 Nation Hills Dr		
City, State, Zip Code Tupelo, MS 38804-6063		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$12,661.60
JVEyes, Inc.	05/08/2023	\$1,800.00
Mailing Address 1150 Post Rd		
City, State, Zip Code Fairfield, CT 06824-6006		
Purpose of Disbursement (Optional) Media Monitoring	Aggregate year-to-date	\$2,400.00
Shell Oil Co	05/22/2023	\$4.90
Mailing Address PO Box 2463		
City, State, Zip Code Houston, TX 77252-2463		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$631.98
Amazon, Inc.	05/11/2023	\$385.11
Mailing Address 410 Terry Ave N		
City, State, Zip Code Seattle, WA 98109-5210		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$1,094.97
WFCA Radio	05/18/2023	\$786.00
Mailing Address 300 Church St		
City, State, Zip Code French Camp, MS 39745-8600		
Purpose of Disbursement (Optional) Radio Ad Buy	Aggregate year-to-date	\$1,536.00

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Disbursements from contributions accumulated Prior to January 1, 2018 or On or after

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Numero		
Mailing Address		
200 Spectrum Center Dr	05/15/2023	\$909.37
City, State, Zip Code		
Irvine, CA 92618-5004		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$28,280.49
Credit Card Processing		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ethan Cox		
Mailing Address		
3614 N Fremont St	05/19/2023	\$453.66
City, State, Zip Code		
Chicago, IL 60613-4372		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$5,323.92
Reimbursement - Travel, Office Supplies		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Issac Lampner		
Mailing Address		
945 Mitchell St	05/01/2023	\$2,798.60
City, State, Zip Code		
Tupelo, MS 38801-6773		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$20,051.95
Salary		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stripe		
Mailing Address		
3180 18th St	05/23/2023	\$19.13
City, State, Zip Code		
San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$453.80
Credit Card Processing		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Payroll Data Processing		
Mailing Address		
3501 E Frontage Rd	05/01/2023	\$77.48
City, State, Zip Code		
Tampa, FL 33607-1723		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$59,405.27
Payroll Fees		

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Disbursements from contributions accumulated Prior to January 1, 2018 or On or after

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Abby O'Keefe	05/15/2023	\$2,811.60
Mailing Address 1404 Highland Valley Cir		
City, State, Zip Code Wildwood, MO 63005-4259		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$11,561.23
ALG Polling, Inc.	05/08/2023	\$45,600.00
Mailing Address 260 Commerce St		
City, State, Zip Code Montgomery, AL 36104-2546		
Purpose of Disbursement (Optional) Research Consultant	Aggregate year-to-date	\$172,400.00
Expedia.com	05/24/2023	\$81.65
Mailing Address 1111 Expedia Group Way W		
City, State, Zip Code Seattle, WA 98119-1111		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$457.11
Shell Oil Co	05/22/2023	\$7.35
Mailing Address PO Box 2463		
City, State, Zip Code Houston, TX 77252-2463		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$631.98
Amazon, Inc.	05/11/2023	\$664.20
Mailing Address 410 Terry Ave N		
City, State, Zip Code Seattle, WA 98109-5210		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$1,094.97

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Disbursements from contributions accumulated Prior to January 1, 2018 or On or after

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
WFCA Radio	05/18/2023	\$750.00
Mailing Address		
300 Church St		
City, State, Zip Code		
French Camp, MS 39745-8600		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$1,536.00
Radio Ad Buy		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Google	05/02/2023	\$107.40
Mailing Address		
1600 Amphitheatre Pkwy		
City, State, Zip Code		
Mountain View, CA 94043-1351		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$300.90
Email Services		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stripe	05/15/2023	\$11.69
Mailing Address		
3180 18th St		
City, State, Zip Code		
San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$453.80
Credit Card Processing		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ron Owens	05/19/2023	\$259.96
Mailing Address		
3545 Mitchell Rd		
City, State, Zip Code		
Tupelo, MS 38801-9616		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$33,810.21
Reimbursement - Travel (Delta Airlines)		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Jake Laves	05/01/2023	\$2,974.48
Mailing Address		
699 Nation Hills Dr		
City, State, Zip Code		
Tupelo, MS 38804-6063		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$12,661.60
Salary		

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Disbursements from contributions accumulated Prior to January 1, 2018 or On or after

Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Payroll Data Processing	05/01/2023	\$13,615.40
Mailing Address		
3501 E Frontage Rd		
City, State, Zip Code		
Tampa, FL 33607-1723		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$59,405.27
Payroll Taxes		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Payroll Data Processing	05/15/2023	\$13,668.21
Mailing Address		
3501 E Frontage Rd		
City, State, Zip Code		
Tampa, FL 33607-1723		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$59,405.27
Payroll Taxes		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ron Owens	05/15/2023	\$3,935.75
Mailing Address		
3545 Mitchell Rd		
City, State, Zip Code		
Tupelo, MS 38801-9616		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$33,810.21
Salary		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
The Law Office of Michael Winfield	05/08/2023	\$1,500.00
Mailing Address		
106 S President St		
City, State, Zip Code		
Jackson, MS 39201-3601		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$1,500.00
Rent		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Hilton Hotels	05/18/2023	\$163.92
Mailing Address		
7930 Jones Branch Dr		
City, State, Zip Code		
McLean, VA 22102-3388		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$695.28
Travel		

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Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Silly Sisters, LLC	05/17/2023	\$1,800.00
Mailing Address 310 County Road 640		
City, State, Zip Code Baldwyn, MS 38824-8680		
Purpose of Disbursement (Optional) Rent	Aggregate year-to-date	\$3,600.00
Full Name Abby O'Keefe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1404 Highland Valley Cir	05/01/2023	\$2,811.60
City, State, Zip Code Wildwood, MO 63005-4259		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$11,561.23
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	05/03/2023	\$612.00
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$28,280.49
Full Name Payroll Data Processing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3501 E Frontage Rd	05/15/2023	\$83.48
City, State, Zip Code Tampa, FL 33607-1723		
Purpose of Disbursement (Optional) Payroll Fees	Aggregate year-to-date	\$59,405.27
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	05/10/2023	\$1,287.99
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$28,280.49

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Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Shawn Patterson	05/15/2023	\$2,974.48
Mailing Address 1160 1st St NE		
City, State, Zip Code Washington, DC 20002-4799		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$12,233.48
Chipotle	05/19/2023	\$65.06
Mailing Address 610 Newport Center Dr		
City, State, Zip Code Newport Beach, CA 92660-6460		
Purpose of Disbursement (Optional) Meals	Aggregate year-to-date	\$293.79
Número	05/05/2023	\$312.45
Mailing Address 200 Spectrum Center Dr		
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$28,280.49
Número	05/08/2023	\$209.44
Mailing Address 200 Spectrum Center Dr		
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$28,280.49
ActBlue Technical Services	05/01/2023	\$610.12
Mailing Address PO Box 382110		
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$10,562.16

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Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Boosters Inc	05/17/2023	\$5,186.33
Mailing Address		
PO Box 70156		
City, State, Zip Code		
Montgomery, AL 36107-0156		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$5,186.33
Printing of Campaign Materials		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Ron Owens	05/01/2023	\$3,935.75
Mailing Address		
3545 Mitchell Rd		
City, State, Zip Code		
Tupelo, MS 38801-9616		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$33,810.21
Salary		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stripe	05/26/2023	\$11.68
Mailing Address		
3180 18th St		
City, State, Zip Code		
San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$453.80
Credit Card Processing		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Adam Beyer	05/15/2023	\$2,974.48
Mailing Address		
4288 N Gloster St		
City, State, Zip Code		
Tupelo, MS 38804-7249		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$12,234.24
Salary		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Número	05/01/2023	\$597.60
Mailing Address		
200 Spectrum Center Dr		
City, State, Zip Code		
Irvine, CA 92618-5004		
Purpose of Disbursement (Optional)	Aggregate year-to-date	\$28,280.49
Credit Card Processing		

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Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Greta Presley	05/15/2023	\$209.88
Mailing Address 7054 Penbrook Dr		
City, State, Zip Code Franklin, TN 37069-8407		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$209.88
Chipotle	05/22/2023	\$18.97
Mailing Address 610 Newport Center Dr		
City, State, Zip Code Newport Beach, CA 92660-6460		
Purpose of Disbursement (Optional) Meals	Aggregate year-to-date	\$293.79
Huffman & Rejebian	05/08/2023	\$12,500.00
Mailing Address PO Box 1180		
City, State, Zip Code Jackson, MS 39215-1180		
Purpose of Disbursement (Optional) Research Consulting	Aggregate year-to-date	\$12,500.00
Número	05/31/2023	\$562.14
Mailing Address 200 Spectrum Center Dr		
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$28,280.49
Número	05/25/2023	\$53.91
Mailing Address 200 Spectrum Center Dr		
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$28,280.49

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Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	05/26/2023	\$406.91
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing		
	Aggregate year-to-date	\$28,280.49
Full Name Elvis Presley Birthplace	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1339	05/17/2023	\$500.00
City, State, Zip Code Tupelo, MS 38802-1339		
Purpose of Disbursement (Optional) Event Space Rental		
	Aggregate year-to-date	\$500.00
Full Name Shawn Patterson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1160 1st St NE	05/01/2023	\$2,974.48
City, State, Zip Code Washington, DC 20002-4799		
Purpose of Disbursement (Optional) Salary		
	Aggregate year-to-date	\$12,233.48
Full Name Ethan Cox	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3614 N Fremont St	05/15/2023	\$1,623.42
City, State, Zip Code Chicago, IL 60613-4372		
Purpose of Disbursement (Optional) Salary		
	Aggregate year-to-date	\$5,323.92
Full Name Shinitra Russell	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1185 Collier Rd NW	05/15/2023	\$2,320.98
City, State, Zip Code Atlanta, GA 30318-8272		
Purpose of Disbursement (Optional) Salary		
	Aggregate year-to-date	\$4,641.96

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Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Chipotle	05/22/2023	\$209.76
Mailing Address 610 Newport Center Dr		
City, State, Zip Code Newport Beach, CA 92660-6460		
Purpose of Disbursement (Optional) Meals	Aggregate year-to-date	\$293.79
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Allmond Printing Co	05/04/2023	\$160.50
Mailing Address 603 W Commerce St		
City, State, Zip Code Aberdeen, MS 39730-2405		
Purpose of Disbursement (Optional) Printing	Aggregate year-to-date	\$258.00
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
IP Casino Resort & Spa	05/25/2023	\$100.65
Mailing Address 850 Bayview Ave		
City, State, Zip Code Biloxi, MS 39530-1701		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$371.39
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
State Farm Insurance	05/05/2023	\$102.52
Mailing Address 1 State Farm Plz		
City, State, Zip Code Bloomington, IL 61710-0001		
Purpose of Disbursement (Optional) Insurance	Aggregate year-to-date	\$410.08
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
United Airlines	05/03/2023	\$460.30
Mailing Address 233 S Wacker Dr		
City, State, Zip Code Chicago, IL 60606-7147		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$460.30

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Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
IP Casino Resort & Spa	05/12/2023	\$14.98
Mailing Address 850 Bayview Ave		
City, State, Zip Code Biloxi, MS 39530-1701		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$371.39
Full Name Jacob Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4100 N Gloster St	05/01/2023	\$1,435.54
City, State, Zip Code Tupelo, MS 38804-7228		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$7,177.70
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	05/01/2023	\$1,531.00
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$28,280.49
Full Name Benjamin Hunt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 510 S Broadway St	05/15/2023	\$2,167.10
City, State, Zip Code Tupelo, MS 38804-4832		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,501.30
Full Name Jacob Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4100 N Gloster St	05/15/2023	\$1,435.54
City, State, Zip Code Tupelo, MS 38804-7228		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$7,177.70

Name of Candidate or Committee Brandon PresleyReporting Period 5/1/2023 through 5/31/2023

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Disbursements from contributions accumulated Prior to January 1, 2018 or On or after

Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	05/04/2023	\$192.23
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing		
	Aggregate year-to-date	\$28,280.49
Full Name IP Casino Resort & Spa	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 850 Bayview Ave	05/25/2023	\$14.98
City, State, Zip Code Biloxi, MS 39530-1701		
Purpose of Disbursement (Optional) Travel		
	Aggregate year-to-date	\$371.39
Full Name United States Postal Service	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 475 Lenfant Plz SW	05/01/2023	\$28.75
City, State, Zip Code Washington, DC 20260-0004		
Purpose of Disbursement (Optional) Shipping & Postage		
	Aggregate year-to-date	\$207.15
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	05/08/2023	\$490.00
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing		
	Aggregate year-to-date	\$10,562.16
Full Name Expedia.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1111 Expedia Group Way W	05/08/2023	\$161.26
City, State, Zip Code Seattle, WA 98119-1111		
Purpose of Disbursement (Optional) Travel		
	Aggregate year-to-date	\$457.11

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Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Adam Beyer	05/01/2023	\$2,974.98
Mailing Address 4288 N Gloster St		
City, State, Zip Code Tupelo, MS 38804-7249		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$12,234.24
IP Casino Resort & Spa	05/12/2023	\$14.98
Mailing Address 850 Bayview Ave		
City, State, Zip Code Biloxi, MS 39530-1701		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$371.39
Shalonda Spencer	05/01/2023	\$2,811.60
Mailing Address 1509 Hawthorne Pl		
City, State, Zip Code Clinton, MS 39056-3910		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$9,921.87
ActBlue Technical Services	05/29/2023	\$840.65
Mailing Address PO Box 382110		
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$10,562.16
Jordan Kelley	05/15/2023	\$2,320.98
Mailing Address 8364 Barton Dr		
City, State, Zip Code Strongsville, OH 44149-1017		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$2,320.98

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Disbursements from contributions accumulated Prior to January 1, 2018 or On or after

Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	05/22/2023	\$999.21
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing		
	Aggregate year-to-date	\$28,280.49
Full Name Shalonda Spencer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1509 Hawthorne Pl	05/15/2023	\$2,811.60
City, State, Zip Code Clinton, MS 39056-3910		
Purpose of Disbursement (Optional) Salary		
	Aggregate year-to-date	\$9,921.87
Full Name MBA Consulting Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 611 Pennsylvania Ave SE	05/04/2023	\$10,000.00
City, State, Zip Code Washington, DC 20003-4303		
Purpose of Disbursement (Optional) Compliance Consulting		
	Aggregate year-to-date	\$25,020.00
Full Name IP Casino Resort & Spa	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 850 Bayview Ave	05/25/2023	\$100.65
City, State, Zip Code Biloxi, MS 39530-1701		
Purpose of Disbursement (Optional) Travel		
	Aggregate year-to-date	\$371.39
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	05/01/2023	\$22.71
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing		
	Aggregate year-to-date	\$453.80

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Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Walmart		
Mailing Address 702 SW 8th St	05/16/2023	\$52.66
City, State, Zip Code Bentonville, AR 72716-6209		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$286.35
United States Postal Service		
Mailing Address 475 Lenfant Plz SW	05/02/2023	\$28.75
City, State, Zip Code Washington, DC 20260-0004		
Purpose of Disbursement (Optional) Shipping & Postage	Aggregate year-to-date	\$207.15
Switchboard Public Benefit Corp.		
Mailing Address 195 Binney St	05/19/2023	\$10,812.45
City, State, Zip Code Cambridge, MA 02142-1095		
Purpose of Disbursement (Optional) Digital Fundraising	Aggregate year-to-date	\$16,412.36
Ethan Cox		
Mailing Address 3614 N Fremont St	05/01/2023	\$1,623.42
City, State, Zip Code Chicago, IL 60613-4372		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$5,323.92
Jefferson Stevens, LLC		
Mailing Address 5907 Baxter Dr	05/03/2023	\$7,500.00
City, State, Zip Code Jackson, MS 39211-3319		
Purpose of Disbursement (Optional) Political Strategy Consultant	Aggregate year-to-date	\$11,445.56

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Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mama Justice - MW Law Firm	05/25/2023	\$2,000.00
Mailing Address 2005 W Main St		
City, State, Zip Code Tupelo, MS 38801-3214		
Purpose of Disbursement (Optional) Office Furniture	Aggregate year-to-date	\$2,000.00
Shell Oil Co	05/04/2023	\$88.04
Mailing Address PO Box 2463		
City, State, Zip Code Houston, TX 77252-2463		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$631.98
Katharine Kurz	05/15/2023	\$209.88
Mailing Address 5030 Celtic Ct		
City, State, Zip Code Raleigh, NC 27612-3086		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$209.88
ActBlue Technical Services	05/22/2023	\$512.15
Mailing Address PO Box 382110		
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$10,562.16
Shalonda Spencer	05/26/2023	\$1,487.07
Mailing Address 1509 Hawthorne Pl		
City, State, Zip Code Clinton, MS 39056-3910		
Purpose of Disbursement (Optional) Reimbursement - Travel, Office Supplies	Aggregate year-to-date	\$9,921.87

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Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Amalgamated Bank	05/26/2023	\$187.95
Mailing Address 275 7th Ave		
City, State, Zip Code New York, NY 10001-6708		
Purpose of Disbursement (Optional) Bank Fee	Aggregate year-to-date	\$244.70
Full Name KEP Strategies, LLC	05/08/2023	\$8,809.64
Mailing Address PO Box 450268		
City, State, Zip Code Atlanta, GA 31145-0268		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$39,640.46