# Candidate's Con Ref No. CF202328872

Michael Watson NTS
2023 Electic Secretary RECEIVED
lame of Candidate  Tate for Governor  By Secretary of State Elections Division at 4:39 pm, May 10, 2023
ddress PO Box 24355
elephone (Work) (Fax) City/Zip Jackson 39225
reasurer <u>FNStn McDeutt</u> Email Address
Office Sought Party Affiliation
Check here if above information is different from previous report
TYPE OF REPORT
*May 10, 2023 Periodic Report (January 1, 2023, through April 30, 2023)
June 9, 2023 Periodic Report (May 1, 2023, through May 31, 2023)
July 10, 2023 Periodic Report (June 1, 2023, through June 30, 2023)
August 1, 2023 Primary Pre-Election Report (July 1, 2023, through July 29, 2023)
August 22, 2023 Primary Pre-Runoff Report (July 30, 2023, through August 19, 2023)Runoff Candidates Only
October 10, 2023 Periodic Report (July 1, 2023, through September 30, 2023)
October 31, 2023 Pre-Election Report (October 1, 2023, through October 29, 2023)
November 21, 2023 Pre-Runoff Report (October 30, 2023, through November 19, 2023)Runoff Candidates Only
January 10, 2024 Periodic Report (October 1, 2023, through December 31, 2023)
Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and a zero cash on hand balance)  Required to terminate reporting obligations
<u>IMPORTANT</u>

- (1) All candidates for office, and their political committees if organized as such, 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 committee 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, all campaign finance disclosure 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 those "personal use" expenditures which and those disbursements which are not defined as "personal use" at Campaign contributions accepted and held prior to Jan. 1, 2018 ARE 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions of Section 2-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and 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 report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED PRIOR TO 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			\$5,899,590.03	
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$1,713,937.59	\$25,371.10	\$1,739,308.69	\$1,739,308.69
TOTAL AMT OF DISBURSEMENTS	\$554,586.61	\$1,785.68	\$556,372.29	\$556,372.29
CASH ON HAND BALANCE			las resseur	\$7,082,526.43

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

Signature of Director or Treasurer

5/10/2023

Date

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

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form 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.

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

<sup>1.</sup> Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

Name of Candidate	e or Committee	Tate for Governor	Page	Page 1 of 136
Reporting Period	01/01/2023	through	C Ref No: CF202328872	

Date Filed: 5/10/2023

Michael Watson

ITEMIZED REC

Secretary Secretary	or State	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carolyn Boteler	04/13/2023	\$750.00
Mailing Address 1984 Cleary Rd		
City, State, Zip Code Florence, MS 39073-8843		6
Name of Employer (Required) Temp Staff		
Occupation (Required) President	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Carolyn Boteler	02/02/2023	\$500.00
Mailing Address 1984 Cleary Rd		
City, State, Zip Code Florence, MS 39073-8843		
Name of Employer (Required) Temp Staff		
Occupation (Required) President	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Jon Paul Rhea	04/30/2023	\$250.00
Mailing Address 1937 Carolyn Dr.		¥ 01 505400
Tupelo, MS 38804-1017	1	
lame of Employer (Required)  Community Bank		
Occupation (Required) . Banker	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Gaston Barrett	03/07/2023	\$1,000.00
PO Box 518		
ity, State, Zip Code Philadelphia, MS 39350-0518		
ame of Employer (Required)  Barrett Real Estate Development		
ccupation (Required) Real Estate	Aggregate Year-to-date	\$1,000.00

Name of Candidate	or Committee	Tate for Governor	Page	Page 2 of 136
Reporting Period	01/01/2023	through	C Ref No: CF202328872	

ITEMIZED REC Michael Watson Secretary of State

Date Filed: 5/10/2023

	,	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Theresa G. Jones	(moi, bay, real)	this period
Mailing Address	04/28/2023	\$500.00
831 E Scenic Drive		
City, State, Zip Code Pass Christian, MS 39571		
Name of Employer (Required) Self		
Occupation (Required)  Dentist	Aggregate Year-to-date	\$500.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Treasure Bay Hotel And Casino	02/21/2023	\$1,000.00
Mailing Address PO Drawer 4637		Ψ1,000.00
City, State, Zip Code Biloxi, MS 39535-4637		
Name of Employer (Required)		
Occupation (Required)		
occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Mark E. Power Jr.	04/28/2023	\$250.00
Mailing Address 113 Bella Vista Drive		
City, State, Zip Code Brandon, MS 39042-8252		
Name of Employer (Required)  Community Bank		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Rebecca Combs-Dulaney	02/13/2023	\$10,000.00
Mailing Address 5601 10th Ave		<b></b>
City, State, Zip Code Meridian, MS 39305-1925		
lame of Employer (Required) Structural Steel Services, Inc.	<del>                                     </del>	
Vice President for Community and Public Relations	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee Tate for Governor	Page Page	3 of 136
Reporting Period 01/01/2023 through CRef No: CF20 Date Filed: 5	5/10/2023 Vatson	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sunny Sethi  Mailing Address	04/17/2023	\$2,500.00
City, State, Zip Code		
Canton, MS 39046-5325  Name of Employer (Required)		
Jackie's International Inc.		
Occupation (Required)  Vice President	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Nick Welch	04/17/2023	\$25,000.00
Mailing Address PO Box 292		
City, State, Zip Code Laurel, MS 39441-0292		
Name of Employer (Required)  Eastern Energy Services		
Occupation (Required) Owner	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chandresh Patel	04/14/2023	\$5,000.00
Mailing Address 310 Heritage Dr.		
City, State, Zip Code Oxford, MS 38655-2790		
Name of Employer (Required)  Charter Road Hospitality		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Douglas Wesley Rouse Jr.	04/04/2023	\$2,500.00
Mailing Address 111 Bedford Rd		

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

Hattiesburg, MS 39402-2302

Orthopedic Surgeon

Southern Bone and Joint Specialists

\$2,500.00

Aggregate

Year-to-date

Name of Candidate	or Committee	Tate for Governor	Page	Page 4 of 136
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Secretary		
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name  Jourdan Nicaud		this period
Mailing Address	03/21/2023	\$25,000.00
849 East Scenic Dr.		
City, State, Zip Code Pass Christian, MS 39571-4624		
Name of Employer (Required)  Nicaud Restaurants Group, LLC		
Occupation (Required) Officer	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name American Subcontractors Association of MS PAC	04/21/2023	\$15,000.00
Mailing Address PO Box 1452	<del> </del>	,
City, State, Zip Code Madison, MS 39130-1452		
Name of Employer (Required)		
Occupation (Required)	1	
	Aggregate Year-to-date	\$15,000.00
	rear-to-date	1376
Source: Corporation PAC Individual Loan  **Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt
	Date (Mo., Day, Year)	receipt this period
Other (please specify) Candidate Campaign Committee	Date	receipt
Other (please specify) Candidate Campaign Committee  Full Name Friends Of Dean Kirby  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Candidate Campaign Committee  Full Name Friends Of Dean Kirby  Mailing Address PO Box 54099  City State Zin Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Candidate Campaign Committee  Full Name Friends Of Dean Kirby  Mailing Address PO Box 54099  City, State, Zip Code Pearl, MS 39288-4099	Date (Mo., Day, Year) 04/19/2023 Aggregate	receipt this period
Tother (please specify)  Candidate Campaign Committee  Full Name Friends Of Dean Kirby  Mailing Address PO Box 54099  City, State, Zip Code Pearl, MS 39288-4099  Name of Employer (Required)  Occupation (Required)  Source:  Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year) 04/19/2023	receipt this period \$250.00
Tother (please specify)  Candidate Campaign Committee  Full Name  Friends Of Dean Kirby  Mailing Address  PO Box 54099  City, State, Zip Code  Pearl, MS 39288-4099  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan	Date (Mo., Day, Year)  04/19/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Tother (please specify)Candidate Campaign Committee  Full Name	Date (Mo., Day, Year)  04/19/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Candidate Campaign Committee  Full Name  Friends Of Dean Kirby  Mailing Address  PO Box 54099  City, State, Zip Code  Pearl, MS 39288-4099  Name of Employer (Required)  Occupation (Required)  Source:  Other (please specify)  Full Name  Lee B. McCarty  Mailing Address	Date (Mo., Day, Year)  04/19/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Candidate Campaign Committee  Full Name Friends Of Dean Kirby  Mailing Address PO Box 54099  City, State, Zip Code Pearl, MS 39288-4099  Name of Employer (Required)  Occupation (Required)  Coupation (Required)  Other (please specify)  Full Name Lee B. McCarty  Mailing Address  115 Pine Hill Dr.	Date (Mo., Day, Year)  04/19/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

Name of Candidate or Committee	Tate for Governor
FOR THE STATE OF THE PROPERTY	A THE RESIDENCE OF THE PARTY OF

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Reporting Period	01/01/2023	through	Ref No: CF202328872	
			Date Filed: 5/10/2023	-

#### ITEMIZED REC

Michael Watson Secretary of State

of State	
Date (Mo., Day, Year)	Amount of each receipt this period
04/02/2023	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
02/14/2023	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
01/24/2023	\$250.00
Aggregate Year-to-date	\$250.00
Date (Mo., Day, Year)	Amount of each receipt this period
04/07/2023	\$500.00
Aggregate Year-to-date	\$500.00
	Date (Mo., Day, Year)  O4/02/2023  Aggregate Year-to-date  Date (Mo., Day, Year)  O2/14/2023  Aggregate Year-to-date  Date (Mo., Day, Year)  O1/24/2023  Aggregate Year-to-date  Aggregate Year-to-date  Aggregate Year-to-date  Aggregate Year-to-date

Name of Candidate	or	Committee
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Tate for Governor

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through

Ref No: CF202328872

ITEMIZED REC Michael Watson Secretary of State

Date Filed: 5/10/2023

Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name  Jamie Smith		this period
Mailing Address	02/09/2023	\$250.00
PO Box 381		
City, State, Zip Code Merigold, MS 38759-0381		
Name of Employer (Required)  McCarty's		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard B Wilson	01/24/2023	\$3,000.00
Mailing Address 120 District Blvd		
City, State, Zip Code Jackson, MS 39211-6382		
Name of Employer (Required) State Treasury		
Occupation (Required)  Dept State Treasurer	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan  Tother (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee To Elect Gary Hartley	03/23/2023	\$250.00
Mailing Address 896 W Monroe St		
City, State, Zip Code Grenada, MS 38901-5006		
Name of Employer (Required)		-
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Heather Ladner Smith	04/26/2023	\$1,000.00
Mailing Address 606 Athletic Dr.		
Bay Saint Louis, MS 39520-2902		
lame of Employer (Required) Butler Snow		
Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee		Tate for Governor	Page Page 7 of 13		
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ITEMIZED REC Michael Watson
Secretary of State

Secretary	or State	
Source: Corporation PAC Individual Loan  **Other (please specify) General Partnership	Date (Mo., Day, Year)	Amount of each receipt
Full Name  Corporate Relations Management	04/30/2023	this period
Mailing Address PO Box 84	04/30/2023	\$25,000.00
City, State, Zip Code Canton, MS 39046-0084		
Name of Employer (Required)		
Occupation (Required)		
	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shane Spees	04/20/2023	\$1,000.00
Mailing Address 2619 Northplace Drive	0 1120/2020	\$1,000.00
City, State, Zip Code Tupelo, MS 38804-5018		
Name of Employer (Required)		
North Ms Health Systems  Occupation (Required)		
President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Snehal Patel		this period
Mailing Address 821 S. Lobdell Hwy	03/02/2023	\$5,000.00
City, State, Zip Code Port Allen, LA 70767-4129		
Name of Employer (Required)		
Occupation (Required)		
Investor	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth F. Martin	04/26/2023	\$500.00
Mailing Address 951 Cato Road		
City, State, Zip Code  Mendenhall, MS 39114-4450		
Name of Employer (Required)  MarCal, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

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Michael Watson

ITEMIZED REC

Secretary	of State	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Kenneth F. Martin	04/21/2023	\$500.00
Mailing Address 951 Cato Road	1	ψ300.00
City, State, Zip Code  Mendenhall, MS 39114-4450	+	
Name of Employer (Required)  MarCal, Inc.		
Occupation (Required)	Aggregate	
Owner	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Prosperity PAC LLC	02/23/2023	\$10,000.00
Mailing Address P.O. Box 1869		
City, State, Zip Code Brandon, MS 39043-1869		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Yarbrough	03/15/2023	\$1,000.00
Mailing Address 3 E Pins Ct.		
City, State, Zip Code Natchez, MS 39120-9369		
lame of Employer (Required) Natchez Ford		
Occupation (Required) Car Dealer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Emily Wilmoth	04/21/2023	\$250.00
Mailing Address 23 High Plains Dr		
Cabot, AR 72023-8191		
ame of Employer (Required)  CRH APAC		
ccupation (Required) VP	Aggregate Year-to-date	\$250.00
CRH APAC	2000 - TO 1800 - CENTROL STORY	\$250.00

Name of Candidate	or Committee	Tate for Governor	Page	Page 9 of 136
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Date Filed: 5/10/2023
Michael Watson
Secretary of State

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Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt
Full Name Dunn Roadbuilders, LLC		this period
Mailing Address	04/21/2023	\$1,000.00
PO Box 6560  City, State, Zip Code		
Laurei, MS 39441-6560		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Troy Johnston	04/18/2023	\$1,000.00
Mailing Address 167 Green Glades		<b>\$1,000.00</b>
City, State, Zip Code Ridgeland, MS 39157-8661	-	
Name of Employer (Required)		
Butler Snow Omara Stevens & Cannada  Description (Required)		
Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alliance Wholesale LLC	01/24/2023	\$1,000.00
Mailing Address 902 Ellisville Blvd		
City, State, Zip Code Laurel, MS 39440-5354	-	
lame of Employer (Required)	-	
Occupation (Required)		
	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  ** Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Southern Administration LLC	03/15/2023	\$10,000.00
lailing Address 4820A Poplar Springs Dr. 122		
ity, State, Zip Code Meridian, MS 39305-2624		
ame of Employer (Required)		
ccupation (Required)	Aggregate	
	Aggregate Year-to-date	\$10,000.00

Name o	of Candidate or Co	mmittee	Tate for Governo	or	P	age Page	10 of 136
Reporting Period 01/01/2023			through Ref No: CF2023				<del></del>
					Date Filed: 5/10/2023		
			ITEMI7	ED REC	Michael Watson		
					Secretary of State		
Source:	☐ Corporation	☐ PAC	<b>★</b> Individual	☐ Loan	T		Amount of each
	Почьти	erest society <b>a. a.</b> to <b>a</b> . to				Date	receipt

Occidenty	or order	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Kevin Wilson	, , , , , , ,	this period
Mailing Address	03/21/2023	\$1,000.00
1210 Main Street		
City, State, Zip Code Natchez, MS 39120-3645		
Name of Employer (Required)  Black Jack Oil Co		
Occupation (Required) Oil Producer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles D Borum	03/21/2023	\$1,000.00
Mailing Address 20 Trails End Road	1012112020	φ1,000.00
City, State, Zin Code	-	
Natchez, MS 39120-8019  Name of Employer (Required)		
Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John M. Hairston	03/29/2023	\$10,000.00
Mailing Address 9114 Victoria Circle	1	
City, State, Zip Code Gulfport, MS 39503-6140		
Name of Employer (Required) Whitney Hancock Bank		
Occupation (Required) CEO	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  LMS, INC	03/08/2023	\$1,000.00
Mailing Address 806 Washington Ave	<del>                                     </del>	
Ocean Springs, MS 39564-4638		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
	real-to-uate	-

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Name of Candidate or Committee

**Reporting Period** 

01/01/2023

Tate for Governor

	V-2-110-12-20-02-30-30-30-30-30-3
Alamanasta	(D-4N-, OF0000000
through	Ref No: CF202328872

ITEMIZED REC

Date Filed: 5/10/2023 Michael Watson Secretary of State

Cecletary	n Otate	
Source: Corporation PAC Individual Loan  **Double Corporation Description Desc	Date (Mo., Day, Year)	Amount of each receipt
Full Name Huey P. Stockstill, LLC	(, 2.2), /ea./	this period
Mailing Address	04/11/2023	\$1,000.00
PO Box 758  City, State, Zip Code		
Picayune, MS 39466-0758		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Phillip McLain	03/07/2023	\$2,500.00
Mailing Address 10760 Road 468		Ψ2,300.00
City, State, Zip Code Philadelphia, MS 39350-5917	-	
Name of Employer (Required)		
McLain Plumbing & Electrical		
Occupation (Required)  Executive	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bobby R Knox	04/07/2023	\$1,000.00
Mailing Address 18 Griffin Drive		1 1,500100
City, State, Zip Code Ellisville, MS 39437-9090		
Name of Employer (Required)  Community Bank		
Occupation (Required)	A	
Banker	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC The Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Gary Chouest	01/27/2023	\$25,000.00
Mailing Address 16201 E Main		
Cut Off, LA 70345-3804		
lame of Employer (Required) Galliano Marine Service LLC		
President	Aggregate Year-to-date	\$25,000.00

Name of Candidate or Committee		Tate for Governor		Pa	age	Page 12 of 136
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through Ref No: CF202328872
Date Filed: 5/10/2023

ITEN/17ED REC Michael Watson

	of State	
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Kent Winstead Logging, Inc.	03/07/2023	\$1,000.00
Mailing Address 10240 Dogwood Lane		
City, State, Zip Code Philadelphia, MS 39350-9639		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Joe C. Cox	04/12/2023	\$250.00
Mailing Address PO Box 213		
City, State, Zip Code Brookhaven, MS 39602-0213		
Name of Employer (Required)  City of Brookhaven		
Occupation (Required)  Mayor	Aggregate Year-to-date	\$250.00
Source: Corporation PAC  Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Mueller	03/09/2023	\$250.00
Mailing Address 1881 Courtney Lane		
City, State, Zip Code Biloxi, MS 39532-5318		
lame of Employer (Required)  MS Power Co		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Wound Management Specialists LLC	04/28/2023	\$5,000.00
778 Liberty Road		
Flowood, MS 39232-9321		
ame of Employer (Required)		
ccupation (Required)	Aggregate Year-to-date	\$5,000.00

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Name of Candidate	or Committee
Reporting Period	01/01/2023

Tate for Governor

through	C Ref No: CF2023288
<del></del>	Date Filed: 5/10/200

IIEMIZED REC Secretary of		
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mike Tinsley Realty, Inc	03/07/2023	\$250.00
Mailing Address 214 E Hospital Road		
City, State, Zip Code Philadelphia, MS 39350-2120		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Mailing Address	02/13/2023	\$25,000.00
4630 18th Ave		
City, State, Zip Code Meridian, MS 39305-2777		
Name of Employer (Required) Specialty Roll Products Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
	03/21/2023	\$2,500.00
Mailing Address 11812 San Vicente Blvd 4th Floor		
City, State, Zip Code Los Angeles, CA 90049-6625		
Name of Employer (Required) Self		
Occupation (Required) Film Industry	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Burroughs	02/03/2023	\$1,000.00
Mailing Address 7 Ashton Ct		× 8
City, State, Zip Code Laurel, MS 39440-2511		
Name of Employer (Required) Self		
Occupation (Required) Burroughs Diesel	Aggregate Year-to-date	\$1,000.00

Name of Candidate	e or Committee	Tate for Governor	Page Page 14 of 136	
Reporting Period	01/01/2023	through	Ref No: CF202328872	

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Michael Watson

ITEMIZED REC

Secretary	of State	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Ma. Day Yana)	Amount of each receipt
Full Name	(Mo., Day, Year)	this period
Chip Crane II  Mailing Address	03/23/2023	\$2,000.00
PO Box 428		
City, State, Zip Code Fulton, MS 38843-0428		
Name of Employer (Required)  F.L. Crane & Sons, Inc.		
Occupation (Required) CEO	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC * Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name  Jeff Michael Zimmerman	03/09/2023	\$250.00
Mailing Address 1213 Broad Ave STE #1		
City, State, Zip Code Gulfport, MS 39501-2475		
Name of Employer (Required)  Zimmerman Family Dentistry		
Occupation (Required)  Dentist	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
J. Kane Ditto	02/07/2023	\$1,000.00
Mailing Address PO Box 13925		
City, State, Zip Code  Jackson, MS 39236-3925		
Name of Employer (Required) State Street Group LLC		OSE CONTRACTOR OF THE CONTRACT
Occupation (Required) Real Estate	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Catherine H. Stradinger	01/24/2023	\$250.00
Mailing Address 131 Meadowlark Lane		(
City, State, Zip Code Ridgeland, MS 39157-9235		
Name of Employer (Required) CCS		
Occupation (Required) Board	Aggregate Year-to-date	\$250.00

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Secretary	of State	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Hambleton	04/18/2023	\$350.00
Mailing Address 174 Northshore Way	1 011102020	\$350.00
City, State, Zip Code Madison, MS 39110-7177	-	
Name of Employer (Required)  MSMA	-	
Occupation (Required)		
Physician	Aggregate Year-to-date	\$350.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William V Cork	03/09/2023	\$250.00
Mailing Address 304 Ballentine St		
City, State, Zip Code Bay Saint Louis, MS 39520-3902		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Administration	Aggregate Year-to-date	\$250.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name H. Lee Jones	03/21/2023	\$250.00
Mailing Address 91 Providence Rd		
City, State, Zip Code Natchez, MS 39120-8118		
J.M. Jones Lumber Company		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Billy R. Folkes	02/01/2023	\$125.00
failing Address 63 Herbert Trigg Rd		
Seminary, MS 39479-4352		
ame of Employer (Required) Retired		
Retired	Aggregate Year-to-date	\$250.00

Reporting Period 01/01/2023 through Ref No: CF202328872  Date Filed: 5/10/2023  Michael Watson Secretary of State	Name of Candidate or Committee	Tate for Governor	Page Page 16 of 136
ITEMIZED REC Michael Watson Secretary of State	Reporting Period 01/01/2023		
Secretary of State		ITEMIZED REC Micha	

Occident	idiy di oldic	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Billy R. Folkes	-	this period
Mailing Address	03/06/2023	\$125.00
63 Herbert Trigg Rd  City, State, Zip Code	×	
Seminary, MS 39479-4352		
Name of Employer (Required)  Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name William Wingfield	02/21/2023	
Mailing Address 915 E Scenic Drive	0212 112020	\$250.00
City, State, Zin Code		
Pass Christian, MS 39571-4701  Name of Employer (Required)		283
The Dermatology Clinic		
Occupation (Required) CFO	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Taylor	04/08/2023	\$1,000.00
Mailing Address 101 Timber Lane		7,,000.00
City, State, Zip Code Forest, MS 39074-4405		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William E. West	03/21/2023	\$250.00
Mailing Address 248 E Capitol St. STE 840		
City, State, Zip Code Jackson, MS 39201-2505		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00

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Secretary (	or State	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name	(Mo., Day, Year)	this period
Chance Carter  Mailing Address	04/10/2023	\$1,000.00
105 Glenartney Street		
City, State, Zip Code Brandon, MS 39042-3436		
Name of Employer (Required)  Community Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Russ Nobile	04/30/2023	\$1,000.00
Mailing Address 16 Cedarwood Lane		
City, State, Zip Code Gulfport, MS 39503-6221		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	ACCOUNTY SHOWS AND ADDRESS.	Amount of each
Other (please specify) LLC	Date (Mo., Day, Year)	receipt this period
Full Name Bolton Enterprises LLC	03/09/2023	\$250.00
Mailing Address 5319 Hwy 90 W STE 102		
City, State, Zip Code Mobile, AL 36619-4247		***
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
R. Barry Cannada	04/14/2023	\$1,000.00
Mailing Address 827 Pinehurst Place		
Jackson, MS 39202-1740		
ame of Employer (Required) Butler Snow Omara Stevens & Cannada		
Attorney	Aggregate Year-to-date	\$1,000.00

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e of Candidate or Committee	Tate for Governor		

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Date Filed: 5/10/2023 Michael Watson

	,	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name David Paradise	03/19/2023	this period
Mailing Address PO Box 18939	00/10/2020	\$2,500.00
City, State, Zip Code Natchez, MS 39122-8939		
Name of Employer (Required)		
Paradise Companies		
Occupation (Required) CEO	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lyda Jordan	03/21/2023	\$2,500.00
Mailing Address 617 Kingston Rd		
City, State, Zip Code Natchez, MS 39120-9561		
Name of Employer (Required)  Cedar Grove Plantation		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,500.00
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pennington & Trim Alarm Services, Inc.	04/21/2023	\$1,000.00
Mailing Address 4374 Mangum Dr, Ste. C		
City, State, Zip Code Flowood, MS 39232-2111		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Empower PAC	04/25/2023	\$1,000.00
Mailing Address	1	AND THE PROPERTY OF THE PROPER
1000 Northpark Dr		
1000 Northpark Dr		
1000 Northpark Dr		
1000 Northpark Dr  City, State, Zip Code  Ridgeland, MS 39157-5299	Aggregate Year-to-date	\$1,000.00

Annual Control Management (Control Control Con	description in the contract	Page	Page 19 of 136
ame of Candidate or Committee	Tate for Governor		

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#### ITEMIZED REC

Michael Watson Secretary of State

Secretary (	or State	
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Jeffrey J Lacher	04/20/2023	
Mailing Address 72 Bridgewater Dr.	04/20/2023	\$350.00
City State Zin Code		
Hattiesburg, MS 39402-1667  Name of Employer (Required)		
Community Bank	-	
Occupation (Required) Division President	Aggregate Year-to-date	\$350.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary P. Hill	03/29/2023	\$2,000.00
Mailing Address 1304 River Road		
City, State, Zip Code Oak Vale, MS 39656-3229		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank E. Johnson	01/24/2023	\$1,000.00
Mailing Address 610 Dunklin Avenue		
City, State, Zip Code Greenwood, MS 38930-2415		
Name of Employer (Required)  Johnson-McAdams Firm PA		
Occupation (Required) Engineer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Doug McDaniel	04/22/2023	\$250.00
Mailing Address 4772 E Massena Drive		-
Jackson, MS 39211-4930		
lame of Employer (Required) Self		
Occupation (Required) Financial Advisor	Aggregate Year-to-date	\$250.00

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or			

Name of Candidate or Committee

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name  Jennifere M. Simmons	04/27/2023	this period
Mailing Address PO Box 206	04/21/2023	\$6,000.00
City, State, Zip Code Lake, MS 39092-0206		
Name of Employer (Required) Simmons Erosion Control, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$8,000.00
Source: Corporation PAC Maindividual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Jennifere M. Simmons	04/27/2023	\$1,000.00
Mailing Address PO Box 206		
City, State, Zip Code Lake, MS 39092-0206		
Name of Employer (Required) Simmons Erosion Control, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$8,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jennifere M. Simmons	04/28/2023	\$1,000.00
Mailing Address PO Box 206		V 10
City, State, Zip Code Lake, MS 39092-0206		
Name of Employer (Required) Simmons Erosion Control, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$8,000.00
Source: Corporation PAC Taindividual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Craig N Landrum	02/06/2023	\$250.00
Mailing Address 105 WOODMONT WAY		
City, State, Zip Code Diductoral NO 20457 2045	1	
Ridgeland, MS 39157-8615		
Ridgeland, MS 39157-8615  Iame of Employer (Required)  Jones Walker, LLP		

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Name of Candidate or Committee	Tate for Governor	Page Page	21 01 100
Reporting Period 01/01/2023	through C Ref No: CF20 Date Filed: 9  ITEMIZED REC Michael V Secretary	5/10/2023 Vatson	
Source: Corporation PAC Other (please specify)	★ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Danny R. Huston		02/02/2023	\$25,000.00
Mailing Address 616 W Jackson St			
City, State, Zip Code Parker City, IN 473	368-9524		
	American Midway		
Occupation (Required) President		Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC  Other (please specify)	<b>★ Individual</b> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Brant Pettis		03/09/2023	\$500.00
Mailing Address 46 54th St.			
City, State, Zip Code Gulfport, MS 3950	7-4609		
Name of Employer (Required)	Bingham LLP		
Occupation (Required)		A	,
Attorney		Aggregate Year-to-date	\$500.00
Source: Corporation PAC  Other (please specify)	★ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry W. Green		01/26/2023	\$12,500.00
Mailing Address 29 Windermere Ln			
City, State, Zip Code Houston, TX 77063	3-1409		
Name of Employer (Required) Island V	ïew Casino Resort		
Occupation (Required) Owner		Aggregate Year-to-date	\$12,500.00
Source: Corporation PAC  Other (please specify)	<b>★ Individual</b> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  James H. Heidelberg		03/31/2023	\$2,500.00
Mailing Address 1300 Driftwood Street			,=,300.00
City, State, Zip Code Pascagoula, MS 39	567-7592		

Name of Employer (Required)

Occupation (Required)

Heidelberg Steinberger

Attorney

\$2,750.00

Aggregate

Year-to-date

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Personal Company of the Company of t	o. Committee			
Reporting Period	01/01/2023	through	Ref No: CF202328872	
		<del>-</del>	Date Filed: 5/10/2023	

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Source: Corporation PAC The Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name  James H. Heidelberg		this period
Mailing Address	03/09/2023	\$250.00
1300 Driftwood Street  City, State, Zip Code		
Pascagoula, MS 39567-7592  Name of Employer (Required)		
Heidelberg Steinberger		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,750.00
Source: Corporation PAC * Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
James Brumfield	04/17/2023	\$250.00
Mailing Address 5026 Magnolia Progress Road		
City, State, Zip Code Magnolia, MS 39652-9148		
Name of Employer (Required) Retired		
Occupation (Required)		
Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Dunn Utility Products	04/10/2023	\$1,000.00
Mailing Address PO Box 721420		
City, State, Zip Code Byram, MS 39272-1420		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary Lynn Dunaway	01/20/2023	\$300.00
Mailing Address 126 Morrison Dr.	25 - 5000000000	+200.00
Clinton, MS 39056-5229		
lame of Employer (Required)  N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$300.00

Name of Candidate or Committee  Reporting Period 01/01/2023  Tate for Governor  ITEMIZE	throughC Ref No: CF202: Date Filed: 5/1 Michael Wa Secretary of	328872 10/2023 tson	23 of 136
Source: Corporation PAC * Individual  Other (please specify)	Loan	Date (Mo., Day, Year)	Amount of each receipt
Full Name Daniel Grafton		04/27/2023	this period \$1,000.00
Mailing Address 1228 Stokes Road			Ψ1,000.00
City, State, Zip Code Canton, MS 39046-8002			
Name of Employer (Required)  N/A			
Occupation (Required) Retired		Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual    Other (please specify)  Full Name	□ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Ron Peresich Sr.		03/09/2023	\$1,000.00

Aggregate

Year-to-date

Date

(Mo., Day, Year)

04/27/2023

Aggregate

Year-to-date

Date

(Mo., Day, Year)

02/09/2023

Aggregate

Year-to-date

**Mailing Address** 

City, State, Zip Code

Occupation (Required)

Source:

**Full Name** 

Source:

**Full Name** 

**Mailing Address** 

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

**Mailing Address** 

City, State, Zip Code

Occupation (Required)

Name of Employer (Required)

☐ Corporation

Tother (please specify)

Reed Place I LP

PO Drawer 30

Name of Employer (Required)

☐ Corporation

☐ Other (please specify)

Chris Simmons

PO Box 206

PO Box 289

Biloxi, MS 39533-0289

☐ PAC

Lake, MS 39092-0206

☐ PAC

Louisville, MS 39339-0030

Executive

Attorney

Page, Mannino, Peresich, and McDermott

☐ Loan

☐ Loan

**■ Individual** 

Simmons Erosion Control, Inc.

☐ Individual

Limited Partnership

\$1,000.00

\$1,000.00

\$1,000.00

\$1,000.00

\$1,000.00

Amount of each

receipt

this period

Amount of each

receipt

this period

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Date Filed: 5/10/2023 Michael Watson

Secretary	or State	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name William Mounger II	04/44/2022	this period
Mailing Address 4450 Old Canton Rd Ste 207	04/11/2023	\$1,000.00
City State Zin Code		
Jackson, MS 39211-5991  Name of Employer (Required)		
Self		
Occupation (Required) Investor	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marshall Bennett	04/16/2023	\$1,000.00
Mailing Address 1803 Howard St.		
City, State, Zip Code Jackson, MS 39202-1326		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC  Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clint Dunn	03/23/2023	\$1,000.00
Mailing Address 9347 County Road 142		
City, State, Zip Code Itta Bena, MS 38941-2761		
lame of Employer (Required) Self		·
Occupation (Required) Dunn Farms	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew M. Gilich Jr.	03/02/2023	\$1,000.00
Mailing Address 2026 Tuilleries Cove		
Biloxi, MS 39531-2423		
lame of Employer (Required) City of Biloxi		
Occupation (Required)  Mayor	Aggregate Year-to-date	\$1,000.00

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Name of Candidate or Committee	Tate for Governor		

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### ITEMIZED REC Michael Watson Secretary of State

Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Joe W. Stedman		this period
Mailing Address 114 Main Street	03/06/2023	\$2,500.00
City, State, Zin Code		
Natchez, MS 39120-3458  Name of Employer (Required)		
Natchez - Crye*Leike Stedman Realtors		
Occupation (Required) Broker	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Jones Rental, LLC	04/17/2023	\$250.00
Mailing Address 205 Ball Ave		
City, State, Zip Code Tylertown, MS 39667-2103		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark T Allen	04/14/2023	\$250.00
Mailing Address 111 Pinehurst Drive	(8)	
City, State, Zip Code Brandon, MS 39047-8227		
Name of Employer (Required) Self		· · · · · · · · · · · · · · · · · · ·
Occupation (Required) Supermarket Owner	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles T. Daniels	02/22/2023	\$250.00
Mailing Address 15281 Baywood Circle		
City, State, Zip Code Gulfport, MS 39503-2746		
Name of Employer (Required) Retired		
Occupation (Required) Retired MHP	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee		Tate for Governo	or	Pa	ge _	Page 26 of	136
Reporting Period	01/01/2023		through0	Ref No: CF202328872 Date Filed: 5/10/2023			
		ITEMIZ	ED REC				
Source: Corpora	tion	<b>□</b> Individual	☐ Loan		D-4-		Amount of each

Secretary	of State	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name	(moi, Day, Teal)	this period
Mailing Address	01/26/2023	\$250.00
205 Helena Ln		
City, State, Zip Code Madison, MS 39110-8093		
Name of Employer (Required)  Cooperative Energy		
Occupation (Required) Economic Development Manager	Aggregate Year-to-date	\$250.00
Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shannon Patterson	04/05/2023	\$500.00
Mailing Address 192 Lampton Lane NE		
City, State, Zip Code Brookhaven, MS 39601-7013		
Name of Employer (Required)  Brookhaven Dental Center		
Occupation (Required) Dentist	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name EGSC Holdings, LLC	03/21/2023	\$1,000.00
Mailing Address 507 John R Junkin Dr. STE A		7.11
City, State, Zip Code Natchez, MS 39120-4709		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reed Hogan Sr.	02/20/2023	\$500.00
Mailing Address 819 Pinehurst Place		
City, State, Zip Code Jackson, MS 39202-1740		
Name of Employer (Required)  GI Associates		
Occupation (Required) Physician	Aggregate Year-to-date	\$500.00

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Name of	Candidate o	r Committee
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Reporting Period 01/01/2023

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hrough	0 Ref No: CF20232887

#### ITEMIZED REC

Date Filed: 5/10/2023 Michael Watson Secretary of State

occicialy		
Source: Corporation PAC * Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name  Bob L Chain Jr.	03/06/2023	\$1,000.00
Mailing Address 3 GRAND BAYOU CIR		772 500
City, State, Zip Code Hattiesburg, MS 39402-7926		
Name of Employer (Required)  Legacy Electric		
Occupation (Required) Contractor	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Malcolm Portera	02/13/2023	\$10,000.00
Mailing Address 769 Carleton St		
City, State, Zip Code Tuscaloosa, AL 35406-3140		
Name of Employer (Required) Self		
Occupation (Required) Consultant	Aggregate Year-to-date	\$10,000.00
	rear-to-date	88
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ Loan	Date	receipt this period
Other (please specify)  Full Name  Jeffrey Lacey  Mailing Address  161 Wisteria Trail	Date (Mo., Day, Year)	receipt
Other (please specify)  Full Name	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name	Date (Mo., Day, Year) 03/06/2023 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name	Date (Mo., Day, Year)  03/06/2023  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name	Date (Mo., Day, Year)  03/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name  Jeffrey Lacey  Mailing Address  161 Wisteria Trail  City, State, Zip Code  Laurel, MS 39443-2617  Name of Employer (Required)  First State Bank  Occupation (Required)  President and CEO  Source: Corporation PAC Individual Loan  Tother (please specify)  LLC  Full Name  Jacksco Properties LLC	Date (Mo., Day, Year)  03/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name	Date (Mo., Day, Year)  03/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period

Name of Candidate or Committee		T-1- ( - 0	Page	Page 28 of 136
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**Reporting Period** 

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Secretary (	or State	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Charles C. Scianna Jr.		this period
Mailing Address	04/04/2023	\$25,000.00
5738 Old Highway 36 Road  City, State, Zip Code	8	
Bellville, 1X 7/418-3672		
Name of Employer (Required) Sim-Tex, LC		
Occupation (Required) President	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  James H. Bolin	04/18/2023	\$1,000.00
Mailing Address 110 Harper St.		
City, State, Zip Code Ridgeland, MS 39157-8674		
Name of Employer (Required)  Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marion Mcdonald Perry	03/07/2023	\$1,000.00
Mailing Address 424 Pecan Ave		
City, State, Zip Code Philadelphia, MS 39350-2933		
Name of Employer (Required) N/A		
Occupation (Required)		
Retired	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)		\$1,000.00  Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Paige Carter	Year-to-date  Date	Amount of each receipt
Source: Corporation PAC ** Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Paige Carter	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Paige Carter  Mailing Address 1892 Courtney Lane	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Date Filed: 5/10/2023 Michael Watson Secretary of State

		5
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name David B. Blackburn	04/27/2022	this period
Mailing Address 114 Pin Oak Dr	04/27/2023	\$1,000.00
City State Zin Code		
Oxford, MS 38655-6052  Name of Employer (Required)		
The Blackburn Group, LLC		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  James Y Palmer	01/23/2023	\$1,000.00
Mailing Address #18 Eastparke Dr.		
City, State, Zip Code  Jackson, MS 39211-6058		
Name of Employer (Required)  N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth G. Scianna	04/03/2023	\$2,500.00
Mailing Address 134 Lake Hill Dr.		
City, State, Zip Code Flora, MS 39071-9639		
Name of Employer (Required)  N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  ** Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denman Trucking LLC	04/14/2023	\$1,500.00
Mailing Address 787 Highway 27S		
City, State, Zip Code Tylertown, MS 39667-5599		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00

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Source: Corporation D PAC D Individual D		
Other (please specify)LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chip Reno & Associates, LLC	04/14/2023	\$5,000.00
Mailing Address 747 Arlington St.		\$5,000.00
City, State, Zip Code Jackson, MS 39202-1617		
Name of Employer (Required)		
Occupation (Required)		
	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Daniel A. Cash	04/27/2023	\$1,000.00
Mailing Address 129 Woodbridge Drive		
City, State, Zip Code Saltillo, MS 38866-7267		
Name of Employer (Required)  Cash Properties LLC		
Occupation (Required) Tree Farmer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full Name Sampat S. Shivangi	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Sampat S. Shivangi	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Sampat S. Shivangi  Mailing Address 104 Summer Lake Drive  City, State, Zip Code Ridgeland, MS 39157-8630  Name of Employer (Required)  US Info Systems of Mississippi, LLC	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Sampat S. Shivangi  Mailing Address 104 Summer Lake Drive  City, State, Zip Code Ridgeland, MS 39157-8630  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Sampat S. Shivangi  Mailing Address 104 Summer Lake Drive  City, State, Zip Code Ridgeland, MS 39157-8630  Name of Employer (Required) US Info Systems of Mississippi, LLC  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  02/09/2023  Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Sampat S. Shivangi  Mailing Address 104 Summer Lake Drive  City, State, Zip Code Ridgeland, MS 39157-8630  Name of Employer (Required) US Info Systems of Mississippi, LLC  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name William G. Yates Jr.	Date (Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name Sampat S. Shivangi  Mailing Address 104 Summer Lake Drive  City, State, Zip Code Ridgeland, MS 39157-8630  Name of Employer (Required) US Info Systems of Mississippi, LLC  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify)  Full Name Sampat S. Shivangi  Mailing Address 104 Summer Lake Drive  City, State, Zip Code Ridgeland, MS 39157-8630  Name of Employer (Required)  US Info Systems of Mississippi, LLC  Occupation (Required)  President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name William G. Yates Jr.	Date (Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify)  Full Name Sampat S. Shivangi  Mailing Address 104 Summer Lake Drive  City, State, Zip Code Ridgeland, MS 39157-8630  Name of Employer (Required) US Info Systems of Mississippi, LLC  Decupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name William G. Yates Jr.  Mailing Address PO Box 456	Date (Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Other (please specify)  Full Name Sampat S. Shivangi  Mailing Address 104 Summer Lake Drive  City, State, Zip Code Ridgeland, MS 39157-8630  Name of Employer (Required)  US Info Systems of Mississippi, LLC  Occupation (Required)  President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name William G. Yates Jr.  Mailing Address PO Box 456  City, State, Zip Code Philadelphia, MS 39350-0456	Date (Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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Michael Watson Secretary of State

Secretary	of State	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Katherine M. Driskell	N 01 1000 1 100	this period
Mailing Address 170 Balboa Drive	04/17/2023	\$500.00
City, State Zin Code		
Hattiesburg, MS 39402-9770  Name of Employer (Required)		
Harvard Pest Control Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Chris Harless	02/03/2023	\$250.00
Mailing Address 352 South Place Drive		
City, State, Zip Code Madison, MS 39110-7707		
Name of Employer (Required) Old South Brick		
Occupation (Required) Brick Sales	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Justin Stoll LLC	04/17/2023	\$250.00
P O Box 409		
Tylertown, MS 39667-0409		
lame of Employer (Required)		
ccupation (Required)	Aggregate Year-to-date	\$450.00
Source: Corporation PAC Individual Loan  ** Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
ull Name Justin Stoll LLC	01/13/2023	\$200.00
P O Box 409		
ity, State, Zip Code Tylertown, MS 39667-0409		
ame of Employer (Required)		
ccupation (Required)	Aggregate Year-to-date	\$450.00

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Michael Watson

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Secretary (	or state	
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald G. Griffin	04/18/2023	\$500.00
Mailing Address 243 Dominion Pkwy		
City, State, Zip Code Brandon, MS 39042-7521		
Name of Employer (Required)  Community Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00
Source: Corporation PAC ** Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Douglas M. Wright Jr.	04/20/2023	\$5,000.00
Mailing Address 3835 Old Towne Cir		
City, State, Zip Code Tupelo, MS 38804-1086		
Name of Employer (Required)  Community Eldercare Services		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00
Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Compton Engineering	02/21/2023	\$500.00
Mailing Address P.O. Box 686		
City, State, Zip Code Pascagoula, MS 39568-0686		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Tull Name Darrell Brown	04/12/2023	\$250.00
lailing Address 18403 Hwy 80		•
Forest, MS 39074-9776		
ame of Employer (Required)  Community Bank		
ccupation (Required) Lender	Aggregate Year-to-date	\$250.00

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#### ITEMIZED REC

Date Filed: 5/10/2023 Michael Watson Secretary of State

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Source: Corporation PAC * Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Jeanhee Kang	04/25/2023	\$2,500.00
Mailing Address 729 White Oak Cr		
City, State, Zip Code Flowood, MS 39232-9336		
Name of Employer (Required)  Muse LLC	-	
Occupation (Required)	<b>_</b>	
Broker Associate	Aggregate Year-to-date	\$3,500.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Jeanhee Kang	03/07/2023	\$1,000.00
Mailing Address 729 White Oak Cr		7.,,000,00
City, State, Zip Code Flowood, MS 39232-9336		
Name of Employer (Required)  Muse LLC		
Occupation (Required)	A	
Broker Associate	Aggregate Year-to-date	\$3,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Henry Zuber III	04/17/2023	\$1,000.00
Mailing Address 503 Minor Lane		
City, State, Zip Code Ocean Springs, MS 39564-4714		
Name of Employer (Required) State of MS		
Occupation (Required) Representative	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Anna Skidmore	03/20/2023	\$500.00
Mailing Add	*************************************	
Mailing Address 4884 Valley Birch Dr.	001-012020	
4884 Valley Birch Dr.  City, State, Zip Code  Bartlett, TN 38002-4477	0.0.0.0.0.0.0.0	
2014 Valley Birch Dr.		

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Name of Candidate or Committee

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Date Filed: 5/10/2023

Source: Do ii D =		
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Robert Merchent		this period
Mailing Address	04/26/2023	\$1,000.00
City, State, Zip Code		
Gautier, MS 39553-6709		
Name of Employer (Required)  Bollinger MS Shipbuilding		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Source: Corporation * PAC Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Mississippi AGC-PAC	04/20/2023	\$5,000.00
Mailing Address PO Box 12615		
City, State, Zip Code Jackson, MS 39236-2615		
Name of Employer (Required)		
Occupation (Required)		
	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  James Douglas Moody	03/09/2023	\$250.00
Mailing Address 13200 Westminister Blvd		
City, State, Zip Code Gulfport, MS 39503-4386		
Name of Employer (Required) Insurance		
Occupation (Required) VP	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Tax Credit Advisors, LLC	02/06/2023	\$250.00
Mailing Address 320 Sherborne Place		
Flowood, MS 39232-8959		
lame of Employer (Required)		
occupation (Required)	Aggregate Year-to-date	\$250.00

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Secretary	of State	
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Colby Lane		this period
Mailing Address	03/30/2023	\$25,000.00
110 Hidden Oaks Trail  City, State, Zip Code		
Ridgeland, MS 39157-6084		
Name of Employer (Required)  Veriforce		
Occupation (Required) CEO	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Barrett Law Firm PLLC	04/12/2023	\$250.00
Mailing Address PO Box 729		
City, State, Zip Code Brookhaven, MS 39602-0729		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 5M Farms, LLC	03/06/2023	\$1,000.00
Mailing Address 24 Griffin Dr		
City, State, Zip Code Ellisville, MS 39437-9090		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
10 Point Enterprises LLC	04/27/2023	\$1,000.00
Mailing Address PO Box 206		
Lake, MS 39092-0206		
ame of Employer (Required)		
ccupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name  James Daniel		this period
Mailing Address PO Box 676	04/28/2023	\$5,000.00
City. State. Zip Code		
Corinth, MS 38835-0676  Name of Employer (Required)		
Occupation (Required)		
Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephanie Pigott Miller	04/17/2023	\$1,000.00
Mailing Address 109 Cherokee Dr.		
City, State, Zip Code McComb, MS 39648-6229		
Name of Employer (Required) Fitness Max LLC		
Occupation (Required)  Member	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Roianne N. Gutierrez	03/09/2023	\$1,000,00
Full Name Roianne N. Gutierrez  Mailing Address 9460 Oak Pointe Drive	03/09/2023	\$1,000.00
Mailing Address	03/09/2023	\$1,000.00
Mailing Address  9460 Oak Pointe Drive  City, State, Zip Code  Gulfport, MS 39503-6123  Name of Employer (Required)	03/09/2023	\$1,000.00
Mailing Address 9460 Oak Pointe Drive  City, State, Zip Code Gulfport, MS 39503-6123  Name of Employer (Required)  Newman Lumber  Occupation (Required)		\$1,000.00
Mailing Address 9460 Oak Pointe Drive  City, State, Zip Code Gulfport, MS 39503-6123  Name of Employer (Required)  Newman Lumber  Occupation (Required)  Co-owner	Aggregate Year-to-date	\$1,000.00 \$1,000.00
Mailing Address 9460 Oak Pointe Drive  City, State, Zip Code Gulfport, MS 39503-6123  Name of Employer (Required) Newman Lumber  Occupation (Required) Co-owner  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate	
Mailing Address 9460 Oak Pointe Drive  City, State, Zip Code Gulfport, MS 39503-6123  Name of Employer (Required) Newman Lumber  Occupation (Required) Co-owner  Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$1,000.00  Amount of each receipt
Mailing Address 9460 Oak Pointe Drive  City, State, Zip Code Gulfport, MS 39503-6123  Name of Employer (Required) Newman Lumber  Occupation (Required) Co-owner  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  Amount of each receipt this period
Mailing Address 9460 Oak Pointe Drive  City, State, Zip Code Gulfport, MS 39503-6123  Name of Employer (Required) Newman Lumber  Occupation (Required) Co-owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Ray Harrigill  Mailing Address	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  Amount of each receipt this period
Mailing Address 9460 Oak Pointe Drive  City, State, Zip Code Gulfport, MS 39503-6123  Name of Employer (Required) Newman Lumber  Occupation (Required)  Co-owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Ray Harrigill  Mailing Address 1012 Madison Ave  City, State, Zip Code	Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  Amount of each receipt this period

Name of Candidate or Committee	Tate for Governor	Page	<u>P</u>
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Reporting Period	01/01/2023	through 0	Ref No: CF202328872	
			Date Filed: 5/10/2023	
		ITEMIZED REC	Michael Watson	
		II LIVIIZED REC	Secretary of State	

Other (please specify)			
Full Name Joan Blanks			Characteristic and the
Mailing Address 350 TOWN CENTER WAY STE 203  City, State, Zip Code   Flowcod, MS 39232-6015  Name of Employer (Required)   Retired   Ret	Full Name Joan Blanks		
City, State, Zip Code   Flowcod, MS 39232-6016	Mailing Address 350 TOWN CENTER WAY STE 202	01/26/2023	\$250.00
Name of Employer (Required)  Retired  R	City, State, Zin Code		
Occupation (Required) Retired	Flowcod, MS 39232-6016		
Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Full Name Pitcher Point Investments LLC 03/09/2023 \$1,000.0  Mailing Address 15039 Lorraine Rd City, State, Zip Code Biloxi, MS 39532-9111  Name of Employer (Required)  Occupation (Required) PAC Individual Loan Date (Mo., Day, Year)  Full Name Lew Yoder 03/06/2023 \$1,000.0  Aggregate Year-to-date Show, Show Show Show Show Show Show Show Show	Retired		
Tother (please specify) LLC (Mo., Day, Year) This period Pitcher Point Investments LLC (3/09/2023 \$1,000.0 Mailing Address 15039 Lorraine Rd (15/05.5 State, Zip Code Biloxi, MS 39532-9111	Occupation (Required) Retired		\$250.00
Fill Name Pitcher Point Investments LLC  Mailing Address 15039 Lorraine Rd  City, State, Zip Code Biloxi, MS 39532-9111  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  City, State, Zip Code Laurel, MS 39441-1842  Name of Employer (Required)  Occupation (Required)  Aggregate Year-to-date \$1,000.00  Amount of each receipt this period 103/06/2023 \$1,000.00  Mailing Address PO Box 1842  City, State, Zip Code Laurel, MS 39441-1842  Name of Employer (Required)  Attorney  Aggregate Year-to-date \$1,000.00  Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Coccupation (Required)  Attorney  Aggregate Year-to-date \$1,000.00  Amount of each receipt (Mo., Day, Year)  Amount of each receipt this period 100.00  Amount of each receipt (Mo., Day, Year)  Amount of each receipt this period 113 Oakhurst Trail  City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required)  Self	Other (please specify) LLC	No. of the last of	
Mailing Address  15039 Lorraine Rd  City, State, Zip Code Biloxi, MS 39532-9111  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  City, State, Zip Code Laurel, MS 39441-1842  Name of Employer (Required)  Occupation (Required)  Attorney  Aggregate (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Afgregate (Mo., Day, Year)  Aggregate (Mo., Day, Year)	Full Name Pitcher Point Investments LLC	03/09/2023	\$1,000.00
Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Mailing Address PO Box 1842  City, State, Zip Code Laurel, MS 39441-1842  Name of Employer (Required)  Source: Corporation PAC Individual Loan Mailing Address PO Box 1842  City, State, Zip Code Laurel, MS 39441-1842  Name of Employer (Required) Occupation (Required) Attorney  Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) The composition of the pack of the price of this period  Amount of each receipt (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) This period  Full Name Laura McMaster  Other (please specify)  13 Oakhurst Trail  City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required) Self	Mailing Address 15039 Lorraine Rd		<b>+1,000.00</b>
Occupation (Required)  Aggregate Year-to-date \$1,000.0  Source: Corporation PAC Individual Loan Other (please specify)  Mailing Address PO Box 1842  City, State, Zip Code Laurel, MS 39441-1842  Name of Employer (Required) Attorney  Aggregate Year-to-date  Aggregate Year-to-date  Aggregate Year-to-date  Aggregate Year-to-date  \$1,000.0  Aggregate Year-to-date  \$1,000.0  Aggregate Year-to-date  \$1,000.0  Aggregate Year-to-date  \$1,000.0  Amount of each receipt this period  Cocupation (Required) Attorney  Aggregate Year-to-date  \$1,000.0  Amount of each receipt (Mo., Day, Year)  Comporation PAC Individual Loan Date (Mo., Day, Year)  Amount of each receipt this period  Full Name Laura McMaster  Od/17/2023 \$1,000.0  Mailing Address 113 Oakhurst Trail  City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required) Self	City, State Zin Code		
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Lew Yoder  O3/06/2023  \$1,000.0  Mailing Address PO Box 1842  City, State, Zip Code Laurel, MS 39441-1842  Name of Employer (Required) Occupation (Required) Other (please specify)  Attorney  Attorney  Aggregate (Mo., Day, Year)  Amount of each receipt this period  Attorney  Aggregate (Mo., Day, Year)  Amount of each receipt this period  Amount of each receipt (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Amount of each receipt this period  Amount of each receipt (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Source: Other (please specify)  Amount of each receipt (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Source: Other (please specify)  Surface (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Source: Other (please specify)  Surface (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Source: Other (please specify)  Surface (Mo., Day, Year)  Amount of each receipt (Mo., Day, Year)  Surface (Mo., Day, Year)	Name of Employer (Required)		
Source: Corporation PAC Individual Coan Date (Mo., Day, Year) PO Hor (please specify) Lew Yoder  Mailing Address PO Box 1842 City, State, Zip Code Laurel, MS 39441-1842 Name of Employer (Required) Other (please specify) Altorney Aggregate Year-to-date PO Corporation PAC Individual Coan Date (Mo., Day, Year) PO Box 1842  City, State, Zip Code Laurel, MS 39441-1842  Name of Employer (Required) Attorney Aggregate Year-to-date POccupation (Required) Other (please specify) Individual Coan Date (Mo., Day, Year) Pother (please specify) This period  Mailing Address 113 Oakhurst Trail City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required) Self	Occupation (Required)		\$1,000.00
Mailing Address PO Box 1842  City, State, Zip Code Laurel, MS 39441-1842  Name of Employer (Required) Gilchrist, Sumrall, Yoder & Boone  Occupation (Required) Attorney Year-to-date \$1,000.0  Source: Corporation PAC Individual Loan Date (Mo., Day, Year) This period  Full Name Laura McMaster 04/17/2023 \$1,000.0  Mailing Address 113 Oakhurst Trail  City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required) Self	Other (please specify)		receipt
Mailing Address PO Box 1842  City, State, Zip Code Laurel, MS 39441-1842  Name of Employer (Required) Gilchrist, Sumrall, Yoder & Boone  Occupation (Required) Attorney Year-to-date \$1,000.0  Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify) (Mo., Day, Year)  Full Name Laura McMaster 04/17/2023 \$1,000.0  Mailing Address 113 Oakhurst Trail  City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required) Self	Full Name  Lew Yoder	03/06/2023	\$1,000.00
Name of Employer (Required)  Gilchrist, Sumrall, Yoder & Boone  Occupation (Required)  Attorney  Aggregate Year-to-date  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Laura McMaster  Date (Mo., Day, Year)  Full Name Laura McMaster  Od/17/2023  \$1,000.0  Mailing Address 113 Oakhurst Trail  City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required) Self	Mailing Address PO Box 1842		B 04-00-00-12-00-00
Name of Employer (Required)  Gilchrist, Sumrall, Yoder & Boone  Occupation (Required)  Attorney  Aggregate Year-to-date  \$1,000.0  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Laura McMaster  O4/17/2023 \$1,000.0  Mailing Address 113 Oakhurst Trail  City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required) Self	City, State, Zip Code Laurel, MS 39441-1842		
Attorney  Aggregate Year-to-date  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Laura McMaster  Mailing Address 113 Oakhurst Trail  City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required) Self  Amount of each receipt this period  \$1,000.0	Name of Employer (Required) Gilchrist, Sumrall, Yoder & Boone		
Other (please specify)  Full Name Laura McMaster  O4/17/2023  \$1,000.0  Mailing Address 113 Oakhurst Trail  City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required)  Self	Occupation (Required) Attorney		\$1,000.00
Laura McMaster  Mailing Address  113 Oakhurst Trail  City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required) Self	Other (please specify)	25276200422	receipt
Mailing Address 113 Oakhurst Trail  City, State, Zip Code Ridgeland, MS 39157  Name of Employer (Required)  Self	Full Name  Laura McMaster	04/17/2023	\$1,000.00
Name of Employer (Required) Self	Mailing Address 113 Oakhurst Trail		
Name of Employer (Required) Self	City, State, Zip Code Ridgeland, MS 39157		
	Name of Employer (Required)		
Duginose   Aqureuate	Occupation (Required) Business		\$1,000.00

01/01/2023

Reporting Period

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Ref No: CF202328872 Date Filed: 5/10/2023

**Michael Watson** 

ITEMIZED REC

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Secretary of	of State	
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Minal Patel		this period
Mailing Address	04/20/2023	\$10,000.00
1004 Top St.		
Flowood, MS 39232-9579		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC The Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Lee Youngblood	03/09/2023	\$250.00
Mailing Address 577 N. Hickory Road		
City, State, Zip Code Hickory, MS 39332-3230		
Name of Employer (Required)  N/A		
Occupation (Required)	Aggregate	
Retired	Year-to-date	\$250.00
Source: Corporation PAC Tallet Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Nathan Burnett	03/23/2023	\$250.00
Mailing Address 316 Sunset Dr.		April 200 Control of the Control of
City, State, Zip Code Grenada, MS 38901-4434		
Name of Employer (Required) State Farm		
Occupation (Required)	Aggregate	
Agent	Aggregate Year-to-date	\$250.00
Source: Corporation PAC T Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name  John T. Ball	03/21/2023	\$1,000.00
Mailing Address 210 Main St.		
City, State, Zip Code Natchez, MS 39120-3460		
Name of Employer (Required) Self		
Occupation (Required)	Aggregate	
Attorney	Aggregate Year-to-date	\$1,000.00

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		ITEMIZED REC	Michael Watson	
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Source: Corporation PAC ** Individual C Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Louis Zemek	04/01/2023	\$150.00
Mailing Address 418 County Road 177		
City, State, Zip Code Bruce, MS 38915-9744	-	
Name of Employer (Required)  N/A	-	
Occupation (Required) Retired	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan	Data	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Louis Zemek	03/01/2023	\$150.00
Mailing Address 418 County Road 177		
City, State, Zip Code Bruce, MS 38915-9744		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Louis Zemek	02/01/2023	\$150.00
Mailing Address 418 County Road 177		
City, State, Zip Code Bruce, MS 38915-9744		
Name of Employer (Required)  N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$750.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Louis Zemek	01/01/2023	\$150.00
Mailing Address 418 County Road 177		7.55.55
City, State, Zip Code Bruce, MS 38915-9744		
lame of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$750.00

Name of Candidate or Committee	Tate for G

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Name of Candidate	or Committee	Tate for Governor	- ugu
Reporting Period	01/01/2023	through	( Ref No: CF202328872
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			Date Filed: 5/10/2023

# ITEMIZED REC Michael Watson Secretary of State

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Louis Zemek	01/21/2023	
Mailing Address 418 County Road 177	01/21/2023	\$150.00
City State Zin Code		
Name of Employer (Required)		
N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Melanie K Mitchell	02/12/2023	\$10,000.00
Mailing Address 701 Beechwood Drive		
City, State, Zip Code Meridian, MS 39305-2849		
Name of Employer (Required) homemaker		
Occupation (Required)		
Homemaker	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC  Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Don Halle	03/08/2023	\$250.00
Mailing Address 1529 Magnolia St #14		,
Gulfport, MS 39507-3547		
lame of Employer (Required) Self		
Occupation (Required) Realtor	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
clay E. Holladay	02/13/2023	\$10,000.00
P.O. Box 1699		37 ¥ (4) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
ity, State, Zip Code Meridian, MS 39302-1699		
ame of Employer (Required)  WMLV Radio		
ccupation (Required) Owner	Aggregate Year-to-date	\$10,000.00

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Reporting Period 01/01/2023 through Ref No: CF202328872 Date Filed: 5/10/2023

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Saura		
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt
Full Name Lowery, Payn, & Leggett CPAs	_	this period
Mailing Address 207 S Railroad Ave	04/12/2023	\$250.00
City State Zin Code		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca Currie	04/12/2023	\$250.00
Mailing Address 407 Oliver Drive		
City, State, Zip Code Brookhaven, MS 39601-3633		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Representative	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael William Chancellor	03/06/2023	\$15,000.00
Mailing Address PO Box 505		25 (1)
City, State, Zip Code Laurel, MS 39441-0505		
Name of Employer (Required) Chancellor, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$15,000.00
Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Oak Grove Land Company, Inc.	04/17/2023	\$1,000.00
Mailing Address PO Box 15007		
City, State, Zip Code Hattiesburg, MS 39404-5007		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
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Name o	of Candidate or Co	mmittee	Tate for Governo	or		Page Page 4	2 of 136
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-			ITEMIZ	ED REC	Date Filed: 5/10/20 Michael Watson Secretary of State		
Source:	☐ Corporation	☐ PAC	* Individual	☐ Loan		Date	Amount of each

Occietaly	oi otate	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Timothy Daniels	03/06/2023	
Mailing Address 7660 South Quincy St.	00/00/2020	\$1,000.00
City, State, Zip Code Willowbrook, IL 60527	-	
Name of Employer (Required)	-	
The New York Blower Company  Occupation (Required)		
Controller	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John W. Shinn	02/17/2023	\$1,000.00
Mailing Address 1886 Courtney Ln		
City, State, Zip Code Biloxi, MS 39532-5324		
Name of Employer (Required) Saint Stanislaus		
Occupation (Required)  Marketing Director	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Luke Lenzi	03/06/2023	\$5,000.00
Mailing Address 6016 Vista Cr.		
City, State, Zip Code Gulfport, MS 39507-4634		
Name of Employer (Required)  Tullis Garden Hotel		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC 🗈 Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Pickering Sr.	03/03/2023	\$250.00
Mailing Address 117 Dixon Dr		
City, State, Zip Code Taylorsville, MS 39168-4378		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
		-

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name William Kloss		this period
Mailing Address	02/27/2023	\$250.00
City, State, Zip Code		
BIIOXI, MS 39531-2225		
Name of Employer (Required) retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ray C. Dillon	04/15/2023	\$5,000.00
Mailing Address 57 Sologne Circle		
City, State, Zip Code Little Rock, AR 72223-8913		
Name of Employer (Required) Stone Bank		
Occupation (Required) Director	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC T Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William D. Boerner	04/12/2023	\$250.00
Mailing Address PO Box 205	3 17 12 12 23	Ψ230.00
City, State, Zip Code Brookhaven, MS 39602-0205	-	
Name of Employer (Required) Boerner Law Firm		
Occupation (Required)	Aggregate	
Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Jeffrey J. Cox	02/16/2023	\$2,500.00
Mailing Address 255 Lakeshire Parkway		
Canton, MS 39046-5333		
lame of Employer (Required) Birdsong Construction	<del>                                     </del>	
Executive	Aggregate Year-to-date	\$2,500.00

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ITEMIZED REC Michael W Secretary of		
Source: Corporation PAC Individual Loan  ** Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bayou Concrete, LLC	04/10/2023	\$1,000.00
Mailing Address P.O. Box 3868		324 334 334 334 334 334 334 334 334 334
City, State, Zip Code Gulfport, MS 39505-3868		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Richard Kuebler	02/18/2023	\$1,000.00
Mailing Address 108 Bradford Green		
City, State, Zip Code Madison, MS 39110-9074		
Name of Employer (Required)  LSU Medical Center		
Occupation (Required) Assistant Professor	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny L. Crane Jr.	03/23/2023	\$5,000.00
Mailing Address 116 Francis Dr.		
City, State, Zip Code Fulton, MS 38843-8434		
Name of Employer (Required)  F.L. Crane and Sons Construction		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  W. Michael Russ	04/18/2023	\$1,000.00
Mailing Address 4023 Boxwood Circle		
Jackson, MS 39211		
lame of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

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Michael Watson Secretary of State

Secretary C	or State	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name	(, 523), 1621)	this period
Jay Fenton  Mailing Address	02/15/2023	\$2,500.00
207 S 13th Avenue		
City, State, Zip Code Laurel, MS 39440-4225		
Name of Employer (Required)  Venture Oil & Gas		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clarke Reed	01/21/2023	\$1,000.00
Mailing Address PO Box 894		
City, State, Zip Code Greenville, MS 38702-0894		
Name of Employer (Required)  Reed & Joseph		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Matthew Carroll	01/22/2023	\$250.00
Mailing Address 114 Seaside Drive		
Ocean Springs, MS 39564-5145		
Name of Employer (Required) Singing River		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) Limited Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name West Leasing Co.	03/02/2023	\$1,000.00
PO Box 2906		
Laurel, MS 39442-2906		
ame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Secretary of State

Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrick Ryan Beckett	04/14/2023	\$1,000.00
Mailing Address 4166 Dogwood Drive		Ψ1,000.00
City, State, Zip Code  Jackson, MS 39211-6520		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenton S. Brasher	03/09/2023	\$500.00
Mailing Address 468 Country Lane		
City, State, Zip Code Holcomb, MS 38940-9786		
Name of Employer (Required)  Kengro		
Occupation (Required) Owner/Farmer	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Derek Blackwells AC, LLC	04/17/2023	\$500.00
Mailing Address 195 New Zion Road		
100 S 2000 C C C C C C C C C C C C C C C C C	1	
Tylertown, MS 39667-5082		
Tylertown, MS 39667-5082		
lame of Employer (Required)	Aggregate Year-to-date	\$500.00
Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)		\$500.00  Amount of each receipt this period
Individual Conformation Conformation (Please specify)	Year-to-date  Date	Amount of each receipt
Individual Loan  Other (please specify)  Full Name  Ronald G. Barnes	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Islame of Employer (Required)  Cocupation (Required)  Cource: Corporation PAC Individual Loan  Other (please specify)  Full Name Ronald G. Barnes  Mailing Address 10600 Jordan Road  City, State, Zip Code Ocean Springs, MS 39565-6381	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Individual   Loan   Corporation   PAC   Individual   Loan   Other (please specify)   Full Name   Ronald G. Barnes   10600 Jordan Road	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Islame of Employer (Required)  Cocupation (Required)  Cource: Corporation PAC Individual Loan  Other (please specify)  Full Name Ronald G. Barnes  Mailing Address 10600 Jordan Road  City, State, Zip Code Ocean Springs, MS 39565-6381	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Secretary of Secre	of State	
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Jim A Armstrong	03/23/2023	\$1,000.00
Mailing Address 5 Pond Side Drive		
City, State, Zip Code  Jackson, MS 39211-5946		
Name of Employer (Required) Self Employed		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Yazoo Lumber and Mats LLC	03/06/2023	\$250.00
Mailing Address PO Box 490		
City, State, Zip Code Philadelphia, MS 39350-0490		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Employees Of Vacuum Truck Rentals PAC	03/29/2023	\$5,000.00
Mailing Address PO Box 180789		
City, State, Zip Code Richland, MS 39218-0789		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Anna Marie Barnes	01/24/2023	\$250.00
Mailing Address 3980 Council Circle		
City, State, Zip Code Jackson, MS 39206-5811		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00

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Secretary of the secret	of State	
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Island View Casino Resort	03/09/2023	9
Mailing Address PO Box 1600	03/09/2023	\$1,000.00
City, State, Zip Code		
Gulfport, MS 39502-1600  Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Justin C. Martin	04/07/2023	\$1,000.00
Mailing Address 907 Topaz Court		
City, State, Zip Code Flowood, MS 39232-5010		
Name of Employer (Required)  Community Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomasson Mats LLC	03/06/2023	\$250.00
Mailing Address PO Box 490		,
City, State, Zip Code Philadelphia, MS 39350-0490		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael D. McKibben	03/21/2023	\$250.00
Mailing Address 947 Dogwood Dr.		
City, State, Zip Code Grenada, MS 38901-4616		
lame of Employer (Required)  McKibben & Guinn Funeral Service		
Occupation (Required) Executive	Aggregate Year-to-date	\$250.00

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Name of Candidate	or Committee	Tate for Governor		
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Secretary	of State	
Source: Corporation PAC Tall Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Philip Moran	03/09/2023	this period
Mailing Address 18516 Old Joe Moran Rd	03/09/2023	\$1,000.00
City, State, Zip Code Kiln, MS 39556-8219		
Name of Employer (Required)		
Philips Pest Control Co LLC  Occupation (Required)		
owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  **Double Composition**  **District Composition**  **Dis	Date (Mo., Day, Year)	Amount of each receipt this period
Jonesy Girl, LLC	04/27/2023	\$1,000.00
Mailing Address PO Box 206		
City, State, Zip Code Lake, MS 39092-0206		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael B. Wood	03/06/2023	\$1,000.00
Mailing Address 85 Acadian Circle		
City, State, Zip Code Hattiesburg, MS 39402-7928		
Name of Employer (Required)  Topp McWhorter Harvey LLC		
Occupation (Required) CPA	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kenneth Wayne Powell	04/12/2023	\$500.00
Mailing Address 105 Loblolly Ln		
City, State, Zip Code Brookhaven, MS 39601-9218		
lame of Employer (Required) R.B. Wall Oil Company		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Robert W. Neill Jr.	03/20/2023	\$250.00
Mailing Address P.O. Box 264	33,23,232	Ψ250.00
City, State, Zip Code Carrollton, MS 38917-0264		e
Name of Employer (Required)  Robert W. Neill Jr. LLC		
Occupation (Required) Farms, Real Estate	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda B. Pierce	03/01/2023	\$250.00
Mailing Address 4037 Old Highway 15		***************************************
City, State, Zip Code Decatur, MS 39327-9362		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Mississippi Association of Realtors PAC  Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name  Mississippi Association of Realtors PAC  Mailing Address  PO Box 321000  City State Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Flowood, MS 39232-1000	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mississippi Association of Realtors PAC  Mailing Address PO Box 321000  City, State, Zip Code Flowood, MS 39232-1000  Name of Employer (Required)	(Mo., Day, Year) 04/21/2023 Aggregate	receipt this period \$50,000.00
Other (please specify)  Full Name Mississippi Association of Realtors PAC  Mailing Address PO Box 321000  City, State, Zip Code Flowood, MS 39232-1000  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  04/21/2023  Aggregate Year-to-date  Date	receipt this period \$50,000.00  \$50,000.00  Amount of each receipt
Other (please specify)  Full Name Mississippi Association of Realtors PAC  Mailing Address PO Box 321000  City, State, Zip Code Flowood, MS 39232-1000  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  04/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$50,000.00  \$50,000.00  Amount of each receipt this period
Other (please specify)  Full Name Mississippi Association of Realtors PAC  Mailing Address PO Box 321000  City, State, Zip Code Flowood, MS 39232-1000  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Billy L. Pierce	(Mo., Day, Year)  04/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$50,000.00  \$50,000.00  Amount of each receipt this period
Other (please specify)  Full Name Mississippi Association of Realtors PAC  Mailing Address PO Box 321000  City, State, Zip Code Flowood, MS 39232-1000  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Billy L. Pierce  Mailing Address 4037 Old Highway 15	(Mo., Day, Year)  04/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$50,000.00  \$50,000.00  Amount of each receipt this period

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Source: Corporation PAC T Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Billy L. Pierce	04/24/2023	\$250.00
Mailing Address 4037 Old Highway 15		
City, State, Zip Code Decatur, MS 39327-9362		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$400.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James R Cooper	03/24/2023	\$1,000.00
Mailing Address 127 Westlake Drive		
City, State, Zip Code Brandon, MS 39047-9019		<u> </u>
Name of Employer (Required) Self		
Occupation (Required) The Magellan Agency	Aggregate Year-to-date	\$1,000.00
Source: E Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Lampton Rushing Agency, Inc.	04/17/2023	\$500.00
Mailing Address P.O. Box 151		
City, State, Zip Code Tylertown, MS 39667-0151		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Crowe	02/13/2023	\$25,000.00
Mailing Address 4702 18th Ave		
City, State, Zip Code Meridian, MS 39305-2701		
Name of Employer (Required) Specialty Roll Products Inc.		
Occupation (Required) Executive	Aggregate	\$25,000.00

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Loper	04/17/2023	\$500.00
Mailing Address 304 Sandra Dr		
City, State, Zip Code Tylertown, MS 39667-2004		
Name of Employer (Required) Self		
Occupation (Required)  Veterinarian	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kent Stribling	03/05/2023	\$250.00
Mailing Address 1054 Airpark Road		
City, State, Zip Code Philadelphia, MS 39350-3368		
Name of Employer (Required) Philadelphia Eye Care		
Occupation (Required) Optometrist	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Tail Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark D. Mavar	03/09/2023	\$5,000.00
Mailing Address PO Box 730		
City, State, Zip Code Biloxi, MS 39533-0730		
Name of Employer (Required)  Biloxi Freezing & Processing, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ashlee Ellis Smith	03/21/2023	\$250.00
Mailing Address 222 Ashcot Cr.		
City, State, Zip Code Jackson, MS 39211-6103		
Name of Employer (Required)  MS Wildlife Federation		-
Occupation (Required) CEO	Aggregate Year-to-date	\$250.00

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Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name  James Brad Rogers		this period
Mailing Address 144 Fernwood Lane	04/13/2023	\$250.00
City, State, Zip Code Pearl, MS 39208-8651		
Name of Employer (Required)		
Community Bank Occupation (Required)		
Banker	Aggregate Year-to-date	\$250.00
Source: Corporation PAC The Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald F. Summers	02/16/2023	\$375.00
Mailing Address 218 Lake Terrace Place		
City, State, Zip Code Brandon, MS 39047-9505		
Name of Employer (Required) Summers, Green and Leroux		
Occupation (Required) CPA	Aggregate Year-to-date	\$375.00
Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Walt Massey Automotive Inc.  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Walt Massey Automotive Inc.  Mailing Address  11241 Old 63 South  City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Walt Massey Automotive Inc.  Mailing Address 11241 Old 63 South  City, State, Zip Code Lucedale, MS 39452-4941	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Walt Massey Automotive Inc.  Mailing Address 11241 Old 63 South  City, State, Zip Code Lucedale, MS 39452-4941  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year) 04/21/2023 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Walt Massey Automotive Inc.  Mailing Address 11241 Old 63 South  City, State, Zip Code Lucedale, MS 39452-4941  Name of Employer (Required)  Occupation (Required)  Source:   Corporation PAC Individual Loan	(Mo., Day, Year)  04/21/2023  Aggregate Year-to-date  Date	receipt this period \$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Walt Massey Automotive Inc.  Mailing Address 11241 Old 63 South  City, State, Zip Code Lucedale, MS 39452-4941  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  04/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Walt Massey Automotive Inc.  Mailing Address 11241 Old 63 South  City, State, Zip Code Lucedale, MS 39452-4941  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Marion Leath Johnson	(Mo., Day, Year)  04/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Walt Massey Automotive Inc.  Mailing Address 11241 Old 63 South  City, State, Zip Code Lucedale, MS 39452-4941  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Marion Leath Johnson  Mailing Address 2246 Oak Park Dr	(Mo., Day, Year)  04/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Marion Leath Johnson	04/23/2023	
Mailing Address 2246 Oak Park Dr	04/23/2023	\$250.00
City, State, Zip Code Tupelo, MS 38801-7278		
Name of Employer (Required) Golden Age, Inc.		
Occupation (Required) CPA	Aggregate Year-to-date	\$375.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Satnam Lal Sethi	04/17/2023	\$2,500.00
Mailing Address 1554 W Peace St		
City, State, Zip Code Canton, MS 39046-5325		
Name of Employer (Required)  Jackies International		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC T Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Billy M. Bounds		receipt this period \$250.00
Full Name	(Mo., Day, Year)	this period
Full Name Billy M. Bounds	(Mo., Day, Year)	this period
Full Name  Billy M. Bounds  Wailing Address  38 Windermere Blvd  City, State, Zin Code	(Mo., Day, Year)	this period
Full Name  Billy M. Bounds  Wailing Address  38 Windermere Blvd  City, State, Zip Code  Laurel, MS 39443-1809  Name of Employer (Required)	(Mo., Day, Year)	this period
Full Name Billy M. Bounds  Mailing Address 38 Windermere Blvd  City, State, Zip Code Laurel, MS 39443-1809  Name of Employer (Required) Community Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan  Tother (please specify) LLC	(Mo., Day, Year) 04/28/2023 Aggregate	this period \$250.00
Mailing Address 38 Windermere Blvd  City, State, Zip Code Laurel, MS 39443-1809  Name of Employer (Required) Community Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Abha Mishra PLLC	(Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date	\$250.00 \$250.00 Amount of each receipt
Mailing Address 38 Windermere Blvd  City, State, Zip Code Laurel, MS 39443-1809  Mame of Employer (Required) Community Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan  Tother (please specify) LLC  Full Name Abha Mishra PLLC  Mailing Address 7387 Live Oak Way	(Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Mailing Address 38 Windermere Blvd  City, State, Zip Code Laurel, MS 39443-1809  Name of Employer (Required) Community Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan  Tother (please specify) LLC  Full Name Abha Mishra PLLC	(Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Mailing Address 38 Windermere Blvd  City, State, Zip Code Laurel, MS 39443-1809  Name of Employer (Required) Community Bank  Cocupation (Required) Banker  Source: Corporation PAC Individual Loan  Other (please specify) LLC  Full Name Abha Mishra PLLC  Mailing Address 7387 Live Oak Way	(Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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### ITEMIZED REC

Secretary of State ☐ Corporation ☐ PAC Source: ★ Individual ☐ Loan Amount of each Date receipt Other (please specify) (Mo., Day, Year) this period **Full Name** Bradford D. Kent 02/21/2023 \$1,000.00 **Mailing Address** PO Box 686 City, State, Zip Code Laurel, MS 39441-0686 Name of Employer (Required) South Group Insurance Services Occupation (Required) Aggregate Executive \$1,000.00 Year-to-date ☐ Corporation ☐ PAC Source: **★** Individual ☐ Loan Amount of each Date receipt Other (please specify) (Mo., Day, Year) this period **Full Name** John B. Sneed 03/06/2023 \$1,000.00 **Mailing Address** 141 Bayou Circle City, State, Zip Code Gulfport, MS 39507-4623 Name of Employer (Required) Retired Occupation (Required) Aggregate Retired \$1,000.00 Year-to-date ☐ Corporation ☐ PAC Source: Individual ☐ Loan Amount of each Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** Barry L. Prather 04/12/2023 \$500.00 **Mailing Address** PO Box 1883 City, State, Zip Code Ridgeland, MS 39158-1883 Name of Employer (Required) Community Bank Occupation (Required) Aggregate Banker \$500.00 Year-to-date ☐ Corporation ☐ PAC Source: **★** Individual Amount of each Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** Robert S. Murphree 01/24/2023 \$1,000.00 **Mailing Address** PO Box 370 City, State, Zip Code Jackson, MS 39205-0370 Name of Employer (Required) Retired Occupation (Required)

\$1,000.00

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		3.		Date Filed: 5/10/2023	

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name  J. Walt Starr		this period
Mailing Address 770 Greenbriar Dr	04/14/2023	\$1,000.00
City, State, Zip Code Columbus, MS 39705-1457		
Name of Employer (Required)		
Golden Triangle Periodontal Ctr.		
Occupation (Required) Dentist	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name A. Craig Sartin	03/09/2023	\$1,000.00
Mailing Address 4300 15th St Ste A		
City, State, Zip Code Gulfport, MS 39501-2524		
Name of Employer (Required) Sartin's Discount Drugs		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steven G Rogers	02/07/2023	\$250.00
Mailing Address 414 Greenwood Ln		
City, State, Zip Code Ridgeland, MS 39157-4000		
Name of Employer (Required)		
Rogers and Associates		
Rogers and Associates  Occupation (Required)  Realtor	Aggregate Year-to-date	\$250.00
Rogers and Associates  Occupation (Required)  Realtor  Source:  Corporation  PAC  Individual  Other (please specify)	AND THE PROPERTY AND PARTY OF THE PARTY OF T	\$250.00  Amount of each receipt this period
Occupation (Required)  Realtor  Source:   Corporation   PAC  Individual  Loan	Year-to-date Date	Amount of each receipt
Rogers and Associates  Occupation (Required) Realtor  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Francis C. Lee  Mailing Address 417 Liberty Park Dr	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Rogers and Associates  Occupation (Required)  Realtor  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Francis C. Lee  Mailing Address	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Rogers and Associates  Occupation (Required)  Realtor  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Francis C. Lee  Mailing Address  417 Liberty Park Dr	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

Name of Candidate	e or Committee	Tate for Governor		Page	Page 57 of 136
Reporting Period	01/01/2023	through	h <sup>0</sup> Ref No: CF2023	28872	

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	Date Filed: 5/10/2023
<b>^</b>	Michael Watson
J	Secretary of State

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lesley Davis	04/30/2023	\$5,000.00
Mailing Address 200 Bent Tree Cv		
City, State, Zip Code Flowood, MS 39232-8689		
Name of Employer (Required)  MCPP		
Occupation (Required)	Aggregate	
Executive	Year-to-date	\$7,500.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lesley Davis	01/26/2023	\$2,500.00
Mailing Address 200 Bent Tree Cv		
City, State, Zip Code Flowood, MS 39232-8689		
Name of Employer (Required)  MCPP		
Occupation (Required)  Executive	Aggregate Year-to-date	\$7,500.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Joseph Kyle Fulcher	04/12/2023	\$2,500.00
Mailing Address 108 Chadwyck Place		
City, State, Zip Code Madison, MS 39110-6508		-
Name of Employer (Required)  AGUP Equipment Company		
Occupation (Required) CEO	Aggregate Year-to-date	\$2,500.00
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Neel-Schaffer	04/19/2023	\$1,000.00
Mailing Address PO Box 22625		· · · · · · · · · · · · · · · · · · ·
City, State, Zip Code Jackson, MS 39225-2625		-
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Name of Candidate or Committee	Tate for Governor	COLOR OF SERVICE	

Reporting Period	01/01/2023	through0	Ref No: CF202328872	
			Date Filed: 5/10/2023	
		ITEMIZED REC	Michael Watson	
		II LIVIIZED REC	Secretary of State	

Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wes Anderson	01/29/2023	\$1,000.00
Mailing Address 2512 Chapman Ln.		
City, State, Zip Code Davidsonville, MD 21035-2046		
Name of Employer (Required) On Message		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas G. Peaster	02/15/2023	\$500.00
Mailing Address 157 Highland Hills Lane		
City, State, Zip Code Flora, MS 39071-9612		
Name of Employer (Required)  Bankplus		
Occupation (Required) Chairman	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
	1224298040100	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
U Other (please specify)  Full Name Hughes Management Inc.  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Hughes Management Inc.  Mailing Address PO Drawer 30  City, State, Zip Code Louisville, MS 39339-0030	(Mo., Day, Year)	receipt this period
Full Name Hughes Management Inc.  Mailing Address PO Drawer 30  City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Hughes Management Inc.  Mailing Address PO Drawer 30  City, State, Zip Code Louisville, MS 39339-0030  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year) 02/09/2023 Aggregate	receipt this period \$1,000.00
Gother (please specify)  Full Name Hughes Management Inc.  Mailing Address PO Drawer 30  City, State, Zip Code Louisville, MS 39339-0030  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Derek Bodart	(Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Hughes Management Inc.  Mailing Address PO Drawer 30  City, State, Zip Code Louisville, MS 39339-0030  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Hughes Management Inc.  Mailing Address PO Drawer 30  City, State, Zip Code Louisville, MS 39339-0030  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Derek Bodart  Mailing Address 6526 Sunplex Dr.	(Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Hughes Management Inc.  Mailing Address PO Drawer 30  City, State, Zip Code Louisville, MS 39339-0030  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Derek Bodart  Mailing Address 6526 Sunplex Dr.	(Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Gity, State, Zip Code Louisville, MS 39339-0030  Name of Employer (Please specify)  Full Name Derek Bodart  Mailing Address  6526 Sunplex Dr.  City, State, Zip Code Louisville, MS 39364-8691  Name of Employer (Required)	(Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period

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Name of Candidate or Committee	Tate for Governor		

Michael Watson

Secretary of State

Reporting Period	01/01/2023	through	0 Ref No: CF202328872	
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#### ITEMIZED REC

☐ PAC Source: ☐ Corporation **★** Individual ☐ Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period **Full Name David Ayers** 02/06/2023 \$250.00 **Mailing Address** 106 Oakhurst Trl City, State, Zip Code Ridgeland, MS 39157-8608 Name of Employer (Required) Watkins & Eager, PLLC Occupation (Required) Aggregate Attorney \$250.00 Year-to-date ☐ Corporation ☐ Loan Source: ☐ PAC \* Individual Amount of each Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name Kyle Covington** 04/25/2023 \$250.00 **Mailing Address** 8000 Cook Road City, State, Zip Code Meridian, MS 39305-8882 Name of Employer (Required) Community Bank Occupation (Required) Aggregate Banker \$250.00 Year-to-date ☐ Corporation ☐ PAC ☐ Loan Amount of each Source: Individual Date receipt (Mo., Day, Year) ☐ Other (please specify) this period **Full Name** Parvesh Goel 04/12/2023 \$5,000.00 **Mailing Address** 119 Quail Run Drive City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Self Occupation (Required) Aggregate Physician \$5,000.00 Year-to-date ☐ Corporation ☐ PAC Source: **★** Individual ☐ Loan Amount of each Date receipt ☐ Other (please specify) (Mo., Day, Year) this period **Full Name** Blane Mire 03/21/2023 \$300.00 **Mailing Address** 12 Hidden Creek Rd. City, State, Zip Code Natchez, MS 39120-4206 Name of Employer (Required) Internal Medicine Associates Occupation (Required) Aggregate Physician \$300.00 Year-to-date

Name of Candidate or Committ	tee	itt	n	ın	m	0	C	or	е	dat	dic	an	Ca	of	ame	Na
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Tate for Governor

☐ Individual

01/01/2023 Reporting Period

☐ Corporation

Pure Water Ridge, LLC

P.O. Box 320001

Source:

Full Name

**Mailing Address** 

City, State, Zip Code

☐ PAC

Flowood, MS 39232-0001

LLC

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☐ Loan

Date Filed: 5/ Michael Wa	10/2023 atson	
	Date (Mo., Day, Year)	Amount of each receipt this period
	04/14/2023	\$25,000.00
	Aggregate Year-to-date	\$25,000.00
	Date (Mo., Day, Year)	Amount of each receipt this period
	03/09/2023	\$5,000.00
	Aggregate Year-to-date	\$5,000.00

Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  **Double Corporation Description LLC   Corporation Description LLC   Corporation Description LLC   Corporation Description Descriptio	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Felix's Gulfport, LLC	03/09/2023	\$5,000.00
Mailing Address 400 Poydras St. STE 3100		
City, State, Zip Code New Orleans, LA 70130-6911		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
John W McPherson Jr.	01/18/2023	(\$2,500.00)
Mailing Address PO Box 690		
City, State, Zip Code Indianola, MS 38751-0690		
Name of Employer (Required)  Double Quick Inc		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Madeline Walker	04/10/2023	\$1,000.00
Mailing Address 9173 Ashbury Ln		
City, State, Zip Code Gulfport, MS 39503-6134		
Name of Employer (Required) Hancock Co Port and Harbor Commission		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Name of Candidate		Tate for Governor	Page	Page 61 of 136
Name of Candidate	or Committee	Tate for Governor		
Reporting Period	01/01/2023	through	0 Ref No: CF202328872	

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Secretary of the secret	of State	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kyle Johnson	04/17/2023	\$250.00
Mailing Address 205 Ratliff Dr		4200.00
City, State, Zip Code Tylertown, MS 39667-2163		
Name of Employer (Required)  Johnson Landscaping and Irrigation		
Occupation (Required)	Aggragata	
Owner	Aggregate Year-to-date	\$250.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Jetson G Hollingsworth	04/18/2023	\$1,000.00
Mailing Address 3826 REDBUD RD		
City, State, Zip Code Jackson, MS 39211-6711		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hite M. Lane	01/31/2023	\$1,000.00
Mailing Address 108 Kathryn Drive		
City, State, Zip Code Brandon, MS 39042-9625		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dax B. Alexander	02/20/2023	\$250.00
Mailing Address 1224 E Beach Blvd		
City, State, Zip Code Gulfport, MS 39501-2251		
Name of Employer (Required)  Brown, Mitchell, and Alexander, Inc		
Occupation (Required) Engineer	Aggregate Year-to-date	\$250.00

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Name	of	Candidate	or	Committee
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Michael Watson

Secretary of State

Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dorothy Tate Lewis	04/16/2023	\$125.00
Mailing Address 103 Lake Front Lane		
City, State, Zip Code Philadelphia, MS 39350-9274		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dorothy Tate Lewis	01/23/2023	\$125.00
Mailing Address 103 Lake Front Lane		
City, State, Zip Code Philadelphia, MS 39350-9274		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Joseph Lutz  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Joseph Lutz  Mailing Address 407 Whittington Cr	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Joseph Lutz  Mailing Address 407 Whittington Cr  City, State, Zip Code Madison, MS 39110-8325	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Madison, MS 39110-8325  Name of Employer (Required)  Pull Name Joseph Lutz  Mailing Address 407 Whittington Cr  City, State, Zip Code Madison, MS 39110-8325  First Commercial Bank  Occupation (Required)	Date (Mo., Day, Year) 04/17/2023 Aggregate	receipt this period \$100.00
Other (please specify)  Full Name Joseph Lutz  Mailing Address 407 Whittington Cr  City, State, Zip Code Madison, MS 39110-8325  Name of Employer (Required) First Commercial Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date	receipt this period \$100.00 \$300.00  Amount of each receipt
Other (please specify)  Full Name Joseph Lutz  Mailing Address 407 Whittington Cr  City, State, Zip Code Madison, MS 39110-8325  Name of Employer (Required) First Commercial Bank  Occupation (Required)  Banker  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$100.00 \$300.00  Amount of each receipt this period
Tull Name Joseph Lutz  Mailing Address 407 Whittington Cr  City, State, Zip Code Madison, MS 39110-8325  Name of Employer (Required) First Commercial Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joseph Lutz	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$100.00 \$300.00  Amount of each receipt this period
City, State, Zip Code Madison, MS 39110-8325  Name of Employer (Required) First Commercial Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Joseph Lutz  Mailing Address 407 Whittington Cr	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$100.00 \$300.00  Amount of each receipt this period

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	01/01/2023
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EMIZED REC	Michael Watson Secretary of State

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Warren Hood Jr.	04/11/2023	\$2,500.00
Mailing Address 1978 Hood Blvd., Suite 300		
City, State, Zip Code Hattiesburg, MS 39401-0003		
Name of Employer (Required) Hood Companies		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William T. Jones III	02/06/2023	\$250.00
Mailing Address 413 Arbor View		
City, State, Zip Code Brandon, MS 39047-7073		
Name of Employer (Required)  Brunini Law Firm		
Occupation (Required) Attorney	Aggregate	\$250.00
	Year-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Maris West & Baker Inc	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Maris West & Baker Inc  Mailing Address 18 Northtown Dr.  City, State, Zip Code Jackson, MS 39211-3016	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Maris West & Baker Inc  Mailing Address  18 Northtown Dr.	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify)  Full Name Maris West & Baker Inc  Mailing Address 18 Northtown Dr.  City, State, Zip Code Jackson, MS 39211-3016  Name of Employer (Required)	Date (Mo., Day, Year) 02/06/2023 Aggregate	Amount of each receipt this period \$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Maris West & Baker Inc  Mailing Address 18 Northtown Dr.  City, State, Zip Code Jackson, MS 39211-3016  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date	Amount of each receipt this period \$1,000.00  \$1,000.00  Amount of each receipt
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Maris West & Baker Inc  Mailing Address 18 Northtown Dr.  City, State, Zip Code Jackson, MS 39211-3016  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify)  Full Name Maris West & Baker Inc  Mailing Address 18 Northtown Dr.  City, State, Zip Code Jackson, MS 39211-3016  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Saundra Dewey  Mailing Address 135 Hidden Oaks Trail	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify)  Full Name Maris West & Baker Inc  Mailing Address 18 Northtown Dr.  City, State, Zip Code Jackson, MS 39211-3016  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Saundra Dewey  Mailing Address 135 Hidden Oaks Trail	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Reporting Period 01/01/2023

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Michael Watson Secretary of State

Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Moi, Day, Tear,	this period
Simon F. Weir II	04/14/2023	\$250.00
Mailing Address 1308 Memphis St.		
City, State, Zip Code Hernando, MS 38632		
Name of Employer (Required)  Community Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$250.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Emerson Robinson III	04/30/2023	\$1,000.00
Mailing Address 600 Northlake Ave		
City, State, Zip Code Ridgeland, MS 39157-1708		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate	\$1,000.00
	Year-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Leland Kyle Williams  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Leland Kyle Williams  Mailing Address 4501 Katherine Blvd	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Leland Kyle Williams  Mailing Address 4501 Katherine Blvd  City, State, Zip Code Jackson, MS 39211-5824	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Leland Kyle Williams  Mailing Address 4501 Katherine Blvd  City, State, Zip Code Jackson, MS 39211-5824  Name of Employer (Required)  Brunini Grantham Grower & Hewes PLLC  Occupation (Required)	Date (Mo., Day, Year) 02/06/2023 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Leland Kyle Williams  Mailing Address 4501 Katherine Blvd  City, State, Zip Code Jackson, MS 39211-5824  Name of Employer (Required) Brunini Grantham Grower & Hewes PLLC  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Leland Kyle Williams  Mailing Address 4501 Katherine Blvd  City, State, Zip Code Jackson, MS 39211-5824  Name of Employer (Required) Brunini Grantham Grower & Hewes PLLC  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Jamie L. Ward	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Leland Kyle Williams  Mailing Address 4501 Katherine Blvd  City, State, Zip Code Jackson, MS 39211-5824  Name of Employer (Required) Brunini Grantham Grower & Hewes PLLC  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Jamie L. Ward  Mailing Address 1667 Lelia Drive	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

Name of Candidate or Committee	Tate
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Name of Candidate	or Committee	Tate for Governor	. 490	-
Reporting Period	01/01/2023	through0	Ref No: CF202328872	-
			Date Filed: 5/10/2023	-
		ITEMIZED REC	Michael Watson	
		IT LIVIIZED REC	Secretary of State	

Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilma Wilbanks	02/07/2023	\$1,000.00
Mailing Address 537 Robinson Dr	1	Ψ1,000.00
City, State, Zip Code Cleveland, MS 38732-2213		1
Name of Employer (Required)  Walgreens		
Occupation (Required)	Aggregate	
Pharmacist	Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nick Mavar Jr.	03/09/2023	\$500.00
Mailing Address 9102 Victoria Circle		
City, State, Zip Code Gulfport, MS 39503-6140		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stan King GM Superstore	04/12/2023	\$1,000.00
Mailing Address PO Box 550		
Mailing Address PO Box 550  City, State, Zip Code Brookhaven, MS 39602-0550		
PO Box 550		
City, State, Zip Code Brookhaven, MS 39602-0550	Aggregate Year-to-date	\$1,000.00
City, State, Zip Code Brookhaven, MS 39602-0550  Name of Employer (Required)  Occupation (Required)  Source:   Other (please specify)		\$1,000.00  Amount of each receipt this period
City, State, Zip Code Brookhaven, MS 39602-0550  Name of Employer (Required)  Cocupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Gauri M Chawla	Year-to-date  Date	Amount of each receipt
City, State, Zip Code Brookhaven, MS 39602-0550  Name of Employer (Required)  Occupation (Required)  Source:   Other (please specify)  Full Name	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code Brookhaven, MS 39602-0550  Name of Employer (Required)  Cocupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Gauri M Chawla	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code Brookhaven, MS 39602-0550  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Gauri M Chawla  Mailing Address 902 Jane Lane	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Name of Candidate or Committee	Tate for Governor	100000000 <b>3</b> 00000 1000	n company

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# ITEMIZED REC

Michael Watson Secretary of State

Secretary (	or State	
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Seemann Composites, LLC	03/09/2023	\$5,000.00
Mailing Address PO Box 3449		
City, State, Zip Code Gulfport, MS 39505-3449		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Matt Mayo	04/14/2023	\$1,000.00
Mailing Address 413 Heritage Place		
City, State, Zip Code Flowood, MS 39232-8302		
Name of Employer (Required)  Community Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$1,000.00
Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Law Offices Of F Gregory Malta PC	04/07/2023	\$250.00
Mailing Address PO Box 912		
City, State, Zip Code Brookhaven, MS 39602-0912		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wyman Jones	04/10/2023	\$1,000.00
Mailing Address 116 Lake Hill Place		
City, State, Zip Code Brandon, MS 39047-8236		
lame of Employer (Required) Community Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$1,000.00

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Michael Watson

Secretary of the secret	of State	
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt
Full Name Viking Metals LLC		this period
Mailing Address	04/16/2023	\$250.00
219 S Lewis Ave		
City, State, Zip Code Philadelphia, MS 39350		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan  **Double Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Viking Metals LLC	03/07/2023	\$500.00
Mailing Address 219 S Lewis Ave		
City, State, Zip Code Philadelphia, MS 39350		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MMC Materials, Inc.	04/10/2023	\$1,000.00
Mailing Address PO Box 2569		
City, State, Zip Code Madison, MS 39130-2569		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victor Walsh	03/07/2023	\$500.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code Moss Point, MS 39563-3939		
lame of Employer (Required) Millette Administrators		
Occupation (Required) TPA	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee  Reporting Period 01/01/2023 through 0 Ref No: CF20  Date Filed: 5  Michael W Secretary of	2328872 /10/2023 /atson	68 of 136
Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name	Date (Mo., Day, Year)	Amount of each receipt this period
Cane Creek Crossing Inc	03/21/2023	\$250.00
Mailing Address 119 Coachmans Road		and the pro-ton property of the property of the pro-
City, State, Zip Code Madison, MS 39110-9228		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Double Tother (please specify) LLP	Date (Mo., Day, Year)	Amount of each receipt this period
Prince Investments LP	03/07/2023	\$1,000.00
PO Box 27		
Philadelphia, MS 39350-0027		
lame of Employer (Required)		
AND THE PROPERTY OF THE PROPER		

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## ITEMIZED REC

Michael Watson Secretary of State

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Source: Corporation PAC ** Individual Loan	Date (Ma. Day Yara)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Douglas F. Jefcoat	01/27/2023	\$250.00
Mailing Address 56 Dykes Road		
City, State, Zip Code Soso, MS 39480-5042		
Name of Employer (Required) Sawmill Animal Hospital		
Occupation (Required)  Veterinarian	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles A Younger	01/30/2023	\$150.00
Mailing Address 1213 Younger Road		
City, State, Zip Code Columbus, MS 39701-8503		
Name of Employer (Required) State of Mississippi		
Occupation (Required) Senator	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	+	1877
Charles A Younger	04/26/2023	\$200.00
Charles A Younger  Mailing Address  1213 Younger Road	04/26/2023	\$200.00
Charles A Younger  Mailing Address	04/26/2023	\$200.00
Mailing Address  1213 Younger Road  City, State Zin Code	04/26/2023	\$200.00
Charles A Younger  Mailing Address  1213 Younger Road  City, State, Zip Code  Columbus, MS 39701-8503  Name of Employer (Required)	Aggregate Year-to-date	\$350.00
Mailing Address  1213 Younger Road  City, State, Zip Code Columbus, MS 39701-8503  Name of Employer (Required) State of Mississippi  Occupation (Required) Senator  Source: ** Corporation	Aggregate	
Mailing Address  1213 Younger Road  City, State, Zip Code Columbus, MS 39701-8503  Name of Employer (Required)  State of Mississippi  Occupation (Required)  Senator  Source: ** Corporation	Aggregate Year-to-date	\$350.00  Amount of each receipt
Charles A Younger  Mailing Address  1213 Younger Road  City, State, Zip Code Columbus, MS 39701-8503  Name of Employer (Required)  State of Mississippi  Occupation (Required)  Senator  Source: ** Corporation	Aggregate Year-to-date  Date (Mo., Day, Year)	\$350.00  Amount of each receipt this period
Mailing Address  1213 Younger Road  City, State, Zip Code Columbus, MS 39701-8503  Name of Employer (Required)  State of Mississippi  Occupation (Required)  Senator  Source: ** Corporation	Aggregate Year-to-date  Date (Mo., Day, Year)	\$350.00  Amount of each receipt this period
Mailing Address  1213 Younger Road  City, State, Zip Code Columbus, MS 39701-8503  Name of Employer (Required) State of Mississippi  Occupation (Required) Senator  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Dickerson And Bowen  Mailing Address P.O. Box 1008	Aggregate Year-to-date  Date (Mo., Day, Year)	\$350.00  Amount of each receipt this period

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Date Filed: 5/10/2023

ITEMIZED REC Michael Watson
Secretary of State

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Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Johnny McRight	03/28/2023	\$25,000.00
Mailing Address 2481 Stonebridge Rd		
City, State, Zip Code Greenville, MS 38701-7556		
Name of Employer (Required)  Mcright Services, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Trust	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  JKW Revocable Trust	04/20/2023	\$5,000.00
Mailing Address 2030 Eastover Dr.		
City, State, Zip Code Jackson, MS 39211-6717		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
	September 1997 Contained	
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
— Coan	17,100,000,000,000,000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Randall Frazier  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Randall Frazier  Mailing Address 609 E 4th Street	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Randall Frazier  Mailing Address 609 E 4th Street  City, State, Zip Code Corinth, MS 38834-3553	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Randall Frazier  Mailing Address 609 E 4th Street  City, State, Zip Code Corinth, MS 38834-3553  Name of Employer (Required) Self  Occupation (Required) Physician  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year) 04/25/2023 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Randall Frazier  Mailing Address 609 E 4th Street  City, State, Zip Code Corinth, MS 38834-3553  Name of Employer (Required) Self  Occupation (Required) Physician  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  04/25/2023  Aggregate Year-to-date  Date	receipt this period \$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Randall Frazier  Mailing Address 609 E 4th Street  City, State, Zip Code Corinth, MS 38834-3553  Name of Employer (Required) Self  Occupation (Required) Physician  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  04/25/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Randall Frazier  Mailing Address 609 E 4th Street  City, State, Zip Code Corinth, MS 38834-3553  Name of Employer (Required) Self  Occupation (Required) Physician  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Margaret Davis	(Mo., Day, Year)  04/25/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Randall Frazier  Mailing Address 609 E 4th Street  City, State, Zip Code Corinth, MS 38834-3553  Name of Employer (Required) Self  Occupation (Required) Physician  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Margaret Davis  Mailing Address 2588 Country Club Road	(Mo., Day, Year)  04/25/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period

Name o	Candidate	or	Committee
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Reporting Period	01/01/2023	through	04 Ref No: CF202328872
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#### ITEMIZED REC Michael Watson

Secretary of	of State	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory Cronin	03/09/2023	\$1,000.00
Mailing Address 105 Surgeres Place		
City, State, Zip Code Ocean Springs, MS 39564-3030		
Name of Employer (Required) Charter Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William A. Griffis	02/27/2023	\$250.00
Mailing Address PO Box 269		
City, State, Zip Code Philadelphia, MS 39350-0269		
Name of Employer (Required)  Griffis Motors Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nilay Patel	04/18/2023	\$10,000.00
Mailing Address 1060 E County Line Road Suite 3A-330		
City, State, Zip Code Ridgeland, MS 39157-1937		
Name of Employer (Required) Netlink		
Occupation (Required) CEO	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Briggs Smith	04/24/2023	\$500.00
Mailing Address 101 Quail Run Road		
City, State, Zip Code Batesville, MS 38606-9356		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate	\$500.00

\$500.00

Year-to-date

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Name o	of	Candidate	or	Committee
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Secretary of the secret	Oldic	
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  JRS Properties Inc.	03/07/2023	\$1,000.00
Mailing Address PO Box 405		
City, State, Zip Code Philadelphia, MS 39350-0405		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Blanche B. Moore	04/10/2023	\$250.00
Mailing Address 114 Fox Loop		
City, State, Zip Code McComb, MS 39648-8774		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
	rear-to-date	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Damon Tipton  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Damon Tipton  Mailing Address PO Box 773  City State Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Damon Tipton  Mailing Address PO Box 773  City, State, Zip Code Grenada, MS 38902-0773  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Full Name Damon Tipton  Mailing Address PO Box 773  City, State, Zip Code Grenada, MS 38902-0773  Name of Employer (Required) The Pentecostals of Grenada  Occupation (Required)	Date (Mo., Day, Year) 03/23/2023 Aggregate	receipt this period \$250.00
Tull Name Damon Tipton  Mailing Address PO Box 773  City, State, Zip Code Grenada, MS 38902-0773  Name of Employer (Required) The Pentecostals of Grenada  Occupation (Required) Lead Pastor  Source: ** Corporation PAC Individual Loan	Date (Mo., Day, Year)  03/23/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name Damon Tipton  Mailing Address PO Box 773  City, State, Zip Code Grenada, MS 38902-0773  Name of Employer (Required) The Pentecostals of Grenada  Occupation (Required)  Lead Pastor  Source: ** Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  03/23/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Damon Tipton  Mailing Address PO Box 773  City, State, Zip Code Grenada, MS 38902-0773  Name of Employer (Required) The Pentecostals of Grenada  Occupation (Required)  Lead Pastor  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Dunn Investment Company	Date (Mo., Day, Year)  03/23/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
□ Other (please specify)  Full Name Damon Tipton  Mailing Address PO Box 773  City, State, Zip Code Grenada, MS 38902-0773  Name of Employer (Required) The Pentecostals of Grenada  Occupation (Required)  Lead Pastor  Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify)  Full Name Dunn Investment Company  Mailing Address PO Box 247	Date (Mo., Day, Year)  03/23/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Name of Candidate or Committe	Name	of	Candidate	or	Committee
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## ITEMIZED RECI

Source: Corporation PAC Temporation Description Descri	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rajesh K Sanger	04/14/2023	\$1,000.00
Mailing Address 105 Choctaw Dr.		
City, State, Zip Code McComb, MS 39648-6201		
Name of Employer (Required)  Presley Petroleum LLC		-
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benjamin J Spraggins	03/09/2023	\$250.00
Mailing Address 12114 Kent Avenue		
City, State, Zip Code Gulfport, MS 39503-2604		
Name of Employer (Required)  Mississippi Department of Marine Resources		
Occupation (Required) Executive Director	Aggregate Year-to-date	\$250.00
	rear-to-date	
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mitchell Malouf  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mitchell Malouf  Mailing Address 1526 Riverwood Dr  City State Zin Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mitchell Malouf  Mailing Address 1526 Riverwood Dr  City, State, Zip Code Jackson, MS 39211-4746  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Mitchell Malouf  Mailing Address 1526 Riverwood Dr  City, State, Zip Code Jackson, MS 39211-4746  Name of Employer (Required)  Self  Occupation (Required)	Date (Mo., Day, Year) 01/21/2023 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Mitchell Malouf  Mailing Address 1526 Riverwood Dr  City, State, Zip Code Jackson, MS 39211-4746  Name of Employer (Required) Self  Occupation (Required) Owner of Frisco Deli, Pearl  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 01/21/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name Mitchell Malouf  Mailing Address 1526 Riverwood Dr  City, State, Zip Code Jackson, MS 39211-4746  Name of Employer (Required) Self  Occupation (Required) Owner of Frisco Deli, Pearl  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  01/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Mitchell Malouf  Mailing Address 1526 Riverwood Dr  City, State, Zip Code Jackson, MS 39211-4746  Name of Employer (Required) Self  Occupation (Required) Owner of Frisco Deli, Pearl  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Bruno Milanese	Date (Mo., Day, Year)  01/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Mitchell Malouf  Mailing Address 1526 Riverwood Dr  City, State, Zip Code Jackson, MS 39211-4746  Name of Employer (Required) Self  Occupation (Required) Owner of Frisco Deli, Pearl  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Bruno Milanese  Mailing Address PO Box 1612	Date (Mo., Day, Year)  01/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Name of	Candidate	or Committee
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ITEMIZED REC | Michael Watson Secretary of State

Source: Corporation PAC Individual Loan  **Other (please specify) Limited Partnership	Date (Mo., Day, Year)	Amount of each receipt
Full Name		this period
Franklin Point Apartments, LP	02/09/2023	\$3,000.00
Mailing Address P.O. Box 30		
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph O. Gaul	01/27/2023	\$250.00
Mailing Address 3916 NE 59th St.		
City, State, Zip Code Kansas City, MO 64119-2202		
Name of Employer (Required)  Retired FAA Instpector		
Occupation (Required) US DOT	Aggregate	\$750.00
03 00 1	Year-to-date	\$750.00
Source: Corporation PAC Individual Loan  Other (please specify)	Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC T Individual Loan	Date	Amount of each receipt
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name  Joseph O. Gaul	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joseph O. Gaul  Mailing Address 3916 NE 59th St.	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joseph O. Gaul  Mailing Address 3916 NE 59th St.  City, State, Zip Code Kansas City, MO 64119-2202	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joseph O. Gaul  Mailing Address 3916 NE 59th St.  City, State, Zip Code Kansas City, MO 64119-2202  Name of Employer (Required) Retired FAA Instructor  Occupation (Required) US DOT  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  04/26/2023  Aggregate	Amount of each receipt this period \$500.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joseph O. Gaul  Mailing Address 3916 NE 59th St.  City, State, Zip Code Kansas City, MO 64119-2202  Name of Employer (Required) Retired FAA Instructor  Occupation (Required)  US DOT  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  04/26/2023  Aggregate Year-to-date  Date	Amount of each receipt this period \$500.00 \$750.00  Amount of each receipt
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joseph O. Gaul  Mailing Address 3916 NE 59th St.  City, State, Zip Code Kansas City, MO 64119-2202  Name of Employer (Required) Retired FAA Instructor  Occupation (Required)  US DOT  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  04/26/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$500.00  \$750.00  Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joseph O. Gaul  Mailing Address 3916 NE 59th St.  City, State, Zip Code Kansas City, MO 64119-2202  Name of Employer (Required) Retired FAA Instructor  Occupation (Required) US DOT  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Linda S Marshall	Date (Mo., Day, Year)  04/26/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$500.00  \$750.00  Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Joseph O. Gaul  Mailing Address 3916 NE 59th St.  City, State, Zip Code Kansas City, MO 64119-2202  Name of Employer (Required) Retired FAA Instpector  Occupation (Required) US DOT  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Linda S Marshall  Mailing Address 41 Knight St  City, State, Zip Code	Date (Mo., Day, Year)  04/26/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$500.00  \$750.00  Amount of each receipt this period

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ITEMIZED REC

Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda S Marshall		
Mailing Address 41 Knight St	0 112-112020	\$125.00
City State Zin Code		
Philadelphia, MS 39350-2062  Name of Employer (Required)		week and the second
N/A		*
Occupation (Required) Retired	Aggregate Year-to-date	\$1,425.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda S Marshall	04/16/2023	\$1,000.00
Mailing Address 41 Knight St		
City, State, Zip Code Philadelphia, MS 39350-2062		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,425.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David L. Sullivan	03/06/2023	\$250.00
Mailing Address 727 N 6th Avenue		
City, State, Zip Code Laurel, MS 39440-3418		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward Raymond	02/06/2023	\$500.00
Mailing Address 1092 White Road		4.00
City, State, Zip Code Florence, MS 39073-9625		
Name of Employer (Required)  MDOT		
Occupation (Required) Engineer	Aggregate Year-to-date	\$500.00

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## ITEMIZED REC

Source: Corporation PAC T Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Sally B. Doty	04/12/2023	\$1,000.00
Mailing Address 183 Oak Hill Dr NE		
City, State, Zip Code Brookhaven, MS 39601-3600		
Name of Employer (Required) BEAM		
Occupation (Required)	Aggregate	
Director	Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas E. Sasser	04/12/2023	\$1,000.00
Mailing Address 1684 Calvary Dr. Sw		
City, State, Zip Code Bogue Chitto, MS 39629-8201		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
	rear-to-date	N**
Source: Corporation PAC Individual Loan	ASSESSMENT TO SERVICE ASSESSMENT	Amount of each
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	receipt
	Date	
Other (please specify)LLC	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  MNG Services LLC  Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC  Full Name MNG Services LLC  Mailing Address 208 Bent Tree Cove	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  MNG Services LLC  Mailing Address  208 Bent Tree Cove  City, State, Zip Code  Flowood, MS 39232-8689	Date (Mo., Day, Year)	receipt this period
Tother (please specify)LLC  Full Name	Date (Mo., Day, Year)  02/13/2023  Aggregate	receipt this period \$250.00
Tother (please specify)  LLC  Full Name MNG Services LLC  Mailing Address 208 Bent Tree Cove  City, State, Zip Code Flowood, MS 39232-8689  Name of Employer (Required)  Deccupation (Required)  Source:   Corporation PAC Individual Loan	Date (Mo., Day, Year)  02/13/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Tother (please specify)LLC  Full Name	Date (Mo., Day, Year)  02/13/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Tother (please specify)  LLC  Full Name MNG Services LLC  Mailing Address 208 Bent Tree Cove  City, State, Zip Code Flowood, MS 39232-8689  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kevin Bonds  Mailing Address	Date (Mo., Day, Year)  02/13/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Tother (please specify)  Full Name  MNG Services LLC  Mailing Address  208 Bent Tree Cove  City, State, Zip Code  Flowood, MS 39232-8689  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Kevin Bonds  Mailing Address  3633 Inez TR NW	Date (Mo., Day, Year)  02/13/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Name of Candidate	or Committee	Tate for Governor		
Reporting Period	01/01/2023	7	O Def No. CE202228972	

# ITEMIZED REC Michael Watson Secretary of State

Date Filed: 5/10/2023

Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shelley Sheppard	02/06/2023	\$250.00
Mailing Address 1425 Saint Ann St.	02/00/2020	\$250,00
City, State Zin Code		
Name of Employer (Required)		
Occupation (Required)		
Homemaker	Aggregate Year-to-date	\$250.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harold W. Hankins	04/20/2023	\$1,000.00
Mailing Address 106 Forest Gate Road		
City, State, Zip Code Ripley, MS 38663-9051		
Name of Employer (Required) Hankins, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hoyt Williams	02/03/2023	\$1,000.00
Mailing Address 3702 Old Canton Rd		0.00
City, State, Zip Code Jackson, MS 39216-3516		
Name of Employer (Required) Williams Wealth Advisors		
Occupation (Required) FA	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Joe Cannon	03/23/2023	\$1,000.00
Mailing Address 1009 Hayes Ave		
City, State, Zip Code Oxford, MS 38655-4617		
Name of Employer (Required) Cannon Motors		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00

Name of Candidate	or Committee	Tate for Governor	Page	Page 78 of 136
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Michael Watson

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Secretary of the secret	of State	
Source: Corporation PAC The Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Joe Frank Wilkerson	04/16/2023	\$250.00
Mailing Address 7745 Lakeview Drive		42000
City, State, Zip Code  Meridian, MS 39305-9483		
Name of Employer (Required)  N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify) Limited Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reed Place II LP	02/09/2023	\$1,000.00
Mailing Address PO Drawer 30		
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name KSOLV LLC	03/07/2023	\$25,000.00
Mailing Address 952 Echo Lane #400		
City, State, Zip Code Houston, TX 77024-2820		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Anderson III	03/09/2023	\$2,500.00
Mailing Address 4900 Courthouse Rd		41-44-44-44-44-44-44-44-44-44-44-44-44-4
City, State, Zip Code Gulfport, MS 39507-4237		
Name of Employer (Required) Roy Anderson Corp		
Occupation (Required) CEO	Aggregate Year-to-date	\$2,500.00

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Secretary of	f State	
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Manisha Sethi	04/20/2023	\$5,000.00
Mailing Address 120 Woodland Hills Boulevard		
City, State, Zip Code Madison, MS 39110-7820		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gina Sharman	03/15/2023	\$2,500.00
Mailing Address PO Box 1914		
City, State, Zip Code Meridian, MS 39302-1914		
Name of Employer (Required)  A&B Electric		
Occupation (Required) Vice President	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wild For Mississippi Outdoors PAC	01/25/2023	\$10,000.00
Mailing Address PO Box 1465		
Ridgeland, MS 39158-1465		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Marsh Marketing, Inc.	04/20/2023	\$1,000.00
Mailing Address 533 Madeleine Court		
ity, State, Zip Code Brandon, MS 39047-8059		
ame of Employer (Required)		
ccupation (Required)	Aggregate Year-to-date	\$1,000.00

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0 Ref No: CF202328872

Secretary of	ir State	
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cindy Pigott	04/17/2023	\$2,500.00
Mailing Address 105 Eli Pigott Road		
City, State, Zip Code Tylertown, MS 39667-5043		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn B. Stewart	04/20/2023	\$1,000.00
Mailing Address 119 Shore Line Drive		
City, State, Zip Code Madison, MS 39110-6829		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Nowell	01/27/2023	\$250.00
Mailing Address 1500 Old Fannin Rd.		
City, State, Zip Code Brandon, MS 39047-8759		
Name of Employer (Required) Nowell Agency	1	
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Nowell	04/21/2023	\$250.00
Mailing Address 1500 Old Fannin Rd.		-
City, State, Zip Code Brandon, MS 39047-8759		
Name of Employer (Required) Nowell Agency		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00

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## ITEMIZED REC

Secretary (	or State	
Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Gerard R. Gibert	03/06/3033	this period
Mailing Address 146 Woodmant Way	02/06/2023	\$500.00
146 Woodmont Way  City, State, Zip Code		
Ridgeland, MS 39157-8618		
Name of Employer (Required)  WhiteLight Group Inc		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Spat-tech of Louisiana LLC	02/23/2023	\$5,000.00
Mailing Address 39189 Ashwood Lane		
City, State, Zip Code Pearl River, LA 70452-5052		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harold L. Weess	02/02/2023	\$250.00
Mailing Address PO Box 1953		
City, State, Zip Code Florence, MS 39073-1953		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC The Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pam Hughes Powers	02/16/2023	\$500.00
Mailing Address 1000 Grand Blvd		
City, State, Zip Code Greenwood, MS 38930-2208		
lame of Employer (Required) Powers Properties		
Occupation (Required)	Aggregate	
Realtor	Year-to-date	\$750.00

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Source: Corporation PAC 🖹 Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name		this period
Pam Hughes Powers	04/28/2023	\$250.00
Mailing Address 1000 Grand Blvd		
City, State, Zip Code Greenwood, MS 38930-2208		
Name of Employer (Required) Powers Properties		
Occupation (Required) Realtor	Aggregate Year-to-date	\$750.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Scott Nunley	04/20/2023	\$1,000.00
Mailing Address PO Box 389		
City, State, Zip Code Dennis, MS 38838-0389		
Name of Employer (Required) Sun Life		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clay Wagner	02/15/2023	\$1,000.00
Mailing Address PO Box 279		
City, State, Zip Code Gulfport, MS 39502-0279		
Name of Employer (Required) Hancock Bank		
Occupation (Required) manager	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kevin Courville	01/28/2023	\$500.00
	01/20/2023	φοσο.σσ
Mailing Address 19506 Perkins Road East	01/20/2023	4000.00
Mailing Address 19506 Perkins Road East  City, State, Zip Code  Baton Rouge, LA 70810-6010	01/20/2023	4000.00
19506 Perkins Road East  City, State, Zip Code	01/20/2023	4000.00

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Jayesh Bhakta	04/19/2023	\$5,000.00
Mailing Address 101 Choctaw Bend	5 II (6/2020	ψ3,000.00
City, State, Zip Code Clinton, MS 39056-3164		
Name of Employer (Required)		
Jada Financial  Occupation (Required)		
Finance	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Keith Starita	03/09/2023	\$250.00
Mailing Address 20281 Longview Rd		
City, State, Zip Code Long Beach, MS 39560-9093		
Name of Employer (Required)  DLM Holdings LLC		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Other (please specify) Limited Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bradley Apartments, LP	02/09/2023	\$3,000.00
Mailing Address P.O. Box 30		
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Germantown Wine & Spirits	04/18/2023	\$5,000.00
Mailing Address 101 Lexington Dr. STE E		
City, State, Zip Code Madison, MS 39110-6986		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

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> Michael Watson Secretary of State

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Arnold B. Walters	03/15/2023	this period
Mailing Address PO Box 1669	03/13/2023	\$1,000.00
City, State, Zip Code Burnet, TX 78611-7669		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William C Lehr	04/28/2023	\$500.00
Mailing Address 106 Park Place		
City, State, Zip Code Brandon, MS 39042-2871		
Name of Employer (Required)  Community Bancshares Of Mississippi		
Occupation (Required) SVP- CIO	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Northeast Mississippi Holdings LLC	03/12/2023	\$25,000.00
Mailing Address 312 Washington St		34
City, State, Zip Code Booneville, MS 38829-2730		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Art Favre	02/06/2023	\$25,000.00
Mailing Address 610 Highland Crossing St		
Baton Rouge, LA 70810-5819		
lame of Employer (Required) Performance Contractors, Inc.		
Occupation (Required) Chairman	Aggregate Year-to-date	\$25,000.00

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Name of Candidate or Committee	Tate for Governor		SEATTINE.

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Michael Watson Secretary of State of 136

Occicialy	GI State	
Source: Corporation PAC The Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name	(moi, bay, rear)	this period
Dorothea C. Fail  Mailing Address	03/06/2023	\$250.00
PO Box 922		
City, State, Zip Code Bay Springs, MS 39422-0922		
Name of Employer (Required) Fail Leasing Inc		
Occupation (Required) Officer	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nicholas Services, LLC	03/17/2023	\$25,000.00
Mailing Address PO Box 2289	1000 0000000000000000000000000000000000	7-3,000.00
City, State, Zip Code Oxford, MS 38655-7289		
Name of Employer (Required)		
Occupation (Required)		
	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wallace Gentry Long IV	04/15/2023	\$10,000.00
Mailing Address 4811 Broadmoor Ln		N
City, State, Zip Code Belden, MS 38826-9500		
Name of Employer (Required) Homestretch		
Occupation (Required) Furniture Manufacturing	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Telephone Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Trent Mulloy	03/06/2023	\$1,000.00
Mailing Address PO Box 1049		
City, State, Zip Code Laurel, MS 39441-1049		
Name of Employer (Required)  Laurel Machine & Foundry Co.		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
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Name of Candidate or Committee

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Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amanda Shumaker	02/15/2023	\$1,000.00
Mailing Address PO Box 5157		,,,
City, State, Zip Code Brandon, MS 39047-5157		
Name of Employer (Required)  Lakeside Moulding Inc		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Joseph M. Stinson	04/17/2023	\$5,000.00
Mailing Address P.O. Drawer 408		
City, State, Zip Code Tylertown, MS 39667-0408		
Name of Employer (Required) Self		
Occupation (Required)  Lawyer	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert H. Dunlap	04/18/2023	\$2,000.00
Mailing Address PO Box 720		
City, State, Zip Code Batesville, MS 38606-0720		•
Name of Employer (Required)  Dunlap & Kyle Co, Inc.		
Occupation (Required) Chairman	Aggregate Year-to-date	\$27,000.00
Source: Corporation PAC T Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert H. Dunlap	03/24/2023	\$25,000.00
Mailing Address PO Box 720		
City, State, Zip Code Batesville, MS 38606-0720		
Name of Employer (Required)  Dunlap & Kyle Co, Inc.		-
Occupation (Required) Chairman	Aggregate Year-to-date	\$27,000.00

Name of Candidate or Committee	Tate for Governor	Page Page 8	37 of 136
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	ITEMIZED REC Secretary of		
Source: Corporation PAC Other (please specify)	<b>★ Individual</b> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victor Mavar Jr.		03/09/2023	\$1,000.00
Mailing Address PO Box 1910			

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Victor Mavar Jr.	03/09/2023	\$1,000.00
Mailing Address PO Box 1910		M
City, State, Zip Code Biloxi, MS 39533-1910		
Name of Employer (Required)  Redfish Point LLC		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victor Mavar Jr.	03/09/2023	\$250.00
Mailing Address PO Box 1910		No.
City, State, Zip Code Biloxi, MS 39533-1910		
Name of Employer (Required)  Redfish Point LLC		All Control of the Co
Occupation (Required) Executive	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC 🛨 Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Spell	02/06/2023	\$250.00
Mailing Address 1103 Old hwy 49 South		
City, State, Zip Code Richland, MS 39218		
Name of Employer (Required) Busby Companies		
Occupation (Required) Regional Sales Manager	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  **Double Time To Company	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Trend Consultants, LLC	01/10/2023	\$1,000.00
Mailing Address 125 Fountains Blvd		7.00
City, State, Zip Code Madison, MS 39110-6344	+	
lame of Employer (Required)	++	
occupation (Required)	Aggregate	

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Occident	ary or ordic	
Source: Corporation PAC Individual Loan  * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt
Full Name Trend Consultants, LLC	20 00 100000	this period
Mailing Address 125 Fountains Blvd	04/10/2023	\$1,000.00
City, State, Zin Code		
Madison, MS 39110-6344		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Albert Burton Hankins Jr.	03/23/2023	\$5,000.00
Mailing Address PO Box 575		
City, State, Zip Code Grenada, MS 38902-0575		
Name of Employer (Required) Hankins Lumber Co.		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  **Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vince Mangold Campaign Fund	04/12/2023	\$500.00
Mailing Address 1276 Wellman Dr SE	and a second and a second and a second as	4000.00
City, State, Zip Code Brookhaven, MS 39601-7402		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Joseph K. Sims	04/28/2023	\$1,000.00
Mailing Address 3540 Hawthorn Dr		And the second distribution in the
Jackson, MS 39216-3307	+	
lame of Employer (Required) Butler Snow	+	
GR	Aggregate Year-to-date	\$1,000.00

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#### ITEMIZED REC

Secretary (	or State	
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Lucretia A. Golding		this period
Mailing Address 43 Brookwood Court	03/20/2023	\$250.00
City, State, Zip Code		
Grenada, MS 38901-7702  Name of Employer (Required)		
N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carson M. Hughes	04/30/2023	\$500.00
Mailing Address 129 Kingston Ct.		
City, State, Zip Code Starkville, MS 39759-4246		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Vowell	03/09/2023	\$500.00
Mailing Address 997 Edgewater Drive		
City, State, Zip Code Philadelphia, MS 39350-2065		
Name of Employer (Required)  Community development partnership		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walgreens	03/06/2023	\$1,000.00
Mailing Address 104 Wilmot Road #1844		
City, State, Zip Code  Deerfield, IL 60015-5121		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Tate for Governor			
	Tate for Governor		

Reporting Period \_\_\_01/01/2023

through \_\_\_\_\_0 Ref No: CF202328872 Date Filed: 5/10/2023

## ITEMIZED REC

Secretary Secretary	or state	
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Voulters Medical Consultants Inc	03/09/2023	\$1,000.00
Mailing Address 927 E Scenic Dr.		
City, State, Zip Code Pass Christian, MS 39571-4701		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tim Breland Logging, Inc.	03/07/2023	\$250.00
Mailing Address 10580 Road 537		
City, State, Zip Code Philadelphia, MS 39350-5811		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles R. Stephenson	04/15/2023	\$25,000.00
Mailing Address 1852 Waverley Mansion Rd		
City, State, Zip Code West Point, MS 39773-5760		
Name of Employer (Required) Growth Capital Partners LP		
Occupation (Required) Co-Founder, Director	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  ** Other (please specify) _LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Triumph Campaigns, LLC	02/06/2023	\$250.00
Wailing Address PO Box 12243		9
City, State, Zip Code Jackson, MS 39236-2243		
Name of Employer (Required)		
anne ar Employar (resquired)		4

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Name of Candid	ate or	Committee
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ITEMIZED REC

Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name	(Mo., Day, Teal)	this period
Amy Arrington	04/17/2023	\$5,000.00
Mailing Address PO Box 1150		
City, State, Zip Code Hattiesburg, MS 39403-1150		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Attorney	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cynthia Newman	03/09/2023	\$1,000.00
Mailing Address 13 53Rd Cir		
City, State, Zip Code Gulfport, MS 39507-4500		
Name of Employer (Required)  Newman Lumber		
Occupation (Required) VP	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  ** Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Perfect Harmony LLC	03/21/2023	\$500.00
Mailing Address 222 S Wall St.	-	
ZZZ O VYdii Ot.		
City, State, Zip Code Natchez, MS 39120-3428		
City, State, Zip Code Natchez, MS 39120-3428		
City State Zin Code	Aggregate Year-to-date	\$500.00
Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)		\$500.00  Amount of each receipt this period
Name of Employer (Required)  City, State, Zip Code Natchez, MS 39120-3428  Name of Employer (Required)  Cocupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name James L. Perry III	Year-to-date  Date	Amount of each receipt
Name of Employer (Required)  Occupation (Required)  Source:   Other (please specify)  City, State, Zip Code  Natchez, MS 39120-3428  Name of Employer (Required)  Individual   Loan  Loan  Dother (please specify)	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name James L. Perry III	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required)  City, State, Zip Code Natchez, MS 39120-3428  Name of Employer (Required)  Cocupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name James L. Perry III  Wailing Address 1505 N STATE ST	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Name	of	Candidate	or	Committee

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0 Ref No: CF202328872

#### ITEMIZED REC

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name	(moi, buy, rear)	this period
Marilyn Avery Forbes	04/27/2023	\$25,000.00
Mailing Address 119 Hidden Oaks Trail		
City, State, Zip Code Ridgeland, MS 39157-6084		
Name of Employer (Required)  N/A		
Occupation (Required)	Aggregate	
Homemaker	Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Frank Genzer Jr.	03/09/2023	\$1,000.00
Mailing Address 145 Saint Jude Street		
City, State, Zip Code Biloxi, MS 39530-3602		
Name of Employer (Required) Self		3.77.
Occupation (Required) Architect	Aggregate Year-to-date	\$1,000.00
Source: Torporation PAC Individual Loan	A CONTRACTOR OF THE CONTRACTOR	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Sample, Hicks & Associates Inc	02/02/2023	\$1,000.00
Mailing Address PO Box 320278		
City, State, Zip Code Flowood, MS 39232-0278		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Blackline Corp	02/24/2023	\$1,000.00
Mailing Address 1902 15th St STE 101		
City, State, Zip Code Gulfport, MS 39501-2111		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
	Year-to-date	Ţ.,500.00

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Date Filed: 5/10/2023

#### ITEMIZED REC

Source: Corporation PAC Temporation Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name	(moi, bay, roar,	this period
Marc Hearst	04/12/2023	\$500.00
Mailing Address 152 Grayhawk Dr.		
City, State, Zip Code Madison, MS 39110-4009		
Name of Employer (Required)  Community Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00
Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rachael V. Tucker	04/17/2023	\$250.00
Mailing Address 166 Hall Road		
City, State, Zip Code Brandon, MS 39042-9048		
Name of Employer (Required)  N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
	rear-to-uate	
Source:  Corporation  PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Treated Materials Co. Inc.  Mailing Address P.O. Box 2848  City, State, Zip Code Gulfport, MS 39505-2848	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Treated Materials Co. Inc.  Mailing Address P.O. Box 2848  City State Zin Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Treated Materials Co. Inc.  Mailing Address P.O. Box 2848  City, State, Zip Code Gulfport, MS 39505-2848	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Treated Materials Co. Inc.  Mailing Address P.O. Box 2848  City, State, Zip Code Gulfport, MS 39505-2848  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year) 03/09/2023 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Treated Materials Co. Inc.  Mailing Address P.O. Box 2848  City, State, Zip Code Gulfport, MS 39505-2848  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  03/09/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name Treated Materials Co. Inc.  Mailing Address P.O. Box 2848  City, State, Zip Code Gulfport, MS 39505-2848  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  03/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Treated Materials Co. Inc.  Mailing Address P.O. Box 2848  City, State, Zip Code Gulfport, MS 39505-2848  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Nell Frisbie	Date (Mo., Day, Year)  03/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Treated Materials Co. Inc.  Mailing Address P.O. Box 2848  City, State, Zip Code Gulfport, MS 39505-2848  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Nell Frisbie  Mailing Address 5021 Kiln DeLisle Road	Date (Mo., Day, Year)  03/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

Name of Candidate	or	Committee	
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## ITEMIZED REC

Michael Watson

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Secretary	or state	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nell Frisbie	02/15/2023	\$250.00
Mailing Address 5021 Kiln DeLisle Road	02/10/2020	φ250.00
City, State, Zip Code Kiln, MS 39556-8185		
Name of Employer (Required)		
Coldwell Banker Alfonso Realty  Occupation (Required)	Aggragata	
Realtor	Aggregate Year-to-date	\$355.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory Guida	03/01/2023	\$1,000.00
Mailing Address PO Box 6146		
City, State, Zip Code Gulfport, MS 39506-6146		-
Name of Employer (Required) Foundation Gaming		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  ** Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Market Max LLC	04/17/2023	\$10,000.00
Mailing Address PO Box 229		
City, State, Zip Code Tylertown, MS 39667-0229		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Cascio Consulting LLC	03/09/2023	\$1,000.00
Mailing Address 685 Hazelton Dr		
City, State, Zip Code Madison, MS 39110-7390		
lame of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Lee Shackelford Jr.	02/06/2023	\$2,500.00
Mailing Address Po Box 301	02/00/2020	φ2,300.00
City, State, Zip Code Benton, MS 39039-0301		
Name of Employer (Required) Shackelford Construction		
Occupation (Required)		
Owner	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Joseph F. Quinlan Jr.	03/31/2023	\$10,000.00
Mailing Address 3607 Preserve Ln		
City, State, Zip Code Miramar Beach, FL 32550-1855		
Name of Employer (Required) First National Bankers Bank		
Occupation (Required) Chairman	Aggregate Year-to-date	\$10,000.00
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hughes Construction Company, Inc.	02/07/2023	\$1,000.00
Mailing Address PO Drawer 30		3 5
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory C. Rader	04/15/2023	\$25,000.00
Mailing Address 150 Briarbend Drive		
City, State, Zip Code Columbus, MS 39705-1472		
lame of Employer (Required) Rader Enterprises LLC		

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Name of Candidate	or Committee	Tate for Governor		
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ITEMIZED REC Michael Watson Secretary of State

Date Filed: 5/10/2023

Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tammy Phillips	04/10/2023	\$500.00
Mailing Address 208 Allyson Cove		ψοσο.σο
City, State, Zip Code Brandon, MS 39047-4512		
Name of Employer (Required)		
Community Bank Occupation (Required)		
Banker	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Maintidual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen Neil Forbes	02/14/2023	\$25,000.00
Mailing Address 119 Hidden Oaks Trl		
City, State, Zip Code Ridgeland, MS 39157-6084		
Name of Employer (Required) Horne		
Occupation (Required) Executive	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thad Varner	04/14/2023	\$1,000.00
Mailing Address 2460 Meadowbrook Road		
City, State, Zip Code Jackson, MS 39211-6553		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donna Roberts	04/25/2023	\$2,500.00
Mailing Address 503 N Lamar Boulevard		
City, State, Zip Code Oxford, MS 38655-3205		
lame of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee	Tate for Governor	Page Page 9	97 of 136
Reporting Period 01/01/2023	ITEMIZED REC  Michael V Secretary	5/10/2023 Watson	N
Source: Corporation PAC Other (please specify)	<b>★ Individual</b> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark Garriga		04/28/2023	\$1,000.00
Mailing Address 126 Herons Circle			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City, State, Zip Code Ridgeland, MS 391	157-8501		
Name of Employer (Required)  Butler S	Snow		
Occupation (Required) Attorney		Aggregate Year-to-date	\$1,000.00
Source: Corporation D PAC	* Individual		

Name of Candidate or Committee	Tate for Governor	Page	Page 98 of 136
Reporting Period01/01/2023		Ref No: CF202328872	
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	ITEMIZED REC	Michael Watson Secretary of State	

Secretary	of State	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name David Webb		this period
Mailing Address 202 Runaway Point	04/20/2023	\$250.00
City State Zin Code		
Ridgeland, MS 39157-9716  Name of Employer (Required)		
Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Phil Abernethy	04/14/2023	\$1,000.00
Mailing Address 137 Eastpointe Circle		
City, State, Zip Code Madison, MS 39110-7850		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Margaret Roshto	04/17/2023	\$3,500.00
Mailing Address 109 Langford Dr.		
City, State, Zip Code Brandon, MS 39047-8304		
Name of Employer (Required) State of MS		
Occupation (Required)  Manager	Aggregate Year-to-date	\$3,500.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name G & S Holdings, LLC	04/27/2023	\$15,000.00
Mailing Address P.O. Box 6038		
City, State, Zip Code Pearl, MS 39288-6038		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00

Name of Candidate	or	Committee	
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Tate for Governor

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## ITEMIZED REC

Secretary Secretary	or State	
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt
Full Name Silver Slipper Casino Venture, LLC		this period
Mailing Address	04/24/2023	\$1,000.00
PO Box 3270		
City, State, Zip Code Bay Saint Louis, MS 39521-3270		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hugh D. Keating	03/09/2023	\$1,000.00
Mailing Address 26 Greenbriar Drive	11 990 7529	71,000.00
City, State, Zip Code Gulfport, MS 39507-4215		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC The Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Head	04/07/2023	\$250.00
Mailing Address 116 Brookside Place		Ψ230.00
City, State, Zip Code Madison, MS 39110-9722		
lame of Employer (Required) Self		
Occupation (Required) Auctioneer	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Mary S. Watkins	04/13/2023	\$500.00
lailing Address 446 Cheyenne Ln.		
ity, State, Zip Code Madison, MS 39110-9605		
ame of Employer (Required) Retired		
ccupation (Required) Retired	Aggregate Year-to-date	\$500.00

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Name of Candidate or Committee	Tate for Governor	Page Page	100 of 136
Reporting Period 01/01/2023	through0 Ref No: CF202	2328872	
	TEMIZED REC  Date Filed: 5/ Michael Wa Secretary of	atson	
Other (please specify)	≛ Individual □ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Jeffrey Neal Bozeman		04/06/2023	\$1,000.00
Mailing Address PO Box 3426		0000 0000 000000 00000 0000 0000 0000 0000	Ψ1,000.00
City, State, Zip Code Brookhaven, MS 3960	03-7426		
lame of Employer (Required)  Bozeman 1	Tire		
Occupation (Required) Executive		Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC	* Individual	Date (Mo., Day, Year)	Amount of each receipt this period
ull Name Karen Hacskaylo		01/27/2023	\$250.00
lailing Address 115 Oakridge Trail			<b>\$250.00</b>
ity, State, Zip Code Flowood, MS 39232-86	688		
ame of Employer (Required) Pisgah Pine	elands LLC		
ccupation (Required) Owner		Aggregate Year-to-date	\$250.00
ource: Corporation PAC E	Individual	Date (Mo., Day, Year)	Amount of each receipt this period
ull Name Adam Hopper		03/22/2023	\$250.00
ailing Address 160 N Glenbrook Dr.			
ty, State, Zip Code Grenada, MS 38901-89	957		
ame of Employer (Required) County			
ccupation (Required) Attorney		Aggregate	\$250.00
ource: Corporation PAC	Individual D Loan	Year-to-date	\$250.00
— corporation — PAC —	Individual Loan	Date	Amount of each

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Name of Candidate or Committee

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Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Western Resources, Inc.	04/17/2023	
Mailing Address PO Box 229	04/11/2020	\$1,000.00
City State Zin Code		
Tylertown, MS 39667-0229  Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
The Clay Firm	04/27/2023	\$25,000.00
Mailing Address PO Box 217		
City, State, Zip Code Jackson, MS 39205-0217		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$35,000.00
	Year-to-date	\$00,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Par-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  LLC  Full Name     The Clay Firm  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
The Clay Firm  Mailing Address PO Box 217  City State Zin Code	Date (Mo., Day, Year)	Amount of each receipt this period
The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code Jackson, MS 39205-0217	Date (Mo., Day, Year)	Amount of each receipt this period
The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code Jackson, MS 39205-0217  Name of Employer (Required)	Date (Mo., Day, Year) 04/13/2023 Aggregate	Amount of each receipt this period \$10,000.00
The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code Jackson, MS 39205-0217  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  04/13/2023  Aggregate Year-to-date  Date	Amount of each receipt this period \$10,000.00 \$35,000.00  Amount of each receipt
The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code Jackson, MS 39205-0217  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  04/13/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$10,000.00  \$35,000.00  Amount of each receipt this period
Tother (please specify)  LLC  Full Name The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code Jackson, MS 39205-0217  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Ted Edwards	Date (Mo., Day, Year)  04/13/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$10,000.00  \$35,000.00  Amount of each receipt this period
Tother (please specify)  Full Name The Clay Firm  Mailing Address PO Box 217  City, State, Zip Code Jackson, MS 39205-0217  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Ted Edwards  Mailing Address 3 Legare Court	Date (Mo., Day, Year)  04/13/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$10,000.00  \$35,000.00  Amount of each receipt this period

Name of Candidate	or Committee
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Date Filed: 5/10/2023 Michael Watson

Secretary of State

## ITEMIZED RECE

Source: Corporation PAC Individual Loan  * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pinchers, LLC	03/09/2023	\$500.00
Mailing Address 5268 Pleasure St.		
City, State, Zip Code Bay Saint Louis, MS 39520-9588		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Phillip Buffington Jr.	01/15/2023	\$260.00
Mailing Address 133 East Neoma Rd		
City, State, Zip Code Canton, MS 39046-0000		***************************************
Name of Employer (Required)  Adams and Reese		
Occupation (Required) Partner	Aggregate Year-to-date	\$260.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		receipt
Other (please specify)  Full Name Kent Nicaud	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kent Nicaud	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kent Nicaud  Mailing Address 849 E Scenic Dr  City, State, Zip Code Pass Christian, MS 39571-4624	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kent Nicaud  Mailing Address 849 E Scenic Dr  City, State, Zip Code Pass Christian, MS 39571-4624  Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kent Nicaud  Mailing Address 849 E Scenic Dr  City, State, Zip Code Pass Christian, MS 39571-4624  Name of Employer (Required) Gulfport Memorial Hospital  Occupation (Required) COO  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  02/13/2023  Aggregate	receipt this period \$25,000.00
Other (please specify)  Full Name Kent Nicaud  Mailing Address 849 E Scenic Dr  City, State, Zip Code Pass Christian, MS 39571-4624  Name of Employer (Required) Gulfport Memorial Hospital  Occupation (Required) COO  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date	receipt this period \$25,000.00 \$25,000.00  Amount of each receipt
Other (please specify)  Full Name Kent Nicaud  Mailing Address 849 E Scenic Dr  City, State, Zip Code Pass Christian, MS 39571-4624  Name of Employer (Required) Gulfport Memorial Hospital  Occupation (Required)  COO  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00  Amount of each receipt this period
Other (please specify)  Full Name Kent Nicaud  Mailing Address 849 E Scenic Dr  City, State, Zip Code Pass Christian, MS 39571-4624  Name of Employer (Required) Gulfport Memorial Hospital  Occupation (Required) COO  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Larken Laboratories Inc.	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00  Amount of each receipt this period
Gity, State, Zip Code Source:  Corporation  Cother (please specify)  Cother (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00  Amount of each receipt this period

Name	of	Candidate	or	Committee	

Reporting Period \_\_\_01/01/2023

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04 Ref No: CF202328872

Date Filed: 5/10/2023

#### ITEMIZED RECE

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Howard Transportation, Inc	03/06/2023	\$1,000.00
Mailing Address PO Box 586	30,00,2020	ψ1,000.00
City, State, Zip Code Laurel, MS 39441-0586		
Name of Employer (Required)		
Occupation (Required)		
	Aggregate Year-to-date	\$1,000.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Good Hope, Inc.	02/27/2023	\$500.00
Mailing Address P.O. Box 614		
City, State, Zip Code Natchez, MS 39121-0614		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$500.00
	Year-to-date	Ç000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)  Full Name  George B. Pickett  Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
George B. Pickett  Mailing Address 217 Brae Burn Dr	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Pickett  Mailing Address 217 Brae Burn Dr  City, State, Zip Code Jackson, MS 39211-2505  Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Pickett  Mailing Address 217 Brae Burn Dr  City, State, Zip Code Jackson, MS 39211-2505  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Occupation (Required)	Date (Mo., Day, Year) 02/03/2023 Aggregate	Amount of each receipt this period \$1,000.00
Full Name George B. Pickett  Mailing Address 217 Brae Burn Dr  City, State, Zip Code Jackson, MS 39211-2505  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Occupation (Required) Life Insurance Agent  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  02/03/2023  Aggregate Year-to-date  Date	Amount of each receipt this period \$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name George B. Pickett  Mailing Address 217 Brae Burn Dr  City, State, Zip Code Jackson, MS 39211-2505  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Occupation (Required) Life Insurance Agent  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  02/03/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
George B. Pickett  Mailing Address 217 Brae Burn Dr  City, State, Zip Code Jackson, MS 39211-2505  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Occupation (Required) Life Insurance Agent  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Adam Paxton	Date (Mo., Day, Year)  02/03/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
George B. Pickett  Mailing Address 217 Brae Burn Dr  City, State, Zip Code Jackson, MS 39211-2505  Name of Employer (Required) Pickett, Bradford & Assoc., PA  Occupation (Required) Life Insurance Agent  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Adam Paxton  Mailing Address 653 Highland Cir	Date (Mo., Day, Year)  02/03/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	Amount of each receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period

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Name of Candidate or Committee

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# ITEMIZED RECE Michael Watson Secretary of State

Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name	(,, ,,	this period
Howard Industries, Inc.	02/17/2023	\$2,500.00
Mailing Address PO Box 1588		
City, State, Zip Code Laurel, MS 39441-1588		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify) refund-0/w corporate limit	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Howard Industries, Inc.	03/08/2023	(\$1,500.00)
Mailing Address PO Box 1588		
City, State, Zip Code Laurel, MS 39441-1588		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
	rear-to-date	
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  William L. Freeman Jr.  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William L. Freeman Jr.  Mailing Address  114 Shady Grove Avenue  City State Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William L. Freeman Jr.  Mailing Address 114 Shady Grove Avenue  City, State, Zip Code Newton, MS 39345-2856  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name William L. Freeman Jr.  Mailing Address 114 Shady Grove Avenue  City, State, Zip Code Newton, MS 39345-2856  Name of Employer (Required)  Retired  Occupation (Required)	Date (Mo., Day, Year)  04/16/2023  Aggregate	receipt this period \$250.00
Other (please specify)  Full Name William L. Freeman Jr.  Mailing Address 114 Shady Grove Avenue  City, State, Zip Code Newton, MS 39345-2856  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  04/16/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name William L. Freeman Jr.  Mailing Address 114 Shady Grove Avenue  City, State, Zip Code Newton, MS 39345-2856  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  04/16/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name William L. Freeman Jr.  Mailing Address 114 Shady Grove Avenue  City, State, Zip Code Newton, MS 39345-2856  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Pigott Oil Company, Inc.	Date (Mo., Day, Year)  04/16/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name William L. Freeman Jr.  Mailing Address 114 Shady Grove Avenue  City, State, Zip Code Newton, MS 39345-2856  Name of Employer (Required) Retired  Occupation (Required) Retired  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Pigott Oil Company, Inc.  Mailing Address PO Box 229	Date (Mo., Day, Year)  04/16/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Land Holdings I, LLC	02/16/2023	\$5,000.00
Mailing Address 9380 Central Ave		
City, State, Zip Code Diberville, MS 39540-5302		2
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Bodock Strategies LLC	01/31/2023	\$1,000.00
Mailing Address 19 Devonshire Way		
City, State, Zip Code Flora, MS 39071-9519		1
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source:	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Dossett Big 4 Buick GMC  Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Dossett Big 4 Buick GMC  Mailing Address P.O. Box 649  City State Zip Code	Date (Mo., Day, Year)	receipt this period
Tupelo, MS 38802-0649  Other (please specify)  Dossett Big 4 Buick GMC  Mailing Address P.O. Box 649  Tupelo, MS 38802-0649	Date (Mo., Day, Year)	receipt this period
Tupelo, MS 38802-0649  Other (please specify)  Full Name  Dossett Big 4 Buick GMC  Mailing Address  P.O. Box 649  City, State, Zip Code  Tupelo, MS 38802-0649  Name of Employer (Required)	Date (Mo., Day, Year) 04/28/2023 Aggregate	receipt this period \$1,000.00
Tull Name Dossett Big 4 Buick GMC  Mailing Address P.O. Box 649  City, State, Zip Code Tupelo, MS 38802-0649  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date	\$1,000.00  Amount of each receipt
Other (please specify)  Full Name Dossett Big 4 Buick GMC  Mailing Address P.O. Box 649  City, State, Zip Code Tupelo, MS 38802-0649  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Dossett Big 4 Buick GMC  Mailing Address P.O. Box 649  City, State, Zip Code Tupelo, MS 38802-0649  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name John E. Carter	Date (Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
Tull Name Dossett Big 4 Buick GMC  Mailing Address P.O. Box 649  City, State, Zip Code Tupelo, MS 38802-0649  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name John E. Carter  Mailing Address 109 Limousine Dr.	Date (Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Name o	f Candidate	or	Committee
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ITEMIZED RECE Michael Watson Secretary of State

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name Richard B. Wax		this period
	02/13/2023	\$25,000.00
Mailing Address PO Box 60		
City, State, Zip Code Amory, MS 38821-0060		
Name of Employer (Required)  The Wax Company		
Occupation (Required) Owner	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Laura Cerra	03/06/2023	\$250.00
Mailing Address 538 CR 8		
City, State, Zip Code Laurel, MS 39443-8886		
Name of Employer (Required) Self		77.000
Occupation (Required) CPA	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry Warren	04/26/2023	\$250.00
Mailing Address 2302 Jackson Ave. West		
City, State, Zip Code Oxford, MS 38655-5416		
Name of Employer (Required) Rebel Rags		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Luter's Supply Company, Inc.	04/17/2023	\$500.00
Mailing Address 104 S Adams Street		
City, State, Zip Code Tylertown, MS 39667-2502		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$500.00

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# ITEMIZED RECE Michael Watson Secretary of State

Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt
Full Name	ASS 55/52 57	this period
CBH Properties, LLC	04/14/2023	\$10,000.00
Mailing Address PO Box 349		
City, State, Zip Code Bay Springs, MS 39422-0349		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BankPlus PAC for Responsible Government	04/24/2023	\$2,500.00
Mailing Address 1068 Highland Colony Pkwy		
City, State, Zip Code Ridgeland, MS 39157-8807		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
	7-511 15 11.00	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David M. McCullen	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David M. McCullen  Mailing Address 51 Castlewoods Way  City State Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David M. McCullen  Mailing Address 51 Castlewoods Way  City, State, Zip Code Petal, MS 39465-4513	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David M. McCullen  Mailing Address 51 Castlewoods Way  City, State, Zip Code Petal, MS 39465-4513  Name of Employer (Required)  Community Bank  Occupation (Required)	Date (Mo., Day, Year) 04/28/2023 Aggregate	receipt this period \$300.00
Other (please specify)  Full Name David M. McCullen  Mailing Address 51 Castlewoods Way  City, State, Zip Code Petal, MS 39465-4513  Name of Employer (Required) Community Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date	receipt this period \$300.00  \$300.00  Amount of each receipt
Other (please specify)  Full Name David M. McCullen  Mailing Address 51 Castlewoods Way  City, State, Zip Code Petal, MS 39465-4513  Name of Employer (Required) Community Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$300.00 \$300.00 Amount of each receipt this period
Tull Name David M. McCullen  Mailing Address 51 Castlewoods Way  City, State, Zip Code Petal, MS 39465-4513  Name of Employer (Required) Community Bank  Occupation (Required) Banker  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name M. Paul Haynes	Date (Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$300.00 \$300.00 Amount of each receipt this period
□ Other (please specify)  Full Name David M. McCullen  Mailing Address 51 Castlewoods Way  City, State, Zip Code Petal, MS 39465-4513  Name of Employer (Required) Community Bank  Occupation (Required) Banker  Source: □ Corporation □ PAC Individual □ Loan □ Other (please specify)  Full Name M. Paul Haynes  Mailing Address PO Box 278	Date (Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$300.00 \$300.00 Amount of each receipt this period

Name of	Candidata	or	Committee
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### ITEMIZED RECE

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Source: Torporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regions	01/30/2023	\$1,000.00
Mailing Address 201 Monroe St. STE 200		
City, State, Zip Code Montgomery, AL 36104-3735		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Hughes	02/07/2023	\$8,000.00
Mailing Address 125 North Lake Dr.		
City, State, Zip Code Madison, MS 39110-5003		
Name of Employer (Required)  CHH Enterprises Inc.		
Occupation (Required) Executive	Aggregate Year-to-date	\$8,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	100000000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Payton L. Lockey  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Payton L. Lockey  Mailing Address PO Box 180789  City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Payton L. Lockey  Mailing Address PO Box 180789  City, State, Zip Code Richland, MS 39218-0789	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Payton L. Lockey  Mailing Address PO Box 180789  City, State, Zip Code Richland, MS 39218-0789  Name of Employer (Required)  Vacuum Truck Rentals  Occupation (Required)	(Mo., Day, Year) 03/29/2023 Aggregate	receipt this period \$25,000.00
Other (please specify)  Full Name Payton L. Lockey  Mailing Address PO Box 180789  City, State, Zip Code Richland, MS 39218-0789  Name of Employer (Required) Vacuum Truck Rentals  Occupation (Required) Vice President  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  03/29/2023  Aggregate Year-to-date  Date	receipt this period \$25,000.00 \$25,000.00  Amount of each receipt
Other (please specify)  Full Name Payton L. Lockey  Mailing Address PO Box 180789  City, State, Zip Code Richland, MS 39218-0789  Name of Employer (Required) Vacuum Truck Rentals  Occupation (Required) Vice President  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  03/29/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$25,000.00  \$25,000.00  Amount of each receipt this period
Gother (please specify)  Full Name Payton L. Lockey  Mailing Address PO Box 180789  City, State, Zip Code Richland, MS 39218-0789  Name of Employer (Required) Vacuum Truck Rentals  Occupation (Required) Vice President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Martin Keil	(Mo., Day, Year)  03/29/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$25,000.00  \$25,000.00  Amount of each receipt this period
Tull Name Payton L. Lockey  Mailing Address PO Box 180789  City, State, Zip Code Richland, MS 39218-0789  Name of Employer (Required) Vacuum Truck Rentals  Occupation (Required) Vice President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Martin Keil  Mailing Address 130 Walnut Dr.	(Mo., Day, Year)  03/29/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$25,000.00  \$25,000.00  Amount of each receipt this period

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# ITEMIZED RECE Michael Watson Secretary of State

Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt
	(moi, bay, rear)	this period
Full Name  Koch Industries, Inc.	04/24/2023	\$750.00
Mailing Address 4111 E 37th St N		
City, State, Zip Code Wichita, KS 67220-3203		19
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Citizens Bank	03/07/2023	\$1,000.00
Mailing Address PO Box 209		
City, State, Zip Code Philadelphia, MS 39350-0209		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Suresh K Chawla	(Mo., Day, Year) 04/19/2023	
Full Name		this period
Full Name Suresh K Chawla		this period
Full Name Suresh K Chawla  Mailing Address 902 Jane Lane  City State Zin Code		this period
Full Name Suresh K Chawla  Mailing Address 902 Jane Lane  City, State, Zip Code Greenwood, MS 38930-2510  Name of Employer (Required)		this period
Full Name Suresh K Chawla  Mailing Address 902 Jane Lane  City, State, Zip Code Greenwood, MS 38930-2510  Name of Employer (Required) Delta Motels  Occupation (Required) Investor  Source: ** Corporation PAC Individual Loan  Other (please specify)	04/19/2023 Aggregate	this period \$5,000.00
Full Name Suresh K Chawla  Mailing Address 902 Jane Lane  City, State, Zip Code Greenwood, MS 38930-2510  Name of Employer (Required) Delta Motels  Occupation (Required) Investor  Source: Corporation PAC Individual Loan	Aggregate Year-to-date  Date	\$5,000.00 \$5,000.00 Amount of each receipt
Full Name Suresh K Chawla  Mailing Address 902 Jane Lane  City, State, Zip Code Greenwood, MS 38930-2510  Name of Employer (Required) Delta Motels  Occupation (Required) Investor  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Full Name Suresh K Chawla  Mailing Address 902 Jane Lane  City, State, Zip Code Greenwood, MS 38930-2510  Name of Employer (Required) Delta Motels  Occupation (Required) Investor  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Citizens Bank Columbia	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period
Full Name Suresh K Chawla  Mailing Address 902 Jane Lane  City, State, Zip Code Greenwood, MS 38930-2510  Name of Employer (Required) Delta Motels  Occupation (Required) Investor  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Citizens Bank Columbia  Mailing Address PO Box 232	Aggregate Year-to-date  Date (Mo., Day, Year)	\$5,000.00 \$5,000.00  Amount of each receipt this period

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Name	of	Candi	date	or	Committee	

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Date Filed: 5/10/2023

## ITEMIZED RECE

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full Name		this period
Timothy Gray	04/25/2023	\$500.00
Mailing Address 700 Shiloh Road		
City, State, Zip Code Brandon, MS 39042-7209		
Name of Employer (Required)  Community Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name M2 Media, Corp.	03/08/2023	\$250.00
Mailing Address 12268 Intraplex Parkway		
City, State, Zip Code Gulfport, MS 39503-4642		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
	Tear-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Risher Caves	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Risher Caves  Mailing Address 36 Windermere Blvd.	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Risher Caves  Mailing Address 36 Windermere Blvd.  City, State, Zip Code Laurel, MS 39443	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Risher Caves  Mailing Address 36 Windermere Blvd.  City, State, Zip Code Laurel, MS 39443  Name of Employer (Required) Caves & Caves, PLLC  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year) 02/09/2023 Aggregate	receipt this period \$500.00
Other (please specify)  Full Name Risher Caves  Mailing Address 36 Windermere Blvd.  City, State, Zip Code Laurel, MS 39443  Name of Employer (Required) Caves & Caves, PLLC  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 02/09/2023  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Other (please specify)  Full Name Risher Caves  Mailing Address 36 Windermere Blvd.  City, State, Zip Code Laurel, MS 39443  Name of Employer (Required) Caves & Caves, PLLC  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Risher Caves  Mailing Address 36 Windermere Blvd.  City, State, Zip Code Laurel, MS 39443  Name of Employer (Required) Caves & Caves, PLLC  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Larry Gregory	Date (Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00  Amount of each receipt this period
Other (please specify)  Full Name Risher Caves  Mailing Address 36 Windermere Blvd.  City, State, Zip Code Laurel, MS 39443  Name of Employer (Required) Caves & Caves, PLLC  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Larry Gregory  Mailing Address 2011 Laurel St.	Date (Mo., Day, Year)  02/09/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00  Amount of each receipt this period

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## ITEMIZED RECE

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Justin Stoll	01/13/2023	\$200.00
Mailing Address PO Box 409	Service State Control Service 1	,
City, State, Zip Code Tylertown, MS 39667-0409		
Name of Employer (Required) State Farm Insurance		
Occupation (Required)	Aggregate	
Insurance Agent	Year-to-date	\$650.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Justin Stoll	03/21/2023	\$200.00
Mailing Address PO Box 409		
City, State, Zip Code Tylertown, MS 39667-0409		
Name of Employer (Required) State Farm Insurance		
Occupation (Required) Insurance Agent	Aggregate	\$650.00
	Year-to-date	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Justin Stoll  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Justin Stoll  Mailing Address PO Box 409  City State Zin Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Justin Stoll  Mailing Address PO Box 409  City, State, Zip Code Tylertown, MS 39667-0409  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Justin Stoll  Mailing Address PO Box 409  City, State, Zip Code Tylertown, MS 39667-0409  Name of Employer (Required)  State Farm Insurance  Occupation (Required)	Date (Mo., Day, Year) 04/17/2023 Aggregate	receipt this period \$250.00
Other (please specify)  Full Name Justin Stoll  Mailing Address PO Box 409  City, State, Zip Code Tylertown, MS 39667-0409  Name of Employer (Required) State Farm Insurance  Occupation (Required) Insurance Agent  Source:  Corporation PAC Individual Loan	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$650.00  Amount of each receipt
Other (please specify)  Full Name    Justin Stoll  Mailing Address    PO Box 409  City, State, Zip Code    Tylertown, MS 39667-0409  Name of Employer (Required)    State Farm Insurance  Occupation (Required)    Insurance Agent  Source:    Corporation     PAC    Individual    Loan  Other (please specify)	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$650.00  Amount of each receipt this period
Other (please specify)  Full Name Justin Stoll  Mailing Address PO Box 409  City, State, Zip Code Tylertown, MS 39667-0409  Name of Employer (Required) State Farm Insurance  Occupation (Required) Insurance Agent  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Jay L. Davidson	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$650.00  Amount of each receipt this period
□ Other (please specify)  Full Name	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$650.00  Amount of each receipt this period

Name of	Candidate	or	Committee
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Source: Corporation PAC The Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mobashir Solangi	03/09/2023	\$1,000.00
Mailing Address 8288 Jennifer Lane		
City, State, Zip Code Long Beach, MS 39560-8200		
Name of Employer (Required) Institute for Marine Mammal Studies		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pat Burns Jr.	03/21/2023	\$250.00
Mailing Address 602 S Union Street		
City, State, Zip Code Natchez, MS 39120-3522		
Name of Employer (Required) Energy Drilling		
Occupation (Required) Gen Manager	Aggregate Year-to-date	\$250.00
	rear-to-date	
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David Brannon  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David Brannon  Mailing Address 145 Sea Oaks Blvd  City State Zin Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David Brannon  Mailing Address 145 Sea Oaks Blvd  City, State, Zip Code Long Beach, MS 39560-5842	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name David Brannon  Mailing Address 145 Sea Oaks Blvd  City, State, Zip Code Long Beach, MS 39560-5842  Name of Employer (Required)  NOARC  Occupation (Required)	Date (Mo., Day, Year)  02/20/2023  Aggregate	receipt this period \$250.00
Other (please specify)  Full Name David Brannon  Mailing Address 145 Sea Oaks Blvd  City, State, Zip Code Long Beach, MS 39560-5842  Name of Employer (Required) NOARC  Occupation (Required) President  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  02/20/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Other (please specify)  Full Name David Brannon  Mailing Address 145 Sea Oaks Blvd  City, State, Zip Code Long Beach, MS 39560-5842  Name of Employer (Required) NOARC  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  02/20/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Tull Name David Brannon  Mailing Address 145 Sea Oaks Blvd  City, State, Zip Code Long Beach, MS 39560-5842  Name of Employer (Required) NOARC  Occupation (Required) President  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Melissa Laseter	Date (Mo., Day, Year)  02/20/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name David Brannon  Mailing Address 145 Sea Oaks Blvd  City, State, Zip Code Long Beach, MS 39560-5842  Name of Employer (Required) NOARC  Occupation (Required) President  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Melissa Laseter  Mailing Address 157 Dogwood Place	Date (Mo., Day, Year)  02/20/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Haley Barbour	02/23/2023	\$4,000.00
Mailing Address 648 Dogwood Drive		
City, State, Zip Code Yazoo City, MS 39194-8205		
Name of Employer (Required) BGR Group		
Occupation (Required) Executive	Aggregate Year-to-date	\$4,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brandon Ciaramitaro Agency Inc.	04/12/2023	\$250.00
Mailing Address 117 W Cherokee St.		
City, State, Zip Code Brookhaven, MS 39601-3310		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Other (please specify)  Full Name  John L. Nau III	(Mo., Day, Year) 01/25/2023	tale to the second of the sec
Eull Name		this period
Full Name  John L. Nau III  Mailing Address		this period
Full Name John L. Nau III  Mailing Address 2229 San Felipe, STE 1250  City State Zin Code		this period
Full Name John L. Nau III  Mailing Address 2229 San Felipe, STE 1250  City, State, Zip Code Houston, TX 77019-5644  Name of Employer (Required)		this period
Full Name John L. Nau III  Mailing Address 2229 San Felipe, STE 1250  City, State, Zip Code Houston, TX 77019-5644  Name of Employer (Required) Silver Eagle Distributors  Occupation (Required)	01/25/2023  Aggregate	this period \$25,000.00
Full Name John L. Nau III  Mailing Address 2229 San Felipe, STE 1250  City, State, Zip Code Houston, TX 77019-5644  Name of Employer (Required) Silver Eagle Distributors  Occupation (Required) Chairman  Source:   Corporation PAC Individual Loan	Aggregate Year-to-date  Date	\$25,000.00 \$25,000.00 \$25,000.00 Amount of each receipt
Full Name John L. Nau III  Mailing Address 2229 San Felipe, STE 1250  City, State, Zip Code Houston, TX 77019-5644  Name of Employer (Required) Silver Eagle Distributors  Occupation (Required) Chairman  Source:  Corporation PAC Individual Loan  Other (please specify) LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00 \$25,000.00  Amount of each receipt this period
Full Name John L. Nau III  Mailing Address 2229 San Felipe, STE 1250  City, State, Zip Code Houston, TX 77019-5644  Name of Employer (Required) Silver Eagle Distributors  Occupation (Required) Chairman  Source: Corporation PAC Individual Loan  **Other (please specify) LLC  Full Name Resthaven Living Center LLC	Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00 \$25,000.00  Amount of each receipt this period
Full Name John L. Nau III  Mailing Address 2229 San Felipe, STE 1250  City, State, Zip Code Houston, TX 77019-5644  Name of Employer (Required) Silver Eagle Distributors  Occupation (Required) Chairman  Source: Corporation PAC Individual Loan  Tother (please specify) LLC  Full Name Resthaven Living Center LLC  Mailing Address 1301 Harrison St.	Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00 \$25,000.00  Amount of each receipt this period

Name of Candidate or Committee	Nai	me	of	Candidate	or	Committee
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## ITEMIZED RECE

		THE RESERVE OF THE PARTY OF THE
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Trudy Fisher	04/14/2023	\$1,000.00
Mailing Address 205 Audubon Point Dr		
City, State, Zip Code Brandon, MS 39047-6408		
Name of Employer (Required) Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Martha M. Kirk	04/24/2023	\$4,000.00
Mailing Address 438 N Lake Road		
City, State, Zip Code Birmingham, AL 35242-7030		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$4,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. Bruce Martin	01/13/2023	\$25,000.00
Full Name	01/13/2023	\$25,000.00
Full Name  E. Bruce Martin  Mailing Address	01/13/2023	\$25,000.00
Full Name E. Bruce Martin  Mailing Address PO Box 1729  City State Zin Code	01/13/2023	\$25,000.00
Full Name E. Bruce Martin  Mailing Address PO Box 1729  City, State, Zip Code Meridian, MS 39302-1729  Name of Employer (Required)	01/13/2023  Aggregate Year-to-date	\$25,000.00 \$25,000.00
Full Name E. Bruce Martin  Mailing Address PO Box 1729  City, State, Zip Code Meridian, MS 39302-1729  Name of Employer (Required) Meyer & Rosenbaum  Occupation (Required)	Aggregate	
Full Name E. Bruce Martin  Mailing Address PO Box 1729  City, State, Zip Code Meridian, MS 39302-1729  Name of Employer (Required) Meyer & Rosenbaum  Occupation (Required) Owner  Source:   Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$25,000.00  Amount of each receipt
Full Name E. Bruce Martin  Mailing Address PO Box 1729  City, State, Zip Code Meridian, MS 39302-1729  Name of Employer (Required) Meyer & Rosenbaum  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$25,000.00  Amount of each receipt this period
Full Name E. Bruce Martin  Mailing Address PO Box 1729  City, State, Zip Code Meridian, MS 39302-1729  Name of Employer (Required) Meyer & Rosenbaum  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Jennifer Kessler	Aggregate Year-to-date Date (Mo., Day, Year)	\$25,000.00  Amount of each receipt this period
Full Name E. Bruce Martin  Mailing Address PO Box 1729  City, State, Zip Code Meridian, MS 39302-1729  Name of Employer (Required) Meyer & Rosenbaum  Occupation (Required) Owner  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Jennifer Kessler  Mailing Address 5716 PURNELL RD	Aggregate Year-to-date Date (Mo., Day, Year)	\$25,000.00  Amount of each receipt this period

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#### ITEMIZED RECE

Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brian P. Berry	04/14/2023	\$1,000.00
Mailing Address 102 Webb Lane		
City, State, Zip Code Flowood, MS 39232-8077		•
Name of Employer (Required)  Butler Snow		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Maindividual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gloria M. Walker	04/14/2023	\$1,000.00
Mailing Address 3974 Dogwood Drive		
City, State, Zip Code Jackson, MS 39211-6703		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	1 00 K 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	receipt
Tother (please specify) LLC	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Fortress Consulting, LLC  Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Fortress Consulting, LLC  Mailing Address 648 Dogwood Dr.	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Fortress Consulting, LLC  Mailing Address 648 Dogwood Dr.  City, State, Zip Code Yazoo City, MS 39194-8205	(Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Fortress Consulting, LLC  Mailing Address 648 Dogwood Dr.  City, State, Zip Code Yazoo City, MS 39194-8205  Name of Employer (Required)	(Mo., Day, Year) 01/05/2023 Aggregate	receipt this period \$5,000.00
Tother (please specify)  LLC  Full Name Fortress Consulting, LLC  Mailing Address 648 Dogwood Dr.  City, State, Zip Code Yazoo City, MS 39194-8205  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year) 01/05/2023  Aggregate Year-to-date  Date	receipt this period \$5,000.00  \$5,000.00  Amount of each receipt
Tother (please specify)  Full Name  Fortress Consulting, LLC  Mailing Address  648 Dogwood Dr.  City, State, Zip Code  Yazoo City, MS 39194-8205  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Tother (please specify)  LLC	(Mo., Day, Year)  01/05/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$5,000.00  \$5,000.00  Amount of each receipt this period
Full Name Fortress Consulting, LLC  Mailing Address 648 Dogwood Dr.  City, State, Zip Code Yazoo City, MS 39194-8205  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  ** Other (please specify) LLC  Full Name Case Land Company, LLC	(Mo., Day, Year)  01/05/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$5,000.00  \$5,000.00  Amount of each receipt this period
Tother (please specify)  Full Name Fortress Consulting, LLC  Mailing Address 648 Dogwood Dr.  City, State, Zip Code Yazoo City, MS 39194-8205  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Case Land Company, LLC  Mailing Address 773 Hwy 61 N	(Mo., Day, Year)  01/05/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$5,000.00  \$5,000.00  Amount of each receipt this period

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Name of C	Candidate or	Committee
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### ITEMIZED RECE

Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John J. Morgan	01/23/2023	\$15,000.00
Mailing Address PO Box 309		
City, State, Zip Code Oxford, MS 38655-0309		
Name of Employer (Required)  Morgan White Group		<del>N</del> ************************************
Occupation (Required) President	Aggregate Year-to-date	\$40,000.00
Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John J. Morgan	04/25/2023	\$25,000.00
Mailing Address PO Box 309		
City, State, Zip Code Oxford, MS 38655-0309		
Name of Employer (Required)  Morgan White Group		
Occupation (Required) President	Aggregate Year-to-date	\$40,000.00
	rear-to-date	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Michael Bruffey	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Michael Bruffey  Mailing Address PO Box 454	Date (Mo., Day, Year)	receipt this period
Tull Name Michael Bruffey  Mailing Address PO Box 454  City, State, Zip Code Biloxi, MS 39533-0454  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Michael Bruffey  Mailing Address PO Box 454  City, State, Zip Code Biloxi, MS 39533-0454  Name of Employer (Required) Island View	Date (Mo., Day, Year)  03/17/2023  Aggregate	receipt this period \$250.00
Tull Name Michael Bruffey  Mailing Address PO Box 454  City, State, Zip Code Biloxi, MS 39533-0454  Name of Employer (Required) Island View  Occupation (Required) VP  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  03/17/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Gity, State, Zip Code Biloxi, MS 39533-0454  Name of Employer (Required) Island View  Occupation (Required) VP  Source: Groporation PAC Individual Loan  Tother (please specify) LLC	Date (Mo., Day, Year)  03/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Other (please specify)  Full Name Michael Bruffey  Mailing Address PO Box 454  City, State, Zip Code Biloxi, MS 39533-0454  Name of Employer (Required) Island View  Occupation (Required) VP  Source: Corporation PAC Individual Loan  **Other (please specify) LLC  Full Name Southern Hospitality Services LLC	Date (Mo., Day, Year)  03/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Tother (please specify)  Full Name Michael Bruffey  Mailing Address PO Box 454  City, State, Zip Code Biloxi, MS 39533-0454  Name of Employer (Required) Island View  Occupation (Required) VP  Source: Corporation PAC Individual Loan  Tother (please specify) LLC  Full Name Southern Hospitality Services LLC  Mailing Address 115 Hospitality Dr.	Date (Mo., Day, Year)  03/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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#### ITEMIZED RECE

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Cress	01/31/2023	\$1,000.00
Mailing Address PO Box 1260		dilitia Azera (normania en la cerca en la
City, State, Zip Code Ridgeland, MS 39158-1260		
Name of Employer (Required)  Cress Realty Group		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Virginia Hebert	04/17/2023	\$2,500.00
Mailing Address 110 Rosedowne Dr		
City, State, Zip Code Madison, MS 39110		
Name of Employer (Required)  N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify) Limited Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Colonnades L.P.	02/09/2023	\$2,000.00
Mailing Address PO Drawer 30		
City, State, Zip Code Louisville, MS 39339-0030		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David I. Bridgers Jr.	02/16/2023	\$2,500.00
Mailing Address 3528 Manor Dr		
City, State, Zip Code Vicksburg, MS 39180-5693		
Name of Employer (Required) Bridgers CPA's		
Occupation (Required) CPA	Aggregate Year-to-date	\$2,500.00

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04/ Ref No: CF202328872

Date Filed: 5/10/2023

#### ITEMIZED RECE

Source:  Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dolly Marascalco	03/23/2023	\$5,000.00
Mailing Address 1270 Hunter Run		
City, State, Zip Code Grenada, MS 38901-4056		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Power Dynamics Innovations LLC	02/23/2023	\$250.00
Mailing Address PO Box 1044		
City, State, Zip Code Picayune, MS 39466-1044		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Nancy Billingsley  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Nancy Billingsley  Mailing Address 20 Tallahoma West Dr	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Nancy Billingsley  Mailing Address 20 Tallahoma West Dr  City, State, Zip Code Laurel, MS 39440-2519	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Nancy Billingsley  Mailing Address 20 Tallahoma West Dr  City, State, Zip Code Laurel, MS 39440-2519  Name of Employer (Required)  N/A  Occupation (Required)	Date (Mo., Day, Year) 02/21/2023 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Nancy Billingsley  Mailing Address 20 Tallahoma West Dr  City, State, Zip Code Laurel, MS 39440-2519  Name of Employer (Required) N/A  Occupation (Required) Homemaker  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  02/21/2023  Aggregate Year-to-date  Date	\$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Nancy Billingsley  Mailing Address 20 Tallahoma West Dr  City, State, Zip Code Laurel, MS 39440-2519  Name of Employer (Required) N/A  Occupation (Required) Homemaker  Source: Corporation PAC Individual Loan  Tother (please specify) LLC	Date (Mo., Day, Year)  02/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
□ Other (please specify)  Full Name Nancy Billingsley  Mailing Address 20 Tallahoma West Dr  City, State, Zip Code Laurel, MS 39440-2519  Name of Employer (Required) N/A  Occupation (Required) Homemaker  Source: □ Corporation □ PAC □ Individual □ Loan  ▼ Other (please specify) LLC  Full Name Loss Prevention Services LLC	Date (Mo., Day, Year)  02/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
□ Other (please specify)  Full Name Nancy Billingsley  Mailing Address 20 Tallahoma West Dr  City, State, Zip Code Laurel, MS 39440-2519  Name of Employer (Required) N/A  Occupation (Required) Homemaker  Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify) LLC  Full Name Loss Prevention Services LLC  Mailing Address PO Box 1827	Date (Mo., Day, Year)  02/21/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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### ITEMIZED RECE

Source: Corporation PAC * Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	. 04/22/2022	\$1,000.00
Andrew Mallinson	04/22/2023	\$1,000.00
Mailing Address 5 E Hill Drive		
City, State, Zip Code Jackson, MS 39216-3622		
Name of Employer (Required)  Multicraft Internationsl		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lucianne A. Wood	02/27/2023	\$100.00
Mailing Address 707 State St.		
City, State, Zip Code Natchez, MS 39120-3542		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$225.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lucianne A. Wood	01/20/2023	\$25.00
Mailing Address 707 State St.		
City, State, Zip Code Natchez, MS 39120-3542		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$225.00
Source: Corporation PAC The Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lucianne A. Wood	04/22/2023	\$100.00
Mailing Address 707 State St.		
City, State, Zip Code Natchez, MS 39120-3542		
Name of Employer (Required)  N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$225.00

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Howard	03/06/2023	\$500.00
Mailing Address 20 Pine Villa		
City, State, Zip Code Ellisville, MS 39437-8782		
Name of Employer (Required) Howard Industries		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wier Boerner Allin Architecture, PLLC	02/07/2023	\$1,000.00
Mailing Address 2727 Old Canton Rd. STE #200		
City, State, Zip Code Jackson, MS 39216-4310		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Other (please specify)  Full Name  Bradley Boerner	(Mo., Day, Year) 04/12/2023	
Full Name		this period
Full Name Bradley Boerner  Mailing Address		this period
Full Name Bradley Boerner  Mailing Address 604 S Church Street  City State Zin Code		this period
Full Name Bradley Boerner  Mailing Address 604 S Church Street  City, State, Zip Code Brookhaven, MS 39601-3810  Name of Employer (Required)		this period
Full Name Bradley Boerner  Mailing Address 604 S Church Street  City, State, Zip Code Brookhaven, MS 39601-3810  Name of Employer (Required)  Boerner Law Firm  Occupation (Required)	04/12/2023 Aggregate	this period \$500.00
Full Name Bradley Boerner  Mailing Address 604 S Church Street  City, State, Zip Code Brookhaven, MS 39601-3810  Name of Employer (Required) Boerner Law Firm  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan	Aggregate Year-to-date  Date	\$500.00 \$500.00 Amount of each receipt
Mailing Address 604 S Church Street  City, State, Zip Code Brookhaven, MS 39601-3810  Name of Employer (Required) Boerner Law Firm  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Bradley Boerner  Mailing Address 604 S Church Street  City, State, Zip Code Brookhaven, MS 39601-3810  Name of Employer (Required) Boerner Law Firm  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan Other (please specify)  Full Name All-Star Chevrolet	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Full Name Bradley Boerner  Mailing Address 604 S Church Street  City, State, Zip Code Brookhaven, MS 39601-3810  Name of Employer (Required) Boerner Law Firm  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name All-Star Chevrolet  Mailing Address 7240 Craft-Goodman Frontage Road	Aggregate Year-to-date  Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period

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## ITEMIZED RECE

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas B. Nusz	04/22/2023	\$250.00
Mailing Address 178 Augusta Lane	U11222020	Ψ230.00
City, State, Zip Code Madison, MS 39110-4753		
Name of Employer (Required)		
N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John Lundy	04/14/2023	\$1,000.00
Mailing Address 458 Greenwood Lane		
City, State, Zip Code Ridgeland, MS 39157-4000		
Name of Employer (Required)  Capitol Resources		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00
	rear-to-date	
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Wilford Albert Payne III  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Wilford Albert Payne III  Mailing Address P.O. Box 1267  City State Zip Code	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Wilford Albert Payne III  Mailing Address P.O. Box 1267  City, State, Zip Code Hattiesburg, MS 39403-1267  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Wilford Albert Payne III  Mailing Address P.O. Box 1267  City, State, Zip Code Hattiesburg, MS 39403-1267  Name of Employer (Required)  W.A. Payne & Associates  Occupation (Required)	Date (Mo., Day, Year) 04/17/2023 Aggregate	receipt this period \$25,000.00
Other (please specify)  Full Name Wilford Albert Payne III  Mailing Address P.O. Box 1267  City, State, Zip Code Hattiesburg, MS 39403-1267  Name of Employer (Required) W.A. Payne & Associates  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date	receipt this period \$25,000.00 \$25,000.00  Amount of each receipt
Other (please specify)  Full Name Wilford Albert Payne III  Mailing Address P.O. Box 1267  City, State, Zip Code Hattiesburg, MS 39403-1267  Name of Employer (Required) W.A. Payne & Associates  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00  \$25,000.00  Amount of each receipt this period
Other (please specify)  Full Name Wilford Albert Payne III  Mailing Address P.O. Box 1267  City, State, Zip Code Hattiesburg, MS 39403-1267  Name of Employer (Required) W.A. Payne & Associates  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Nancy F. Yates	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00  \$25,000.00  Amount of each receipt this period
Other (please specify)  Full Name Wilford Albert Payne III  Mailing Address P.O. Box 1267  City, State, Zip Code Hattiesburg, MS 39403-1267  Name of Employer (Required) W.A. Payne & Associates  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Nancy F. Yates  Mailing Address 304 Dogwood Street	Date (Mo., Day, Year)  04/17/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$25,000.00  \$25,000.00  Amount of each receipt this period

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Name	of	Candidate	or	Committee	è
wame	OT	Candidate	or	Committe	E

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#### ITEMIZED RECE

Source: Corporation PAC **Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tommie S. Cardin	04/17/2023	\$1,000.00
Mailing Address 176 Green Glades Drive		<b>4</b> 1,1000.00
City, State, Zip Code Ridgeland, MS 39157-8662		
Name of Employer (Required)  Butler Snow		
Occupation (Required)	Aggregate	
Attorney	Year-to-date	\$1,000.00
Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Price Wallace Farms, Inc.	02/01/2023	\$500.00
Mailing Address 125 Price Wallace Dr.		
City, State, Zip Code Mendenhall, MS 39114-4489		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
* Other (please specify)LLC	Date (Mo., Day, Year)	receipt this period
** Other (please specify) LLC  Full Name Polk Dental Center  Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Polk Dental Center  Mailing Address 150 Scarbrough St.  City State Zin Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name Polk Dental Center  Mailing Address 150 Scarbrough St.  City, State, Zip Code Richland, MS 39218-9770	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Polk Dental Center  Mailing Address 150 Scarbrough St.  City, State, Zip Code Richland, MS 39218-9770  Name of Employer (Required)	Date (Mo., Day, Year) 01/30/2023 Aggregate	receipt this period \$500.00
Tother (please specify)  LLC  Full Name Polk Dental Center  Mailing Address 150 Scarbrough St.  City, State, Zip Code Richland, MS 39218-9770  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  01/30/2023  Aggregate Year-to-date  Date	receipt this period \$500.00 \$500.00  Amount of each receipt
Tother (please specify)  Full Name Polk Dental Center  Mailing Address 150 Scarbrough St.  City, State, Zip Code Richland, MS 39218-9770  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  01/30/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00  Amount of each receipt this period
Tother (please specify)  Full Name Polk Dental Center  Mailing Address 150 Scarbrough St.  City, State, Zip Code Richland, MS 39218-9770  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Eleanor June McGown	Date (Mo., Day, Year)  01/30/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00  Amount of each receipt this period
Tother (please specify)  Full Name Polk Dental Center  Mailing Address 150 Scarbrough St.  City, State, Zip Code Richland, MS 39218-9770  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Eleanor June McGown  Mailing Address 9708 Live Oak	Date (Mo., Day, Year)  01/30/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00  Amount of each receipt this period

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## ITEMIZED RECE

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathleen G. Henry	04/17/2023	\$1,000.00
Mailing Address 413 Forest Lake Place		
City, State, Zip Code  Madison, MS 39110-9420		
Name of Employer (Required)  N/A		
Occupation (Required)	Aggragata	
Retired	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marshall Paul Belenchia	01/05/2023	\$500.00
Mailing Address 2036 Saint Ives Lane		enconnection and the same of t
City, State, Zip Code Hernando, MS 38632-7693		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Aladdin Construction Co Inc	(Mo., Day, Year)	receipt this period
Full Name Aladdin Construction Co Inc  Mailing Address 12273B Shriners Blvd  City State Zin Code	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Aladdin Construction Co Inc  Mailing Address 12273B Shriners Blvd  City, State, Zip Code Biloxi, MS 39532-8247	(Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name Aladdin Construction Co Inc  Mailing Address 12273B Shriners Blvd  City, State, Zip Code Biloxi, MS 39532-8247  Name of Employer (Required)	(Mo., Day, Year) 02/15/2023 Aggregate	receipt this period \$1,000.00
Tother (please specify)  Full Name Aladdin Construction Co Inc  Mailing Address 12273B Shriners Blvd  City, State, Zip Code Biloxi, MS 39532-8247  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  02/15/2023  Aggregate Year-to-date  Date	\$1,000.00  Amount of each receipt
Other (please specify)  Full Name Aladdin Construction Co Inc  Mailing Address 12273B Shriners Blvd  City, State, Zip Code Biloxi, MS 39532-8247  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	(Mo., Day, Year)  02/15/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00  \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Aladdin Construction Co Inc  Mailing Address 12273B Shriners Blvd  City, State, Zip Code Biloxi, MS 39532-8247  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name King Realty, Inc.	(Mo., Day, Year)  02/15/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00  \$1,000.00  Amount of each receipt this period
Gity, State, Zip Code  Corporation  Cother (please specify)  Full Name  Aladdin Construction Co Inc  Mailing Address  12273B Shriners Blvd  City, State, Zip Code  Biloxi, MS 39532-8247  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  King Realty, Inc.  Mailing Address  PO Box 28	(Mo., Day, Year)  02/15/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00  \$1,000.00  Amount of each receipt this period

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## ITEMIZED RECE Michael Watson Secretary of State

**Michael Watson** 

Source:  Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jay Busby	03/27/2023	\$250.00
Mailing Address 502 Staysail Cove		
City, State, Zip Code Brandon, MS 39047-7042		
Name of Employer (Required) Summers, Green LeRoux, LLP		
Occupation (Required) CPA	Aggregate Year-to-date	\$250.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  J. Rick Carter Sr.	01/26/2023	\$12,500.00
Mailing Address PO Box 1600		
City, State, Zip Code Gulfport, MS 39502-1600		
Name of Employer (Required) Island View Casino Resort		
Occupation (Required) Owner	Aggregate	\$12,500.00
- CWITEI	Year-to-date	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC ** Individual C Loan	Date	receipt
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Spencer Ritchie	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Spencer Ritchie  Mailing Address 2234 Bellingrath Road	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Spencer Ritchie  Mailing Address 2234 Bellingrath Road  City, State, Zip Code Jackson, MS 39211	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Spencer Ritchie  Mailing Address 2234 Bellingrath Road  City, State, Zip Code Jackson, MS 39211  Name of Employer (Required)  Forman Watkins & Krutz LLP	Date (Mo., Day, Year) 02/06/2023 Aggregate	receipt this period \$250.00
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Spencer Ritchie  Mailing Address 2234 Bellingrath Road  City, State, Zip Code Jackson, MS 39211  Name of Employer (Required) Forman Watkins & Krutz LLP  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date	receipt this period \$250.00 \$250.00  Amount of each receipt
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Spencer Ritchie  Mailing Address 2234 Bellingrath Road  City, State, Zip Code Jackson, MS 39211  Name of Employer (Required) Forman Watkins & Krutz LLP  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Spencer Ritchie  Mailing Address 2234 Bellingrath Road  City, State, Zip Code Jackson, MS 39211  Name of Employer (Required) Forman Watkins & Krutz LLP  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Jon Mabry	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period
Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Spencer Ritchie  Mailing Address 2234 Bellingrath Road  City, State, Zip Code Jackson, MS 39211  Name of Employer (Required) Forman Watkins & Krutz LLP  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Jon Mabry  Mailing Address 3875 Kimbell Road	Date (Mo., Day, Year)  02/06/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00  Amount of each receipt this period

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#### ITEMIZED RECE

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) LLC	_ (, 223), 102,	this period
Full Name West Tennessee Ready Mix, LLC	04/10/2023	\$1,000.00
Mailing Address 380 Pierce Road		
City, State, Zip Code Oakland, TN 38060-4090		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paul S. Walker III	04/12/2023	\$500.00
Mailing Address P.O. Box 568		
City, State, Zip Code Brookhaven, MS 39602		
Name of Employer (Required)  Jumpstart Test Prep		
Occupation (Required) CEO	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard M. Dye	04/17/2023	\$1,000.00
Mailing Address 205 Agency Burn		
City, State, Zip Code Ridgeland, MS 39157		
Name of Employer (Required)  Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth S. Stewart	02/14/2023	\$100.00
Mailing Address 2104 E Northside Drive		
City, State, Zip Code Jackson, MS 39211-5827		
Name of Employer (Required)  N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$240.00

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## ITEMIZED RECE

Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Elizabeth S. Stewart	02/03/2023	\$50.00
Mailing Address 2104 E Northside Drive		
City, State, Zip Code Jackson, MS 39211-5827		
Name of Employer (Required)  N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$240.00
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth S. Stewart	02/16/2023	\$40.00
Mailing Address 2104 E Northside Drive		
City, State, Zip Code Jackson, MS 39211-5827		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$240.00
	THE SECTION OF THE SECTION OF	
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Elizabeth S. Stewart  Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Elizabeth S. Stewart  Mailing Address 2104 E Northside Drive	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Elizabeth S. Stewart  Mailing Address 2104 E Northside Drive  City, State, Zip Code Jackson, MS 39211-5827	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Elizabeth S. Stewart  Mailing Address 2104 E Northside Drive  City, State, Zip Code Jackson, MS 39211-5827  Name of Employer (Required)  N/A  Occupation (Required)	Date (Mo., Day, Year) 03/02/2023 Aggregate	receipt this period \$50.00
Other (please specify)  Full Name Elizabeth S. Stewart  Mailing Address 2104 E Northside Drive  City, State, Zip Code Jackson, MS 39211-5827  Name of Employer (Required) N/A  Occupation (Required) Retired  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  03/02/2023  Aggregate Year-to-date  Date	receipt this period \$50.00 \$240.00  Amount of each receipt
Other (please specify)  Full Name Elizabeth S. Stewart  Mailing Address 2104 E Northside Drive  City, State, Zip Code Jackson, MS 39211-5827  Name of Employer (Required) N/A  Occupation (Required) Retired  Source: ** Corporation	Date (Mo., Day, Year)  03/02/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$50.00 \$240.00  Amount of each receipt this period
Other (please specify)  Full Name Elizabeth S. Stewart  Mailing Address 2104 E Northside Drive  City, State, Zip Code Jackson, MS 39211-5827  Name of Employer (Required) N/A  Occupation (Required) Retired  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Havard Pest Control, Inc.	Date (Mo., Day, Year)  03/02/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$50.00 \$240.00  Amount of each receipt this period
Other (please specify)  Full Name Elizabeth S. Stewart  Mailing Address 2104 E Northside Drive  City, State, Zip Code Jackson, MS 39211-5827  Name of Employer (Required) N/A  Occupation (Required) Retired  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Havard Pest Control, Inc.  Mailing Address PO Box 15007	Date (Mo., Day, Year)  03/02/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$50.00 \$240.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  Jeremy Holmes	04/17/2023	\$1,000.00
Mailing Address 104 Eli Pigott Road		
City, State, Zip Code Tylertown, MS 39667-7181		
Name of Employer (Required) Pigott Oil Company, Inc.		
Occupation (Required) Vice President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Henry H. Wallace Sr.	04/17/2023	\$250.00
Mailing Address 503 Fairlawn Trl NE		No. 10 to 10
City, State, Zip Code Brookhaven, MS 39601-2096		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Transport of	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Wayne Washington  Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Wayne Washington  Mailing Address 2301 Country Club Rd	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Wayne Washington  Mailing Address 2301 Country Club Rd  City, State, Zip Code Tupelo, MS 38804-1103	(Mo., Day, Year)	receipt this period
Tupelo, MS 38804-1103  Name of Employer (Required)  Other (please specify)  Wayne Washington  2301 Country Club Rd  Tupelo, MS 38804-1103  Washington Insurance Agency	(Mo., Day, Year) 04/18/2023 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Wayne Washington  Mailing Address 2301 Country Club Rd  City, State, Zip Code Tupelo, MS 38804-1103  Name of Employer (Required) Washington Insurance Agency  Occupation (Required) President  Source: Corporation PAC Individual Loan	(Mo., Day, Year)  04/18/2023  Aggregate Year-to-date  Date	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Wayne Washington  Mailing Address 2301 Country Club Rd  City, State, Zip Code Tupelo, MS 38804-1103  Name of Employer (Required) Washington Insurance Agency  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00  \$1,000.00  Amount of each receipt this period
Tull Name Wayne Washington  Mailing Address 2301 Country Club Rd  City, State, Zip Code Tupelo, MS 38804-1103  Name of Employer (Required) Washington Insurance Agency  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Thomas Colbert	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00  \$1,000.00  Amount of each receipt this period
□ Other (please specify)  Full Name Wayne Washington  Mailing Address 2301 Country Club Rd  City, State, Zip Code Tupelo, MS 38804-1103  Name of Employer (Required) Washington Insurance Agency  Occupation (Required) President  Source: □ Corporation □ PAC  Individual □ Loan □ Other (please specify)  Full Name Thomas Colbert  Mailing Address PO Box 320849	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glenn McCullough Jr.	04/20/2023	\$1,000.00
Mailing Address 245 CR 183		
City, State, Zip Code Tupelo, MS 38804-9711		
Name of Employer (Required)  GLM Assoicates, LLC		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cannon Kirk	03/23/2023	\$1,000.00
Mailing Address 235 Southwest Frontage Road		
City, State, Zip Code Grenada, MS 38901-8009		
Name of Employer (Required) Self		
Occupation (Required) Auto Dealer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denny Terrell	01/23/2023	\$500.00
Mailing Address 109 Fairway Lane		
		•
City, State, Zip Code Kosciusko, MS 39090-5100		
City, State, Zip Code Kosciusko, MS 39090-5100  Name of Employer (Required)  Ivey Mechanical		
Name of Employer (Required)	Aggregate Year-to-date	\$500.00
Name of Employer (Required)  Ivey Mechanical  Occupation (Required)		\$500.00  Amount of each receipt this period
Name of Employer (Required)  Occupation (Required)  President  Source:   Corporation  PAC  Individual  Loan	Year-to-date  Date	Amount of each receipt
Name of Employer (Required)  Occupation (Required)  President  Source:   Other (please specify)  Full Name	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required)    Vey Mechanical	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required)    Very Mechanical	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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#### ITEMIZED RECE

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pat Christie	04/26/2023	\$1,000.00
Mailing Address 280 Richardson Road		
City, State, Zip Code Ridgeland, MS 39157-8639		
Name of Employer (Required) Self		
Occupation (Required) Patty Peck Honda	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Osborne	02/28/2023	\$1,000.00
Mailing Address 1717 Stanford Ave		
City, State, Zip Code Baton Rouge, LA 70808-2959		
Name of Employer (Required)  Connect Strategy		
Occupation (Required) Consultant	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christopher Maddux	04/28/2023	\$1,000.00
Mailing Address 2450 Lake Circle		
	1	
City, State, Zip Code Jackson, MS 39211-6623		
City State Zin Code		
City, State, Zip Code  Jackson, MS 39211-6623  Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
City, State, Zip Code  Jackson, MS 39211-6623  Name of Employer (Required)  Butler Snow  Occupation (Required)		\$1,000.00  Amount of each receipt this period
City, State, Zip Code Jackson, MS 39211-6623  Name of Employer (Required) Butler Snow  Occupation (Required) Attorney  Source:   Corporation PAC Individual Loan	Year-to-date  Date	Amount of each receipt
City, State, Zip Code  Jackson, MS 39211-6623  Name of Employer (Required)  Butler Snow  Occupation (Required)  Attorney  Source:  Corporation PAC Individual Loan  Other (please specify)	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code Jackson, MS 39211-6623  Name of Employer (Required)  Butler Snow  Occupation (Required)  Attorney  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kathryn Brown	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
City, State, Zip Code Jackson, MS 39211-6623  Name of Employer (Required) Butler Snow  Occupation (Required) Attorney  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Kathryn Brown  Mailing Address 3302 HWY 51 SE	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Source: Corporation PAC Individual Loan  **Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Interest Earnings	04/30/2023	\$26,282.59
Mailing Address 1667 Lelia Drive		,
City, State, Zip Code Jackson, MS 39216-4818		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$26,282.59
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Will E. Smithhart	04/10/2023	\$500.00
Mailing Address 305 Fawnwood Dr.		
City, State, Zip Code Brandon, MS 39042-4005		
Name of Employer (Required)  Community Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00
THE STATE OF THE S	rear-to-date	and the second of the second o
Source: Corporation PAC Individual Loan  * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
* Other (please specify)LLC	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Vicksburg Forest Products LLC  Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Vicksburg Forest Products LLC  Mailing Address  PO Box 5327  City State Zin Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  LLC  Full Name  Vicksburg Forest Products LLC  Mailing Address  PO Box 5327  City, State, Zip Code  Jackson, MS 39296-5327	Date (Mo., Day, Year)	receipt this period
Tother (please specify)  Full Name  Vicksburg Forest Products LLC  Mailing Address  PO Box 5327  City, State, Zip Code  Jackson, MS 39296-5327  Name of Employer (Required)	Date (Mo., Day, Year) 04/28/2023 Aggregate	receipt this period \$2,500.00
Tother (please specify)  LLC  Full Name  Vicksburg Forest Products LLC  Mailing Address  PO Box 5327  City, State, Zip Code  Jackson, MS 39296-5327  Name of Employer (Required)  Occupation (Required)  Source:   Corporation  PAC  Individual  Loan	Date (Mo., Day, Year) 04/28/2023  Aggregate Year-to-date  Date	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt
Full Name Vicksburg Forest Products LLC  Mailing Address PO Box 5327  City, State, Zip Code Jackson, MS 39296-5327  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period
Tother (please specify)  Full Name  Vicksburg Forest Products LLC  Mailing Address  PO Box 5327  City, State, Zip Code  Jackson, MS 39296-5327  Name of Employer (Required)  Occupation (Required)  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Charles F. Humphrey	Date (Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period
Tother (please specify)  Full Name Vicksburg Forest Products LLC  Mailing Address PO Box 5327  City, State, Zip Code Jackson, MS 39296-5327  Name of Employer (Required)  Occupation (Required)  Source: Corporation PAC Individual Loan Other (please specify)  Full Name Charles F. Humphrey  Mailing Address 36873 Hwy 430	Date (Mo., Day, Year)  04/28/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00  Amount of each receipt this period

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· Do D D	T	
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tyler Norman	00/40/0000	*
Mailing Address	02/13/2023	\$25,000.00
PO Box 1350		
City, State, Zip Code Meridian, MS 39302-1350		
Name of Employer (Required)  Norman Roofing		
Occupation (Required) Vice President	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee To Elect Angela Thrash	03/09/2023	\$250.00
Mailing Address PO Box 3568		
City, State, Zip Code Gulfport, MS 39505-3568		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
	rear-to-date	
Source: Corporation PAC ** Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name  Kim Kreunen	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kim Kreunen  Mailing Address PO Box 38	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kim Kreunen  Mailing Address PO Box 38  City, State, Zip Code Olive Branch, MS 38654-0038  Name of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Kim Kreunen  Mailing Address PO Box 38  City, State, Zip Code Olive Branch, MS 38654-0038  Name of Employer (Required)  Kreunen Const.	Date (Mo., Day, Year) 01/27/2023 Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Kim Kreunen  Mailing Address PO Box 38  City, State, Zip Code Olive Branch, MS 38654-0038  Name of Employer (Required) Kreunen Const.  Occupation (Required) President  Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)  01/27/2023  Aggregate Year-to-date  Date	receipt this period \$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Kim Kreunen  Mailing Address PO Box 38  City, State, Zip Code Olive Branch, MS 38654-0038  Name of Employer (Required) Kreunen Const.  Occupation (Required) President  Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  01/27/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
□ Other (please specify)  Full Name Kim Kreunen  Mailing Address PO Box 38  City, State, Zip Code Olive Branch, MS 38654-0038  Name of Employer (Required) Kreunen Const.  Occupation (Required) President  Source: □ Corporation ▼ PAC □ Individual □ Loan □ Other (please specify)  Full Name Pickering, Inc PAC	Date (Mo., Day, Year)  01/27/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period
□ Other (please specify)  Full Name Kim Kreunen  Mailing Address PO Box 38  City, State, Zip Code Olive Branch, MS 38654-0038  Name of Employer (Required) Kreunen Const.  Occupation (Required) President  Source: □ Corporation ▶ PAC □ Individual □ Loan □ Other (please specify)  Full Name Pickering, Inc PAC  Mailing Address 6363 Poplar Ave Ste 300	Date (Mo., Day, Year)  01/27/2023  Aggregate Year-to-date  Date (Mo., Day, Year)	\$1,000.00  \$1,000.00  Amount of each receipt this period

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Source: Corporation PAC **Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	04/04/0000	
Iri Dean Rhodes	01/31/2023	\$250.00
Mailing Address 107 AIRLINE TER		
City, State, Zip Code Pearl, MS 39208-4202		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Marascalco	03/23/2023	\$250.00
Mailing Address 100 Audubon Trail		
City, State, Zip Code Grenada, MS 38901-4042		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Melvin A. Luter	04/07/2023	\$250.00
Mailing Address 52 Sandalwood Trail NE		
City, State, Zip Code Brookhaven, MS 39601-9450		
Name of Employer (Required) Retired		
Occupation (Required) Engineer/Forestry	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan  * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John R. Junkin II Attorney at Law PLLC	03/21/2023	\$1,100.00
Mailing Address PO Box 1082		
City, State, Zip Code Natchez, MS 39121-1082		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,100.00

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Source:  Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shuqualak Lumber Company	03/07/2023	\$2,500.00
Mailing Address P.O. Box 25		
City, State, Zip Code Shuqualak, MS 39361-0025		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify) YEWA - OVEY COMMINE IMIT	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shuqualak Lumber Company	03/15/2023	(\$1,500.00)
Mailing Address P.O. Box 25		
City, State, Zip Code Shuqualak, MS 39361-0025		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Monica Sethi Harrigill	04/19/2023	\$5,000.00
Mailing Address 1012 Madison Ave Ste A		
City, State, Zip Code Madison, MS 39110-6113		
Name of Employer (Required)  Jackie's International		
Name of Employer (Required)  Jackie's International  Occupation (Required)  President	Aggregate Year-to-date	\$5,000.00
Occupation (Required)		\$5,000.00  Amount of each receipt this period
Occupation (Required)  President  Source:   Corporation   PAC   Individual   Loan	Year-to-date  Date	Amount of each receipt
Occupation (Required)  President  Source:   Corporation   PAC  Individual  Loan  Other (please specify)	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required)  President  Source:  Corporation  PAC  Individual  Loan  Other (please specify)  Full Name  Clayton Stanley	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required)  President  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Clayton Stanley  Mailing Address 4172 N HARPER RD	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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Source:  Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marc A Foster	03/09/2023	\$1,000.00
Mailing Address	00/03/2023	Ψ1,000.00
City State Zin Code		
Ocean Springs, MS 39564-3444		
Name of Employer (Required)  Cypress Environmental		
Occupation (Required) Vice President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan  **Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Jenifer Branning	03/07/2023	\$2,500.00
Mailing Address 235 W Beacon St		
City, State, Zip Code Philadelphia, MS 39350-3058		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sylvia Shoemaker	01/23/2023	\$500.00
Mailing Address 68 Enclave Cr		
		1
City, State, Zip Code Ridgeland, MS 39157-4513		
City, State, Zip Code Ridgeland, MS 39157-4513  Name of Employer (Required)  N/A		
Name of Employer (Required)	Aggregate Year-to-date	\$500.00
Name of Employer (Required)  N/A  Occupation (Required)		\$500.00  Amount of each receipt this period
Name of Employer (Required)  N/A  Occupation (Required)  Retired  Source:   Corporation  PAC  Individual  Loan	Year-to-date  Date	Amount of each receipt
Name of Employer (Required)  N/A  Occupation (Required)  Retired  Source:  Corporation  PAC Individual  Loan  Other (please specify)	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required)  N/A  Occupation (Required)  Retired  Source:  Corporation  PAC Individual  Loan  Other (please specify)  Full Name Kathryn McNair	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required)  N/A  Occupation (Required)  Retired  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Kathryn McNair  Mailing Address 1803 24th Ave	Pear-to-date  Date (Mo., Day, Year)	Amount of each receipt this period

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#### ITEMIZED RECE

Source: Corporation PAC 🗈 Individual C Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tony Stringer	04/05/2023	\$250.00
Mailing Address 254 Laird Pittman Road	а	
City, State, Zip Code Tylertown, MS 39667-7140		-
Name of Employer (Required) Stringer Industries		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: Corporation PAC ** Individual C Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald Reinhard	04/20/2023	\$300.00
Mailing Address 75 Harvard Avenue		
City, State, Zip Code Palmerton, PA 18071-1212		
Name of Employer (Required) Pencor Services Inc		
Occupation (Required)  Executive	Aggregate Year-to-date	\$300.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	100 120 120 120 120 120 120 120 120 120	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Natalie Chiniche	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Natalie Chiniche  Mailing Address 725 Old Spanish Trail	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Natalie Chiniche  Mailing Address 725 Old Spanish Trail  City, State, Zip Code Bay St Louis, MS 39520-2507	(Mo., Day, Year)	receipt this period
Other (please specify)  Full Name Natalie Chiniche  Mailing Address 725 Old Spanish Trail  City, State, Zip Code Bay St Louis, MS 39520-2507  Name of Employer (Required)  Self  Occupation (Required)	(Mo., Day, Year)  02/21/2023  Aggregate	receipt this period \$1,000.00
Other (please specify)  Full Name Natalie Chiniche  Mailing Address 725 Old Spanish Trail  City, State, Zip Code Bay St Louis, MS 39520-2507  Name of Employer (Required) Self  Occupation (Required) Chiniche Engineering & Surveying  Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$1,000.00  \$1,000.00  Amount of each receipt
Other (please specify)  Full Name Natalie Chiniche  Mailing Address 725 Old Spanish Trail  City, State, Zip Code Bay St Louis, MS 39520-2507  Name of Employer (Required) Self  Occupation (Required) Chiniche Engineering & Surveying  Source: Corporation PAC Individual Loan  Other (please specify)	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
Other (please specify)  Full Name Natalie Chiniche  Mailing Address 725 Old Spanish Trail  City, State, Zip Code Bay St Louis, MS 39520-2507  Name of Employer (Required) Self  Occupation (Required) Chiniche Engineering & Surveying  Source: Corporation PAC Individual Loan  Other (please specify)  Full Name Robert C. Daniels Jr.	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period
□ Other (please specify)  Full Name Natalie Chiniche  Mailing Address 725 Old Spanish Trail  City, State, Zip Code Bay St Louis, MS 39520-2507  Name of Employer (Required) Self  Occupation (Required) Chiniche Engineering & Surveying  Source: □ Corporation □ PAC ★ Individual □ Loan □ Other (please specify)  Full Name Robert C. Daniels Jr.  Mailing Address 15 Field Brook Drive	Aggregate Year-to-date  Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00  Amount of each receipt this period

	pages (Misser)	T-1- ( 0	Page	Page 136 of 136
Name of Candidate	or Committee	Tate for Governor		
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Date Filed: 5/10/2023

# ITEMIZED RECE Michael Watson Secretary of State

Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name  John Scialdone	03/09/2023	\$500.00
Mailing Address PO Box 4080		
City, State, Zip Code Gulfport, MS 39502-4080		
Name of Employer (Required) Scialdone Law Firm, PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Danny Gray	01/06/2023	\$500.00
Mailing Address 312 Airport Rd S		
City, State, Zip Code Pearl, MS 39208-6649		
Name of Employer (Required)  D Noblin Furniture		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gus Brand	04/24/2023	\$500.00
Mailing Address 112 Swallow Dr.		
City, State, Zip Code Brandon, MS 39047-6427		
Name of Employer (Required)  Community Bank		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00

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Name of Candidate or Committee Tate for Governor	
Reporting Period 01/01/2023 through 04/ Ref No: CF202328872	
Date Filed: 5/10/2023	
ITEMIZED RECEIPTS IN-KIN Secretary of State RIBUT	TONS
Source: Corporation PAC Tall Individual Loan	Date
Other (please specify)	(Mo., Day, Year)
Full Name William G. Yates Jr.	03/07/2023
Mailing Address PO Box 456	Estimated Amount
City, State, Zip Code Philadelphia, MS 39350-0456	of In-Kind Contribution*
Name of Employer (Required) Yates Construction	\$4,948.00
Occupation (Required) CEO	
In-Kind Description:	
Event and Catering Expenses	

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

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### ITEMIZED DISBURS

	TI LIVIIZED DISBURG	Secretary of State	Aggregate Total Running
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	04/28/2023	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursemo Bank Fee	ent (Optional)	Aggregate Year-to-date	\$441.30
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	04/18/2023	\$2,613.38
City, State, Zip Code	Madison, MS 39130-1036		West and Wes
Purpose of Disbursemo Printing Services, po	central to the content of the conten	Aggregate Year-to-date	\$19,502.44
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	03/08/2023	\$300.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disburseme Design Services	ent (Optional)	Aggregate Year-to-date	\$675.00
Full Name	ProLife Mississippi	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	110 Jones Lane STE C	02/17/2023	\$1,000.00
City, State, Zip Code	Flowood, MS 39232-8899		
Purpose of Disburseme Sponsorship for eve		Aggregate Year-to-date	\$1,000.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	01/25/2023	\$1,301.13
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disburseme Equipment, Softwar		Aggregate Year-to-date	\$1,358.47
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	03/22/2023	\$409.31
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem	ent (Optional) sement for supplies	Aggregate Year-to-date	\$3,859.76

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ITEMIZED DISBURS

	TIENTIZED DIODOI	Secretary of State	Aggregate Total Running
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	03/01/2023	\$9,919.52
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$160,655.67
Full Name	Oak Hill Inn, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	409 South Rankin St.	03/24/2023	\$333.65
City, State, Zip Code	Natchez, MS 39120-3585		
Purpose of Disbursem Event Expense-Cat	And the state of t	Aggregate Year-to-date	\$333.65
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	03/02/2023	\$2,068.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	ent (Optional)	Aggregate Year-to-date	\$6,799.00
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	04/03/2023	\$9,000.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Services	PRODUCTION OF THE PROPERTY OF	Aggregate Year-to-date	\$43,500.00
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	03/01/2023	\$9,000.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$34,500.00
Full Name	Mississippi Department Of Revenue	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 23058	04/14/2023	\$374.00
City, State, Zip Code	Jackson, MS 39225-3058		
Purpose of Disbursem Payroll Tax Expens	5556651793 ( 1 55664 1 55 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	Aggregate Year-to-date	\$374.00

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		Secretary of State	Aggregate Total Running
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	01/16/2023	\$41,535.71
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disburseme Consulting Services		Aggregate Year-to-date	\$41,535.71
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	02/21/2023	\$1,144.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	ent (Optional)	Aggregate Year-to-date	\$4,731.00
Full Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E. South Street	02/06/2023	\$332.00
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disbursem PO Box Renewal F	CONTROL CONTROL TO CONTROL TO CONTROL TO	Aggregate Year-to-date	\$333.20
Full Name	Fairview Inn of Jackson, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	734 Fairview St.	01/13/2023	\$254.94
City, State, Zip Code	Jackson, MS 39202-1624		W *
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$254.94
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	03/31/2023	\$2,550.00
City, State, Zip Code	Washington, DC 20003		j (#)
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$3,750.00
Full Name	James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	02/21/2023	\$3,000.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursem	nent (Optional)	Aggregate	\$6,000.00

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#### ITEMIZED DISBURS

Date Filed: 5/10/2023 Michael Watson Secretary of State

	LI EMIZED DISB	UK3 Secr	retary of State	Aggregate Total Running
Full Name	The Manship	(1	Date Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1200 N State St #100		2/17/2023	\$814.90
City, State, Zip Code	Jackson, MS 39202-2000			
Purpose of Disbursen Event Expense	nent (Optional)		Aggregate Year-to-date	\$814.90
Full Name	Premium Consulting Group LLC	(n	Date Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane		1/30/2023	\$2,000.00
City, State, Zip Code	Biloxi, MS 39532			
Purpose of Disbursen Consulting Service	3935 VS3 111 VS3 VS4		Aggregate Year-to-date	\$2,000.00
Full Name	Melissa Hederman	(1)	Date Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	0	3/13/2023	\$40,740.28
City, State, Zip Code	Jackson, MS 39211-6712			
Purpose of Disbursen Consulting Service			Aggregate Year-to-date	\$201,395.95
Full Name	Hederman Brothers	(1)	Date flo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	04	4/12/2023	\$5,201.27
City, State, Zip Code	Madison, MS 39130-1036			
Purpose of Disbursem Printing Services, p	0.000 e7		Aggregate Year-to-date	\$12,476.63
Full Name	OnMessage, Inc.	(1)	Date No., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	0	1/19/2023	\$38,760.00
City, State, Zip Code	Annapolis, MD 21401-1534			
Purpose of Disbursem Research	ent (Optional)		Aggregate Year-to-date	\$39,060.00
Full Name	Premium Consulting Group LLC	į (N	Date flo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane		3/30/2023	\$2,000.00
City, State, Zip Code	Biloxi, MS 39532			
Purpose of Disbursem Consulting Services			Aggregate Year-to-date	\$6,000.00

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#### ITEMIZED DISBURS

	TI EIVIIZED DISBU	Secretary of State	Aggregate Total Running
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	03/17/2023	\$750.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$750.00
Full Name	Delta Airlines	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1030 Delta Blvd.	01/12/2023	\$819.40
City, State, Zip Code	Atlanta, GA 30320		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$819.40
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	03/31/2023	\$110.26
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank Fee	ent (Optional)	Aggregate Year-to-date	\$331.04
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	02/28/2023	\$1,500.00
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem Consulting Services	25 5 5	Aggregate Year-to-date	\$3,316.17
Full Name	Elliott Husbands	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1855 Lakeland Drive Apt 201	04/28/2023	\$6,602.50
City, State, Zip Code	Jackson, MS 39216-4927		
Purpose of Disbursem Payroll	ent (Optional)	Aggregate Year-to-date	\$13,205.00
Full Name	Venetian Palazzo	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3325 S Las Vegas Blvd	02/22/2023	\$571.73
City, State, Zip Code	Las Vegas, NV 89109-1414		
Purpose of Disbursen Travel Expense	nent (Optional)	Aggregate Year-to-date	\$571.73

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### ITEMIZED DISBURS

	ITEMIZED DISBURS	Secretary of State	Aggregate Total Running
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	02/17/2023	\$375.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disburseme Design Services	ent (Optional)	Aggregate Year-to-date	\$375.00
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	02/28/2023	\$110.39
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disburseme Bank Fee	ent (Optional)	Aggregate Year-to-date	\$220.78
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	01/04/2023	\$578.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disburseme Storage Fees	ent (Optional)	Aggregate Year-to-date	\$578.00
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	01/30/2023	\$1,500.00
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disburseme Consulting	ent (Optional)	Aggregate Year-to-date	\$1,500.00
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	01/16/2023	\$34,274.77
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disburseme Consulting Services	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Aggregate Year-to-date	\$75,810.48
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	01/12/2023	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem	ent (Optional)	Aggregate Year-to-date	\$150.00

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### ITEMIZED DISBURS

	LI EMIZED DISBU	Secretary of State	Aggregate Total Running
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	02/21/2023	\$62,392.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Research	ent (Optional)	Aggregate Year-to-date	\$102,202.00
Full Name	The Carriage House Restaurant	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	410 N Commerce St.	03/23/2023	\$1,739.10
City, State, Zip Code	Natchez, MS 39120-3219		
Purpose of Disbursem Event Expense- Ca	The state of the s	Aggregate Year-to-date	\$1,739.10
Full Name	Desoto County Republican Party	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	7075 Golden Oaks Loop West #10	03/22/2023	\$375.00
City, State, Zip Code	Southaven, MS 38671-9012		
Purpose of Disbursem Tickets for Reagan	A 240 (#2)	Aggregate Year-to-date	\$375.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	02/21/2023	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Production	ent (Optional)	Aggregate Year-to-date	\$102,502.00
Full Name	Highball Lanes, Capri, The Pearl	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3019 N State St.	02/09/2023	\$2,086.15
City, State, Zip Code	Jackson, MS 39216-4204		
Purpose of Disbursem Event Expenses	ent (Optional)	Aggregate Year-to-date	\$2,086.15
Full Name	Fairview Inn of Jackson, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	734 Fairview St.	01/19/2023	\$110.64
City, State, Zip Code	Jackson, MS 39202-1624		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$365.58

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### ITEMIZED DISBURS

	ITEMIZED DISB	Secretary of State	Aggregate Total Running
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	04/26/2023	\$1,514.05
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disburseme Printing Services	ent (Optional)	Aggregate Year-to-date	\$13,729.26
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	04/12/2023	\$3,315.48
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disburseme Postage and deliver		Aggregate Year-to-date	\$15,792.11
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	04/12/2023	\$239.50
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disburseme Design Services	ent (Optional)	Aggregate Year-to-date	\$914.50
Full Name	PT Strategy LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1223 Aldebraran Dr.	04/05/2023	\$5,000.00
City, State, Zip Code	Mc Lean, VA 22101-2304		
Purpose of Disburseme Consulting Services	(2) (7)	Aggregate Year-to-date	\$7,500.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	01/10/2023	\$57.34
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$57.34
Full Name	Elliott Husbands	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1855 Lakeland Drive Apt 201	03/31/2023	\$6,602.50
City, State, Zip Code	Jackson, MS 39216-4927		
Purpose of Disbursem Payroll	ent (Optional)	Aggregate Year-to-date	\$6,602.50

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	TI LIVIIZED DISDUIXO	Secretary of State	Aggregate Total Running
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	03/29/2023	\$3,535.20
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disburseme Printing Services, po		Aggregate Year-to-date	\$7,275.36
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	02/28/2023	\$134.28
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disburseme Travel Reimburseme	ANTONIA DE LA PROPORTIONA DEPURDA DE LA PROPORTIONA DE LA PORTIONA DE LA PROPORTIONA DE LA PORTIONA DE	Aggregate Year-to-date	\$3,450.45
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	02/24/2023	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disburseme Data Services	ent (Optional)	Aggregate Year-to-date	\$300.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	01/24/2023	\$750.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburseme Media Production	ent (Optional)	Aggregate Year-to-date	\$39,810.00
Full Name	Internal Revenue Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	Department of the Treasury Internal Revenue Service Cε	04/14/2023	\$5,424.00
City, State, Zip Code	Ogden, UT 84201-0001		-
Purpose of Disburseme Payroll Tax Expense	155 (E) (E)	Aggregate Year-to-date	\$13,311.00
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	04/12/2023	\$1,096.95
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disburseme Printing Services, po		Aggregate Year-to-date	\$16,889.06

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Full Name			Aggregate Total Running
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	02/28/2023	\$2,906.59
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursem Processing Fees	ent (Optional)	Aggregate	\$3,502.31
Full Name		Year-to-date	
	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	04/30/2023	\$3,299.01
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disburseme Processing Fees	ent (Optional)	Aggregate Year-to-date	\$8,582.90
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	03/31/2023	\$1,781.58
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disburseme Processing Fees	ent (Optional)	Aggregate Year-to-date	\$5,283.89
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	02/21/2023	\$74,925.67
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disburseme Consulting Services	(1865년 - 1815년) (1874년 1975년) (1874년 - 1874년 -	Aggregate Year-to-date	\$150,736.15
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	04/18/2023	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		A CONTRACTOR OF THE CONTRACTOR
Purpose of Disburseme Data Services	ent (Optional)	Aggregate Year-to-date	\$600.00
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	01/19/2023	\$10,000.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disburseme		Aggregate Year-to-date	\$16,500.00

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Date Filed: 5/10/2023

# ITEMIZED DISBURS

Michael Watson

P. U. N	TI EIVIIZED DISDOICE	Secretary of State	Aggregate Total Running
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	04/03/2023	\$608.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disburseme Storage Fees	ent (Optional)	Aggregate Year-to-date	\$2,372.00
Full Name	ABC Rental Center	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3000 Hewes Ave	03/22/2023	\$494.23
City, State, Zip Code	Gulfport, MS 39507-2303		
Purpose of Disbursemon Event Rental Suppli	20-20-21	Aggregate Year-to-date	\$494.23
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	03/08/2023	\$240.43
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disburseme Printing Services	ent (Optional)	Aggregate Year-to-date	\$11,832.48
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	01/31/2023	\$595.72
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursem Processing Fees	ent (Optional)	Aggregate Year-to-date	\$595.72
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	03/17/2023	\$450.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$1,200.00
Full Name	Cadence Insurance	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 250	01/03/2023	\$27,436.00
City, State, Zip Code	Gulfport, MS 39502-0250		
Purpose of Disbursem Insurance	ent (Optional)	Aggregate Year-to-date	\$27,436.00

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01/01/2023 through 02 Ref No: CF202328872 Date Filed: 5/10/2023

### ITEMIZED DISBURS

**Michael Watson** 

	ITEMIZED DISE	Secretary of State	Aggregate Total Running
Full Name	ABC Signs & Shirts	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5851 Larue Steiner Road	04/27/2023	\$20,000.00
City, State, Zip Code	Theodore, AL 36582		
Purpose of Disbursem Printed Materials	ent (Optional)	Aggregate Year-to-date	\$20,000.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	03/20/2023	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$450.00
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	03/22/2023	\$2,500.00
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem Consulting	ent (Optional)	Aggregate Year-to-date	\$6,359.76
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	04/12/2023	\$8.00
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$2,875.66
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	01/23/2023	\$3,587.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	ent (Optional)	Aggregate Year-to-date	\$3,587.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	03/14/2023	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburser Media Production	nent (Optional)	Aggregate Year-to-date	\$102,802.00

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### ITEMIZED DISBURS

Date Filed: 5/10/2023 Michael Watson Secretary of State

	LI EMIZED DISBO	Secretary of State	Aggregate Total Running
Full Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E. South Street	04/21/2023	\$14.25
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disburseme Postage	ent (Optional)	Aggregate Year-to-date	\$352.20
Full Name	Haddox Reid Eubank Betts, PLLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Drawer 22507	03/02/2023	\$4,589.12
City, State, Zip Code	Jackson, MS 39225-2507		The state of the s
Purpose of Disburseme Accounting Services	Constant on Monta Personal American Instantian (Constantian Constantian Consta	Aggregate Year-to-date	\$4,589.12
Full Name	Premium Consulting Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane	02/28/2023	\$2,000.00
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disburseme Consulting Services	5 (5) (25)	Aggregate Year-to-date	\$4,000.00
Full Name	AmTrust North America	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 6939	04/24/2023	\$1,618.00
City, State, Zip Code	Cleveland, OH 44101-1939		
Purpose of Disburseme Insurance fee	ent (Optional)	Aggregate Year-to-date	\$1,618.00
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	01/03/2023	\$6,500.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disburseme Consulting Services		Aggregate Year-to-date	\$6,500.00
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	01/30/2023	\$305.50
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursemo	334M THE SEA OF THE STORE STANDING (THE SEA	Aggregate Year-to-date	\$1,805.50

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### ITEMIZED DISBURS

Date Filed: 5/10/2023 Michael Watson Secretary of State

	LI EMIZED DISE	Secretary of State	Aggregate Total Running
Full Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E. South Street	01/09/2023	\$1.20
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disburser Postage	ment (Optional)	Aggregate Year-to-date	\$1.20
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 60	03/23/2023	\$2,050.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disburser Rent for office spa		Aggregate Year-to-date	\$2,050.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	01/17/2023	\$300.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburser Media Production	ment (Optional)	Aggregate Year-to-date	\$300.00
Full Name	Ana Marina Ingham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	122 Langdon Drive	04/28/2023	\$3,338.75
City, State, Zip Code	Madison, MS 39110-7076		
Purpose of Disburser Payroll	ment (Optional)	Aggregate Year-to-date	\$3,338.75
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	03/27/2023	\$1,404.51
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen Wireless Services	nent (Optional)	Aggregate Year-to-date	\$2,820.32
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 60	04/03/2023	\$2,050.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursen Rent for office spa	1000 1000 P. 1 (1000 10 Prop. 12 10 P. 10	Aggregate Year-to-date	\$15,100.00

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ITEMIZED DISBURS

	TI EIVIIZED DIODOTA	Secretary of State	Aggregate Total Dumning
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	01/03/2023	\$10,792.94
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursen	nent (Optional)	Aggregate	
Printing Services	(-p.nonal)	Year-to-date	\$10,792.94
Full Name	SoDelta Candle Company	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	308 South Gamwyn Park Drive	03/15/2023	\$321.00
City, State, Zip Code	Greenville, MS 38701-6391		
Purpose of Disbursen Event Expense	nent (Optional)	Aggregate Year-to-date	\$321.00
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	04/18/2023	\$515.54
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursen Printing Services, p	3 A - 3A	Aggregate Year-to-date	\$20,017.98
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	03/31/2023	\$382.73
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$12,215.21
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	01/31/2023	\$110.39
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursen Bank Fee	nent (Optional)	Aggregate Year-to-date	\$110.39
Full Name	James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	04/03/2023	\$6,000.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$12,000.00

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#### ITEMIZED DISBURS

	TIEMIZED DISBURS s	Secretary of State	Aggregate Total Running
Full Name	Internal Revenue Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	Department of the Treasury Internal Revenue Service Ce	04/13/2023	\$7,887.00
City, State, Zip Code	Ogden, UT 84201-0001		
Purpose of Disburseme Taxes on interest ea	5 S	Aggregate Year-to-date	\$7,887.00
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	04/18/2023	\$595.94
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disburseme Printing Services, po		Aggregate Year-to-date	\$20,613.92
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	02/17/2023	\$504.51
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disburseme Printing Services	ent (Optional)	Aggregate Year-to-date	\$11,592.05
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	04/07/2023	\$326.16
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburseme Media Production, V		Aggregate Year-to-date	\$103,128.16
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	01/30/2023	\$10.67
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disburseme Reimbursement for		Aggregate Year-to-date	\$1,816.17
Full Name	U.S. Postal Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	401 E. South Street	04/17/2023	\$4.75
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disburseme Postage	ent (Optional)	Aggregate Year-to-date	\$337.95

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Date Filed: 5/10/2023 **Michael Watson** 

	TI LIVIIZED DISBU	Secretary of State	Aggregate Total Running
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	01/03/2023	\$294.60
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disburser Printing Services	ment (Optional)	Aggregate Year-to-date	\$11,087.54
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	02/02/2023	\$578.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursen Storage Fees	nent (Optional)	Aggregate Year-to-date	\$1,156.00
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	03/02/2023	\$608.00
City, State, Zip Code	Flowood, MS 39232-8978		ž
Purpose of Disbursen Storage Fees	nent (Optional)	Aggregate Year-to-date	\$1,764.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	04/10/2023	\$47.34
City, State, Zip Code	Meadville, MS 39653-0519	2	
Purpose of Disbursen Wireless Services	nent (Optional)	Aggregate Year-to-date	\$2,867.66
Full Name	Mitchell's Special Events & Catering	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1203 Hampton Drive	04/14/2023	\$1,243.00
City, State, Zip Code	Brookhaven, MS 39601-2699		
Purpose of Disbursen Catering/Event Exp		Aggregate Year-to-date	\$1,243.00
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	02/02/2023	\$9,000.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursen Consulting Service	550 0 100 100 100 100 100 100 100 100 10	Aggregate Year-to-date	\$25,500.00

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	LI EMIZED DISBUI	Secretary of State	Aggregate Total Running
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 60	03/29/2023	\$11,000.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursemon Research	ent (Optional)	Aggregate Year-to-date	\$13,050.00
Full Name	PT Strategy LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1223 Aldebraran Dr.	04/03/2023	\$2,500.00
City, State, Zip Code	Mc Lean, VA 22101-2304		
Purpose of Disburseme Consulting Services	State of the state	Aggregate Year-to-date	\$2,500.00
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	02/28/2023	\$1,930.37
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disburseme Printing Services, po	NO 2X ATO	Aggregate Year-to-date	\$3,740.16
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	02/08/2023	\$57.34
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disburseme Wireless Services	ent (Optional)	Aggregate Year-to-date	\$1,415.81
Full Name	The Manship	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1200 N State St #100	04/24/2023	\$4,536.39
City, State, Zip Code	Jackson, MS 39202-2000		
Purpose of Disburseme Event Expense	ent (Optional)	Aggregate Year-to-date	\$5,351.29
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	01/27/2023	\$512.95
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursement (Optional) Printing Services, postage		Aggregate Year-to-date	\$512.95

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ITEMIZED DISBURS Michael Watson Secretary of State

			Aggregate Total Running
Full Name	James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	01/31/2023	\$3,000.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disburse Consulting	ment (Optional)	Aggregate Year-to-date	\$3,000.00
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	01/27/2023	\$1,296.84
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disburse Printing Services,		Aggregate Year-to-date	\$1,809.79