

Amendment

SECRETARY OF STATE

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Jan through 4.10 Report

RECEIVED

By Secretary of State Elections Division at 4:37 pm, May 11, 2023

Name of Candidate Brandon PresleyAddress PO Box 208City/State/Zip Nettleton, MS 38858

Telephone (Work) _____

(Home) (202) 552-0221

(Fax) _____

Contact Name Rachel HeadleyEmail Address info@brandonpresley.comOffice Sought Governor☐ Check here if above is different from previous report**TYPE OF REPORT**
☒ **Wednesday, May 10, 2023** (January 1, 2023 through April 30, 2023) **Jan through 4.10 Report**
☐ **Termination Report** (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero dollar cash on hand balance)
Required to terminate reporting obligations**IMPORTANT**

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2023 filing Periodic Reports and have not filed a Termination Report prior to December 31, 2023 . even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) 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 are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (3) Until a candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County district Office candidates file with County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

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

JAN 1, 2023 CASH ON HAND BALANCE

	Itemized (+)	Non-Itemized (=)	Calendar Year-To-Date
TOTAL AMT OF CONTRIBUTIONS	+		
TOTAL AMT OF DISBURSEMENTS	+		

DEC. 31, 2023 CASH ON HAND BALANCE

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

JAN 1, 2023 CASH ON HAND BALANCE	\$727,532.54
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	Itemized (+)	Non-Itemized (=)	Calendar Year-To-Date
TOTAL AMT OF CONTRIBUTIONS	\$1,258,189.51 +	\$146,598.48	\$1,404,787.99
TOTAL AMT OF DISBURSEMENTS	\$515,816.13 +	\$3,916.49	\$519,732.62

DEC. 31, 2023 CASH ON HAND BALANCE	\$1,612,587.91
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I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate and complete.

Ronald Owens
Signature of Candidate

5/11/23
Date

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

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

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name 411 FT LP	02/07/2023	\$1,000.00
Mailing Address PO Box 3948		
City, State, Zip Code Albany, GA 31706-3948		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ann J. Abadie	03/02/2023	\$10.00
Mailing Address 2238 Lee Loop		
City, State, Zip Code Oxford, MS 38655-4920		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$535.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ann J. Abadie	04/11/2023	\$500.00
Mailing Address 2238 Lee Loop		
City, State, Zip Code Oxford, MS 38655-4920		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$535.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ann J. Abadie	04/30/2023	\$25.00
Mailing Address 2238 Lee Loop		
City, State, Zip Code Oxford, MS 38655-4920		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$535.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne T. Adkison	04/24/2023	\$1,000.00
Mailing Address 5406 Lakeview Dr		
City, State, Zip Code Moss Point, MS 39563-2132		
Name of Employer (Required) Riverside Dental Care		
Occupation (Required) Dentist	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cindy Akins	01/13/2023	\$100.00
Mailing Address 95488 Bermuda Dr		
City, State, Zip Code Fernandina Beac, FL 32034-8783		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$425.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cindy Akins	02/28/2023	\$100.00
Mailing Address 95488 Bermuda Dr		
City, State, Zip Code Fernandina Beac, FL 32034-8783		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$425.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cindy Akins	03/07/2023	\$100.00
Mailing Address 95488 Bermuda Dr		
City, State, Zip Code Fernandina Beac, FL 32034-8783		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$425.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cindy Akins	04/07/2023	\$100.00
Mailing Address 95488 Bermuda Dr		
City, State, Zip Code Fernandina Beac, FL 32034-8783		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$425.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cindy Akins	04/26/2023	\$25.00
Mailing Address 95488 Bermuda Dr		
City, State, Zip Code Fernandina Beac, FL 32034-8783		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$425.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Alexander	03/07/2023	\$150.00
Mailing Address 18 Highland Meadows Dr		
City, State, Zip Code Jackson, MS 39211-5949		
Name of Employer (Required) Alexander CPA, LLC		
Occupation (Required) CPA	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Alexander	03/13/2023	\$100.00
Mailing Address 18 Highland Meadows Dr		
City, State, Zip Code Jackson, MS 39211-5949		
Name of Employer (Required) Alexander CPA, LLC		
Occupation (Required) CPA	Aggregate year-to-date	\$350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Alexander	04/18/2023	\$100.00
Mailing Address 18 Highland Meadows Dr		
City, State, Zip Code Jackson, MS 39211-5949		
Name of Employer (Required) Alexander CPA, LLC		
Occupation (Required) CPA	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary A. Alford	03/20/2023	\$1,000.00
Mailing Address 180 Woodbriar Dr		
City, State, Zip Code Kosciusko, MS 39090-9098		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary A. Alford	04/14/2023	\$500.00
Mailing Address 2182 Attala Road 1162		
City, State, Zip Code Kosciusko, MS 39090-6916		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary A. Alford	04/27/2023	\$100.00
Mailing Address 2182 Attala Road 1162		
City, State, Zip Code Kosciusko, MS 39090-6916		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$600.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John C. Allen	04/29/2023	\$300.00
Mailing Address 153 Challain Dr		
City, State, Zip Code Little Rock, AR 72223-5517		
Name of Employer (Required) J.E. Allen Co.		
Occupation (Required) Business Owner	Aggregate year-to-date	\$300.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Allendale Farms, LLC	04/28/2023	\$2,500.00
Mailing Address PO Box 63		
City, State, Zip Code Shelby, MS 38774-0063		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Allendale Farms, LLC	04/28/2023	\$2,500.00
Mailing Address PO Box 63		
City, State, Zip Code Shelby, MS 38774-0063		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roderick Alvendia	04/27/2023	\$1,500.00
Mailing Address 582 Audubon St		
City, State, Zip Code New Orleans, LA 70118-4950		
Name of Employer (Required) AKD Law		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name America Controls Technology	01/31/2023	\$1,000.00
Mailing Address PO Box 153		
City, State, Zip Code Amory, MS 38821-0153		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ann Anderson	03/16/2023	\$250.00
Mailing Address 4029 Northeast Dr		
City, State, Zip Code Jackson, MS 39211-6331		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reuben V. Anderson	04/27/2023	\$2,000.00
Mailing Address PO Box 290		
City, State, Zip Code Jackson, MS 39205-0290		
Name of Employer (Required) Phelps Dunbar		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janice Antonow	01/28/2023	\$50.00
Mailing Address 3336 Whippoorwill Ln		
City, State, Zip Code Oxford, MS 38655-5311		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$550.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janice Antonow	04/25/2023	\$500.00
Mailing Address 3336 Whippoorwill Ln		
City, State, Zip Code Oxford, MS 38655-5311		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$550.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Apex Clean Energy Holding LLC	03/01/2023	\$1,000.00
Mailing Address 120 Garrett St		
City, State, Zip Code Charlottesville, VA 22902-5613		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alton E. Ashy	04/27/2023	\$5,000.00
Mailing Address PO Box 66575		
City, State, Zip Code Baton Rouge, LA 70896-6575		
Name of Employer (Required) Advanced Strategies, Inc.		
Occupation (Required) Government Relations Consultant	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe Atkins	02/03/2023	\$250.00
Mailing Address 11 County Road 3064		
City, State, Zip Code Oxford, MS 38655-8354		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Professor	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy Atwood	04/07/2023	\$1,000.00
Mailing Address 714 Old Brock Rd		
City, State, Zip Code Weatherford, TX 76088-8708		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Aubrey B Harwell Jr Law Office	03/01/2023	\$1,000.00
Mailing Address 1201 Demonbreun St		
City, State, Zip Code Nashville, TN 37203-3140		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Milla Averett	03/17/2023	\$500.00
Mailing Address 5 Innisbrook Ln		
City, State, Zip Code Shoal Creek, AL 35242-5922		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Deborah Bailey	04/22/2023	\$500.00
Mailing Address 109 1st St		
City, State, Zip Code Grenada, MS 38901-2615		
Name of Employer (Required) First & Green, LLC		
Occupation (Required) Entrepreneur	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Bailey	03/20/2023	\$1,000.00
Mailing Address 140 Chickasaw Dr		
City, State, Zip Code West Point, MS 39773-3270		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Bailey	04/27/2023	\$5,000.00
Mailing Address 78 Grandview Cir		
City, State, Zip Code Brandon, MS 39047-7398		
Name of Employer (Required) Bailey Architect		
Occupation (Required) Architect	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Ballard	01/12/2023	\$100.00
Mailing Address 5488 Turningleaf Cv		
City, State, Zip Code Tupelo, MS 38801-9516		
Name of Employer (Required) Cardinal Health		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Ballard	03/16/2023	\$50.00
Mailing Address 5488 Turningleaf Cv		
City, State, Zip Code Tupelo, MS 38801-9516		
Name of Employer (Required) Cardinal Health		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Ballard	04/30/2023	\$100.00
Mailing Address 5488 Turningleaf Cv		
City, State, Zip Code Tupelo, MS 38801-9516		
Name of Employer (Required) Cardinal Health		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Paul Barber	04/24/2023	\$250.00
Mailing Address 2598 Pass Rd		
City, State, Zip Code Biloxi, MS 39531-2713		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Baria	01/19/2023	\$1,000.00
Mailing Address 544 Main St		
City, State, Zip Code Bay Saint Louis, MS 39520-2730		
Name of Employer (Required) Cosmich Simmons & Brown PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James L. Barksdale	01/25/2023	\$25,000.00
Mailing Address 800 Woodlands Pkwy		
City, State, Zip Code Ridgeland, MS 39157-5200		
Name of Employer (Required) Self Employed		
Occupation (Required) Investor	Aggregate year-to-date	\$50,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James L. Barksdale	04/28/2023	\$25,000.00
Mailing Address 800 Woodlands Pkwy		
City, State, Zip Code Ridgeland, MS 39157-5200		
Name of Employer (Required) Self Employed		
Occupation (Required) Investor	Aggregate year-to-date	\$50,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John D. Barksdale	04/27/2023	\$2,500.00
Mailing Address 1331 3rd St		
City, State, Zip Code New Orleans, LA 70130-5743		
Name of Employer (Required) Alluvian Capital		
Occupation (Required) Business Owner	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marian Barksdale	01/17/2023	\$500.00
Mailing Address 917 Old Taylor Rd		
City, State, Zip Code Oxford, MS 38655-4637		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Barnes	02/07/2023	\$5,000.00
Mailing Address 447 Whitlock Ave SW		
City, State, Zip Code Marietta, GA 30064-2329		
Name of Employer (Required) Barnes Law Group		
Occupation (Required) Attorney	Aggregate year-to-date	\$5,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Navin Barot	04/10/2023	\$500.00
Mailing Address 4640 W Beach Blvd		
City, State, Zip Code Gulfport, MS 39501-1132		
Name of Employer (Required) Gulfport Memorial Hospital		
Occupation (Required) Gastroenterologist		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William M. Bauder	04/24/2023	\$1,000.00
Mailing Address 2718 University Club Dr		
City, State, Zip Code Baton Rouge, LA 70810-0431		
Name of Employer (Required) Dyanasty Healthcare		
Occupation (Required) Business Owner		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Matthew Beasley	01/12/2023	\$1,000.00
Mailing Address 1209 Nichol Ln		
City, State, Zip Code Nashville, TN 37205-4419		
Name of Employer (Required) Silicon Ranch Corporation		
Occupation (Required) Chief Commercial Officer		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Samuel Begley	04/28/2023	\$250.00
Mailing Address 255 Eastbrooke St		
City, State, Zip Code Jackson, MS 39216-4716		
Name of Employer (Required) Begley Law Firm, PLLC		
Occupation (Required) Attorney		
	Aggregate year-to-date	\$500.00
	Aggregate year-to-date	\$1,000.00
	Aggregate year-to-date	\$1,000.00
	Aggregate year-to-date	\$250.00
	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Camille W. Bennett	04/29/2023	\$250.00
Mailing Address PO Box 9		
City, State, Zip Code Scott, AR 72142-0009		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marshall Bennett	04/30/2023	\$500.00
Mailing Address 1803 Howard St		
City, State, Zip Code Jackson, MS 39202-1326		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Martha Bergmark	04/07/2023	\$250.00
Mailing Address 6 Montgomery Ave		
City, State, Zip Code Takoma Park, MD 20912-4615		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Henry Bernstein	02/06/2023	\$1,000.00
Mailing Address 1119 Burgundy St		
City, State, Zip Code New Orleans, LA 70116-2423		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Natalie Bernstein	04/19/2023	\$1,000.00
Mailing Address 2130 E Lake Rd NE		
City, State, Zip Code Atlanta, GA 30307-1836		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barry Bertolet	02/02/2023	\$500.00
Mailing Address 988 Charleston Blvd		
City, State, Zip Code Tupelo, MS 38801-8435		
Name of Employer (Required) Cardiology Associates of North Mississippi		
Occupation (Required) Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Blackmon	04/27/2023	\$1,000.00
Mailing Address 907 W Peace St		
City, State, Zip Code Canton, MS 39046-4126		
Name of Employer (Required) Blackmon & Blackmon, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Blackwelder	03/27/2023	\$250.00
Mailing Address 2603 Pargoud Blvd		
City, State, Zip Code Monroe, LA 71201-2330		
Name of Employer (Required) DataBank IMX		
Occupation (Required) General Manager	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leonard A. Blackwell II	01/31/2023	\$1,000.00
Mailing Address 11867 Lorraine Rd		
City, State, Zip Code Gulfport, MS 39503-3951		
Name of Employer (Required) Brunini Law Firm		
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leonard A. Blackwell II	04/24/2023	\$250.00
Mailing Address 11857 Lorraine Rd		
City, State, Zip Code Gulfport, MS 39503-3951		
Name of Employer (Required) Brunini Law Firm		
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Katherine T. Blessey	04/24/2023	\$250.00
Mailing Address 6 Dell Dr		
City, State, Zip Code Oxford, MS 38655-4324		
Name of Employer (Required) Chateau Blessay		
Occupation (Required) Business Owner		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tamalane Blessey	04/24/2023	\$250.00
Mailing Address 766 Arbor Station Dr		
City, State, Zip Code Long Beach, MS 39560-5739		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Matthew Block	04/27/2023	\$1,000.00
Mailing Address 422 E 1st St		
City, State, Zip Code Thibodaux, LA 70301-3328		
Name of Employer (Required) Block Firm, LLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Helen Boone	01/25/2023	\$100.00
Mailing Address 3727 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3606		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Helen Boone	01/25/2023	\$100.00
Mailing Address 3727 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3606		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Helen Boone	03/11/2023	\$100.00
Mailing Address 3727 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3606		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Helen Boone	04/25/2023	\$100.00
Mailing Address 3727 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3606		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Boonin	02/08/2023	\$250.00
Mailing Address 203 Riverview Rd		
City, State, Zip Code Swarthmore, PA 19081-1217		
Name of Employer (Required) TBG Consulting		
Occupation (Required) Economist	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Boonin	04/19/2023	\$100.00
Mailing Address 203 Riverview Rd		
City, State, Zip Code Swarthmore, PA 19081-1217		
Name of Employer (Required) TBG Consulting		
Occupation (Required) Economist	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Booth	04/27/2023	\$250.00
Mailing Address 2829 NE 33rd Ct		
City, State, Zip Code Fort Lauderdale, FL 33306-2028		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Bostick	04/12/2023	\$2,500.00
Mailing Address 35 County Road 84		
City, State, Zip Code Golden, MS 38847-7785		
Name of Employer (Required) Sunshine Homes		
Occupation (Required) Manager	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Juanita Boutin	01/19/2023	\$100.00
Mailing Address PO Box 400		
City, State, Zip Code Oxford, MS 38655-0400		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Juanita Boutin	01/31/2023	\$100.00
Mailing Address PO Box 400		
City, State, Zip Code Oxford, MS 38655-0400		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Juanita Boutin	03/07/2023	\$50.00
Mailing Address PO Box 400		
City, State, Zip Code Oxford, MS 38655-0400		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Juanita Boutin	03/16/2023	\$50.00
Mailing Address PO Box 400		
City, State, Zip Code Oxford, MS 38655-0400		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Juanita Boutin	04/07/2023	\$50.00
Mailing Address PO Box 400		
City, State, Zip Code Oxford, MS 38655-0400		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bradford - O'Keefe Funeral Home, Inc.	04/24/2023	\$1,000.00
Mailing Address 611 Jackson Ave		
City, State, Zip Code Ocean Springs, MS 39564-4621		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Russ Bradford	01/12/2023	\$100.00
Mailing Address 1328 Quail Valley Rd		
City, State, Zip Code Nashville, TN 37214-4219		
Name of Employer (Required) Cognosante		
Occupation (Required) Quality Manager	Aggregate year-to-date	\$405.40

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Russ Bradford	02/13/2023	\$55.40
Mailing Address 1328 Quail Valley Rd		
City, State, Zip Code Nashville, TN 37214-4219		
Name of Employer (Required) Cognosante		
Occupation (Required) Quality Manager	Aggregate year-to-date	\$405.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Russ Bradford	04/28/2023	\$250.00
Mailing Address 1328 Quail Valley Rd		
City, State, Zip Code Nashville, TN 37214-4219		
Name of Employer (Required) Cognosante		
Occupation (Required) Quality Manager	Aggregate year-to-date	\$405.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Allen Bradley	04/25/2023	\$400.00
Mailing Address 1271 Fairview Rd NE		
City, State, Zip Code Atlanta, GA 30306-4661		
Name of Employer (Required) Moye White		
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Bradley	01/18/2023	\$1,000.00
Mailing Address 107 Philip Rd		
City, State, Zip Code Oxford, MS 38655-2013		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Bradley	01/28/2023	\$1,000.00
Mailing Address 107 Philip Rd		
City, State, Zip Code Oxford, MS 38655-2013		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Bradley	02/17/2023	\$1,000.00
Mailing Address 107 Philip Rd		
City, State, Zip Code Oxford, MS 38655-2013		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Bradley	02/28/2023	\$500.00
Mailing Address 107 Philip Rd		
City, State, Zip Code Oxford, MS 38655-2013		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Bradley	03/27/2023	\$1,000.00
Mailing Address 107 Philip Rd		
City, State, Zip Code Oxford, MS 38655-2013		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Bradley	04/27/2023	\$1,000.00
Mailing Address 107 Philip Rd		
City, State, Zip Code Oxford, MS 38655-2013		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Breathitt	01/26/2023	\$1,000.00
Mailing Address 1405 Pendennis Cir		
City, State, Zip Code Lexington, KY 40502-2823		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Brenke	03/28/2023	\$500.00
Mailing Address 3230 Dijon Ave		
City, State, Zip Code Ocean Springs, MS 39564-8520		
Name of Employer (Required) Strat S.P.A., LLC		
Occupation (Required) Consultant	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David E. Brevard	01/20/2023	\$700.00
Mailing Address 805 Oak Grove Rd		
City, State, Zip Code Tupelo, MS 38804-2031		
Name of Employer (Required) B & B Concrete Co., Inc.		
Occupation (Required) President	Aggregate year-to-date	\$1,200.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David E. Brevard	04/24/2023	\$500.00
Mailing Address 805 Oak Grove Rd		
City, State, Zip Code Tupelo, MS 38804-2031		
Name of Employer (Required) B & B Concrete Co., Inc.		
Occupation (Required) President	Aggregate year-to-date	\$1,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shawn S. Brevard	01/20/2023	\$700.00
Mailing Address 805 Oak Grove Rd		
City, State, Zip Code Tupelo, MS 38804-2031		
Name of Employer (Required) Mississippi Arts Commission		
Occupation (Required) Commissioner	Aggregate year-to-date	\$1,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shawn S. Brevard	04/24/2023	\$500.00
Mailing Address 805 Oak Grove Rd		
City, State, Zip Code Tupelo, MS 38804-2031		
Name of Employer (Required) Mississippi Arts Commission		
Occupation (Required) Commissioner	Aggregate year-to-date	\$1,200.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Morton Brilliant	03/30/2023	\$250.00
Mailing Address 101 Duddington Pl SE		
City, State, Zip Code Washington, DC 20003-2610		
Name of Employer (Required) The Strategy Group		
Occupation (Required) Consultant	Aggregate year-to-date	\$253.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Morton Brilliant	03/30/2023	\$3.00
Mailing Address 101 Duddington Pl SE		
City, State, Zip Code Washington, DC 20003-2610		
Name of Employer (Required) The Strategy Group		
Occupation (Required) Consultant	Aggregate year-to-date	\$253.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Travis Brimm	04/28/2023	\$250.00
Mailing Address 1352 Parkwood Pl NW		
City, State, Zip Code Washington, DC 20010-1315		
Name of Employer (Required) Democratic Secretaries of State Committee		
Occupation (Required) Executive Director	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cindy Brown	03/31/2023	\$250.00
Mailing Address 219 Carol Ln		
City, State, Zip Code Oxford, MS 38655-3403		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cindy Brown	04/11/2023	\$50.00
Mailing Address 219 Carol Ln		
City, State, Zip Code Oxford, MS 38655-3403		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gaydrea D. Brown	04/29/2023	\$500.00
Mailing Address 1 Hallen Ct		
City, State, Zip Code Little Rock, AR 72223-5092		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy Brown	01/19/2023	\$500.00
Mailing Address 512 Northpointe Loop		
City, State, Zip Code Oxford, MS 38655-7718		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Felicia Brown-Williams	03/16/2023	\$250.00
Mailing Address 4010 Council Cir		
City, State, Zip Code Jackson, MS 39206-5813		
Name of Employer (Required) David & Lucile Packard Foundation		
Occupation (Required) Advisor	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Felicia Brown-Williams	04/14/2023	\$50.00
Mailing Address 4010 Council Cir		
City, State, Zip Code Jackson, MS 39206-5813		
Name of Employer (Required) David & Lucile Packard Foundation		
Occupation (Required) Advisor	Aggregate year-to-date	\$300.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nora Brownell	01/30/2023	\$1,000.00
Mailing Address 105 Pommander Walk		
City, State, Zip Code Alexandria, VA 22314-3844		
Name of Employer (Required) Espy Energy Solutions		
Occupation (Required) Consultant		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Bryan	02/28/2023	\$500.00
Mailing Address 1977 Old Waverly Rd		
City, State, Zip Code West Point, MS 39773		
Name of Employer (Required) Self Employed		
Occupation (Required) Prairie Wildlife		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James D. Bryan	04/04/2023	\$1,000.00
Mailing Address PO Box 636		
City, State, Zip Code West Point, MS 39773-0636		
Name of Employer (Required) Prairie Wildlife Preserve		
Occupation (Required) Business Owner		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James D. Bryan	04/28/2023	\$400.00
Mailing Address PO Box 636		
City, State, Zip Code West Point, MS 39773-0636		
Name of Employer (Required) Prairie Wildlife Preserve		
Occupation (Required) Business Owner		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James D. Bryan	04/28/2023	\$400.00
Mailing Address PO Box 636		
City, State, Zip Code West Point, MS 39773-0636		
Name of Employer (Required) Prairie Wildlife Preserve		
Occupation (Required) Business Owner		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James D. Bryan	04/28/2023	\$400.00
Mailing Address PO Box 636		
City, State, Zip Code West Point, MS 39773-0636		
Name of Employer (Required) Prairie Wildlife Preserve		
Occupation (Required) Business Owner		

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bud Coley Trucking	02/08/2023	\$1,000.00
Mailing Address PO Box 3068		
City, State, Zip Code Tupelo, MS 38803-3068		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alice C. Burnett	04/24/2023	\$250.00
Mailing Address PO Box 1133		
City, State, Zip Code Ocean Springs, MS 39566-1133		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Busby	04/23/2023	\$500.00
Mailing Address 4607 Sharman St		
City, State, Zip Code Houston, TX 77009-3248		
Name of Employer (Required) IAMS		
Occupation (Required) Agent	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Butler	03/17/2023	\$250.00
Mailing Address 2110 Brackenshire Cir		
City, State, Zip Code Jackson, MS 39211-5836		
Name of Employer (Required) GranthamPoole, PLLC		
Occupation (Required) Accountant	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thorne Butler	02/15/2023	\$100.00
Mailing Address 3942 Oakridge Dr		
City, State, Zip Code Jackson, MS 39216-3411		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thorne Butler	04/27/2023	\$250.00
Mailing Address 3942 Oakridge Dr		
City, State, Zip Code Jackson, MS 39216-3411		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glenn Butt	04/17/2023	\$500.00
Mailing Address 438 Millbrook Pkwy		
City, State, Zip Code Picayune, MS 39466-2322		
Name of Employer (Required) Self Employed		
Occupation (Required) Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name M. Buttross Brinegar	03/27/2023	\$250.00
Mailing Address 314 Balboa Dr		
City, State, Zip Code Hattiesburg, MS 39402-9538		
Name of Employer (Required) Children's Center for Communication & Development		
Occupation (Required) Director	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jayne Buttross	01/19/2023	\$100.00
Mailing Address 329 E Mayes St		
City, State, Zip Code Jackson, MS 39206-5718		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jayne Buttross	03/27/2023	\$250.00
Mailing Address 329 E Mayes St		
City, State, Zip Code Jackson, MS 39206-5718		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James N. Butts	02/21/2023	\$500.00
Mailing Address 703 N 7th Ave		
City, State, Zip Code Laurel, MS 39440-3468		
Name of Employer (Required) Wayne Sanderson Farms		
Occupation (Required) Manager	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bob Byrd	01/22/2023	\$250.00
Mailing Address 2670 Oakhurst Cv		
City, State, Zip Code Germantown, TN 38139-6850		
Name of Employer (Required) Bank of Bartlett		
Occupation (Required) CEO	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tommy D. Cable	02/08/2023	\$500.00
Mailing Address 101 S Main St		
City, State, Zip Code Booneville, MS 38829-3310		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bo Calhoun	03/10/2023	\$500.00
Mailing Address 2162 Pecan Hill Ln		
City, State, Zip Code Tupelo, MS 38801-7147		
Name of Employer (Required) Cardiology Associates of North Mississippi		
Occupation (Required) Physician	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Camp Brothers Real Estate LLC	01/31/2023	\$1,000.00
Mailing Address 104 1/2 Maxwell St		
City, State, Zip Code Starkville, MS 39759-3422		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Campbell	04/28/2023	\$500.00
Mailing Address 835 Avondale St		
City, State, Zip Code Jackson, MS 39216-3316		
Name of Employer (Required) Bradley		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffrey Cantin	01/25/2023	\$1,000.00
Mailing Address 5804 River Oaks Rd S		
City, State, Zip Code New Orleans, LA 70123-2155		
Name of Employer (Required) Solar Alternatives		
Occupation (Required) Manager	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Magnolia LLC	02/15/2023	\$200.00
Mailing Address PO Box 1395		
City, State, Zip Code Jackson, MS 39215-1395		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$400.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Magnolia LLC	02/15/2023	\$200.00
Mailing Address PO Box 1395		
City, State, Zip Code Jackson, MS 39215-1395		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$400.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carby & Carby P.C.	03/20/2023	\$1,000.00
Mailing Address PO Box 1047		
City, State, Zip Code Natchez, MS 39121-1047		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carpenter Construction Company	01/31/2023	\$2,500.00
Mailing Address PO Box 1608		
City, State, Zip Code Grenada, MS 38902-1608		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carpenter Construction Company	04/14/2023	\$2,500.00
Mailing Address PO Box 1608		
City, State, Zip Code Grenada, MS 38902-1608		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dorsey R. Carson Jr	01/12/2023	\$1,000.00
Mailing Address 2431 Lake Cir		
City, State, Zip Code Jackson, MS 39211-6622		
Name of Employer (Required) Carson Law Group, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dorsey R. Carson Jr	02/20/2023	\$2,500.00
Mailing Address 2431 Lake Cir		
City, State, Zip Code Jackson, MS 39211-6622		
Name of Employer (Required) Carson Law Group, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$3,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lee Carson	02/01/2023	\$500.00
Mailing Address 2288 Waggoner Rd		
City, State, Zip Code Carthage, MS 39051-9303		
Name of Employer (Required) N. L. Carson Construction Co, Inc.		
Occupation (Required) Construction	Aggregate year-to-date	\$1,600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lee Carson	02/28/2023	\$500.00
Mailing Address 2288 Waggoner Rd		
City, State, Zip Code Carthage, MS 39051-9303		
Name of Employer (Required) N. L. Carson Construction Co, Inc.		
Occupation (Required) Construction	Aggregate year-to-date	\$1,600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lee Carson	03/16/2023	\$100.00
Mailing Address 2288 Waggoner Rd		
City, State, Zip Code Carthage, MS 39051-9303		
Name of Employer (Required) N. L. Carson Construction Co, Inc.		
Occupation (Required) Construction	Aggregate year-to-date	\$1,600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lee Carson	04/18/2023	\$500.00
Mailing Address 2288 Waggoner Rd		
City, State, Zip Code Carthage, MS 39051-9303		
Name of Employer (Required) N. L. Carson Construction Co, Inc.		
Occupation (Required) Construction	Aggregate year-to-date	\$1,600.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Alexander Carson	03/20/2023	\$250.00
Mailing Address 400 Westover Dr		
City, State, Zip Code Clarksdale, MS 38614-9773		
Name of Employer (Required) Merkel & Cocke		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ricky Cash	02/22/2023	\$500.00
Mailing Address 350 Sunset Dr		
City, State, Zip Code Grenada, MS 38901-4613		
Name of Employer (Required) Quickcare Pharmacy		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name CBS Properties LLC	01/31/2023	\$1,000.00
Mailing Address PO Box 70		
City, State, Zip Code Flora, MS 39071-0070		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Julie Chaffin	01/12/2023	\$500.00
Mailing Address 142 Northwind Dr		
City, State, Zip Code Brandon, MS 39047-8680		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$525.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Julie Chaffin	04/26/2023	\$25.00
Mailing Address 142 Northwind Dr		
City, State, Zip Code Brandon, MS 39047-8680		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$525.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lindsey Cheek	04/27/2023	\$2,500.00
Mailing Address 2207 Octavia St		
City, State, Zip Code New Orleans, LA 70115-6563		
Name of Employer (Required) The Cheek Law Firm, LLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Willy E. Cherry Sr	02/13/2023	\$250.00
Mailing Address 17 Christy Dr		
City, State, Zip Code Cleveland, MS 38732-8780		
Name of Employer (Required) Healthcare Plus		
Occupation (Required) Deputy Administrator	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Travis Childers	04/27/2023	\$1,000.00
Mailing Address 100 Grand Vw		
City, State, Zip Code Booneville, MS 38829-5914		
Name of Employer (Required) Childers Realty & Associates		
Occupation (Required) Real Estate Broker	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas E. Childs Jr	04/24/2023	\$5,000.00
Mailing Address PO Box 1429		
City, State, Zip Code Fulton, MS 38843-5029		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James L. Chrisman	04/26/2023	\$1,000.00
Mailing Address 2208 Shoreline Dr		
City, State, Zip Code Tupelo, MS 38804-1118		
Name of Employer (Required) Self Employed		
Occupation (Required) Dentist		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Christensen	04/13/2023	\$2,500.00
Mailing Address 24 Shady Creek Trl NE		
City, State, Zip Code Brookhaven, MS 39601-3691		
Name of Employer (Required) King's Daughters Medical Center		
Occupation (Required) Healthcare Administration		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Clark	01/25/2023	\$1,000.00
Mailing Address 110 Olympia Flds		
City, State, Zip Code Jackson, MS 39211-2509		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		
	Aggregate year-to-date	\$4,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Clark	01/30/2023	\$1,000.00
Mailing Address 110 Olympia Flds		
City, State, Zip Code Jackson, MS 39211-2509		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$4,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Clark	03/28/2023	\$2,500.00
Mailing Address 110 Olympia Flds		
City, State, Zip Code Jackson, MS 39211-2509		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$4,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Clark	02/07/2023	\$1,000.00
Mailing Address 703 Mantou St		
City, State, Zip Code Pascagoula, MS 39567-7388		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Clark	02/13/2023	\$100.00
Mailing Address 167 Rolling Meadows Rd		
City, State, Zip Code Ridgeland, MS 39157-9488		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Clark	03/21/2023	\$100.00
Mailing Address 167 Rolling Meadows Rd		
City, State, Zip Code Ridgeland, MS 39157-9488		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Clark	04/21/2023	\$100.00
Mailing Address 167 Rolling Meadows Rd		
City, State, Zip Code Ridgeland, MS 39157-9488		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susan Clark	01/26/2023	\$350.00
Mailing Address 2236 Ellicott Dr		
City, State, Zip Code Tallahassee, FL 32308-0916		
Name of Employer (Required) Radey Law Firm		
Occupation (Required) Attorney	Aggregate year-to-date	\$350.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Classic Finishes	02/23/2023	\$1,000.00
Mailing Address PO Box 3236		
City, State, Zip Code Tupelo, MS 38803-3236		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Claude Clayton	04/13/2023	\$500.00
Mailing Address PO Box 755		
City, State, Zip Code Tupelo, MS 38802-0755		
Name of Employer (Required) Clayton O'Donnell, PLLC		
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Claude Clayton	04/28/2023	\$500.00
Mailing Address PO Box 755		
City, State, Zip Code Tupelo, MS 38802-0755		
Name of Employer (Required) Clayton O'Donnell, PLLC		
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Cliett	04/23/2023	\$500.00
Mailing Address 1711 Center St		
City, State, Zip Code Little Rock, AR 72206-1416		
Name of Employer (Required) Mitchell Williams Law Firm		
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Henry L. Coaxum Jr	01/31/2023	\$100.00
Mailing Address 231 Harbor Cir		
City, State, Zip Code New Orleans, LA 70126-1103		
Name of Employer (Required) Coaxum Enterprises		
Occupation (Required) Restaurateur		
	Aggregate year-to-date	\$1,000.00
	Aggregate year-to-date	\$1,000.00
	Aggregate year-to-date	\$500.00
	Aggregate year-to-date	\$350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Henry L. Coaxum Jr		04/24/2023	\$250.00
Mailing Address 231 Harbor Cir			
City, State, Zip Code New Orleans, LA 70126-1103			
Name of Employer (Required) Coaxum Enterprises			
Occupation (Required) Restauranteur		Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frances M. Coleman		02/02/2023	\$10.00
Mailing Address 108 Royal Garden Ter			
City, State, Zip Code Madison, MS 39110-7637			
Name of Employer (Required) Not Employed			
Occupation (Required) Not Employed		Aggregate year-to-date	\$295.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frances M. Coleman		02/28/2023	\$250.00
Mailing Address 108 Royal Garden Ter			
City, State, Zip Code Madison, MS 39110-7637			
Name of Employer (Required) Not Employed			
Occupation (Required) Not Employed		Aggregate year-to-date	\$295.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frances M. Coleman		04/14/2023	\$10.00
Mailing Address 108 Royal Garden Ter			
City, State, Zip Code Madison, MS 39110-7637			
Name of Employer (Required) Not Employed			
Occupation (Required) Not Employed		Aggregate year-to-date	\$295.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frances M. Coleman	04/29/2023	\$25.00
Mailing Address 108 Royal Garden Ter		
City, State, Zip Code Madison, MS 39110-7637		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$295.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Coleman	02/28/2023	\$250.00
Mailing Address 108 Royal Garden Ter		
City, State, Zip Code Madison, MS 39110-7637		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Coleman	04/20/2023	\$200.00
Mailing Address 108 Royal Garden Ter		
City, State, Zip Code Madison, MS 39110-7637		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilbur O. Colom	04/04/2023	\$1,000.00
Mailing Address PO Box 101		
City, State, Zip Code Columbus, MS 39703-0101		
Name of Employer (Required) The Colom Law Firm LLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilbur O. Colom	04/30/2023	\$1,000.00
Mailing Address PO Box 101		
City, State, Zip Code Columbus, MS 39703-0101		
Name of Employer (Required) The Colom Law Firm LLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jonathan Compretta	04/20/2023	\$1,000.00
Mailing Address 4254 Berlin Dr		
City, State, Zip Code Jackson, MS 39211-6017		
Name of Employer (Required) Bernstein Litowitz Berger & Grossmann, LLP		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Conville	03/27/2023	\$250.00
Mailing Address 104 Cherokee Ct		
City, State, Zip Code Hattiesburg, MS 39401-7036		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John A. Conway Jr	02/04/2023	\$50.00
Mailing Address 202 Brae Burn Dr		
City, State, Zip Code Jackson, MS 39211-2504		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John A. Conway Jr	02/28/2023	\$250.00
Mailing Address 202 Brae Burn Dr		
City, State, Zip Code Jackson, MS 39211-2504		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Toni Cooley	04/02/2023	\$2,500.00
Mailing Address 1028 Whitsett Walk		
City, State, Zip Code Jackson, MS 39206-6158		
Name of Employer (Required) Systems Electro Coating		
Occupation (Required) Business Owner	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blake Corley	04/27/2023	\$1,000.00
Mailing Address 900 Fern St		
City, State, Zip Code New Orleans, LA 70118-3953		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carl Cottingham	02/27/2023	\$250.00
Mailing Address 140 Lela Ln		
City, State, Zip Code Greenville, MS 38701-7760		
Name of Employer (Required) The Pantry, Inc.		
Occupation (Required) Event Planner	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nate Coulter	04/29/2023	\$500.00
Mailing Address PO Box 250112		
City, State, Zip Code Little Rock, AR 72225-0112		
Name of Employer (Required) Central Arkansas Library System		
Occupation (Required) Executive Director	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jackie Courson	04/26/2023	\$250.00
Mailing Address 63 Hidden Crk		
City, State, Zip Code Pontotoc, MS 38863-7514		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Courtney	02/28/2023	\$100.00
Mailing Address PO Box 23126		
City, State, Zip Code Jackson, MS 39225-3126		
Name of Employer (Required) Courtney Elder Law		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Courtney	03/16/2023	\$50.00
Mailing Address PO Box 23126		
City, State, Zip Code Jackson, MS 39225-3126		
Name of Employer (Required) Courtney Elder Law		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Courtney	04/18/2023	\$100.00
Mailing Address PO Box 23126		
City, State, Zip Code Jackson, MS 39225-3126		
Name of Employer (Required) Courtney Elder Law		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Geoffrey Cowan	03/28/2023	\$250.00
Mailing Address 2240 Mandeville Canyon Rd		
City, State, Zip Code Los Angeles, CA 90049-1827		
Name of Employer (Required) USC		
Occupation (Required) Professor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy Crews	01/26/2023	\$1,000.00
Mailing Address 518 N 11th St		
City, State, Zip Code Oxford, MS 38655-3108		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Boyce Crowell	04/30/2023	\$1,000.00
Mailing Address 428 Highway 6 E		
City, State, Zip Code Batesville, MS 38606-3000		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William B. Crowell	03/09/2023	\$5,000.00
Mailing Address 428 Highway 6 E		
City, State, Zip Code Batesville, MS 38606-3000		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Timothy J. Cullen	04/29/2023	\$300.00
Mailing Address PO Box 3255		
City, State, Zip Code Little Rock, AR 72203-3255		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Dabbs	03/20/2023	\$250.00
Mailing Address 5 Turnbury Dr		
City, State, Zip Code Hattiesburg, MS 39401-8229		
Name of Employer (Required) South Central Regional Medical Center		
Occupation (Required) CIO	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrina R. Dace	03/10/2023	\$100.00
Mailing Address 105 Sutter Dr		
City, State, Zip Code Terry, MS 39170-5032		
Name of Employer (Required) VA		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$300.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrina R. Dace	04/18/2023	\$200.00
Mailing Address 105 Sutter Dr		
City, State, Zip Code Terry, MS 39170-5032		
Name of Employer (Required) VA		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Beverly Dale	04/27/2023	\$5,000.00
Mailing Address 245 Del Monte Ave		
City, State, Zip Code Los Altos, CA 94022-1206		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dan Camp Family Real Estate Co	04/03/2023	\$1,000.00
Mailing Address 104 1/2 Maxwell St		
City, State, Zip Code Starkville, MS 39759-3422		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name DB McDaniel PLLC	04/29/2023	\$1,000.00
Mailing Address 1307 W 4th St		
City, State, Zip Code Little Rock, AR 72201-1917		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Doyce Deas	01/30/2023	\$500.00
Mailing Address 645 Highland Cir		
City, State, Zip Code Tupelo, MS 38804-2003		
Name of Employer (Required) Doyce H. Deas Foundation Learning Skills Center		
Occupation (Required) Education	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. William Deas	04/26/2023	\$500.00
Mailing Address 645 Highland Cir		
City, State, Zip Code Tupelo, MS 38804-2003		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heather Denison	03/31/2023	\$100.00
Mailing Address 104 Temple Ter		
City, State, Zip Code Ocean Springs, MS 39564-5402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heather Denison	04/03/2023	\$250.00
Mailing Address 104 Temple Ter		
City, State, Zip Code Ocean Springs, MS 39564-5402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Denman	03/09/2023	\$100.00
Mailing Address 417 Main St		
City, State, Zip Code Winchester, MA 01890-2925		
Name of Employer (Required) Massachusetts General Physicians Organization		
Occupation (Required) Physician	Aggregate year-to-date	\$218.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Denman	04/16/2023	\$93.30
Mailing Address 417 Main St		
City, State, Zip Code Winchester, MA 01890-2925		
Name of Employer (Required) Massachusetts General Physicians Organization		
Occupation (Required) Physician	Aggregate year-to-date	\$218.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Denman	04/30/2023	\$25.00
Mailing Address 417 Main St		
City, State, Zip Code Winchester, MA 01890-2925		
Name of Employer (Required) Massachusetts General Physicians Organization		
Occupation (Required) Physician	Aggregate year-to-date	\$218.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew Dickson	03/08/2023	\$100.00
Mailing Address 807 S 19th Ave		
City, State, Zip Code Hattiesburg, MS 39401-7464		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew Dickson	03/24/2023	\$250.00
Mailing Address 807 S 19th Ave		
City, State, Zip Code Hattiesburg, MS 39401-7464		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Louisa O. Dixon	04/05/2023	\$1,000.00
Mailing Address 25 Executive Dr		
City, State, Zip Code Stoneham, MA 02180-0037		
Name of Employer (Required) Self Employed		
Occupation (Required) Business Consultant	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Double S, INC.	03/30/2023	\$1,000.00
Mailing Address 200 Houston Dr		
City, State, Zip Code Grenada, MS 38901-9002		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bertis Downs	03/24/2023	\$100.00
Mailing Address 738 Cobb St		
City, State, Zip Code Athens, GA 30606-2942		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,100.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bertis Downs	04/15/2023	\$1,000.00
Mailing Address 738 Cobb St		
City, State, Zip Code Athens, GA 30606-2942		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Drake	04/05/2023	\$1,000.00
Mailing Address 1220 Sunset Dr		
City, State, Zip Code Ocean Springs, MS 39564-2943		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Drake	04/24/2023	\$100.00
Mailing Address 1220 Sunset Dr		
City, State, Zip Code Ocean Springs, MS 39564-2943		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne Drinkwater	02/08/2023	\$1,000.00
Mailing Address 106 Waterstone Dr		
City, State, Zip Code Oxford, MS 38655-0009		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne Drinkwater	02/08/2023	\$1,000.00
Mailing Address 106 Waterstone Dr		
City, State, Zip Code Oxford, MS 38655-0009		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired		

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joey Dumas	01/17/2023	\$2,500.00
Mailing Address 14239 Perdido Key Dr		
City, State, Zip Code Pensacola, FL 32507-5236		
Name of Employer (Required) Dumas Law Firm, LLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joey Dumas	04/25/2023	\$5,000.00
Mailing Address 14239 Perdido Key Dr		
City, State, Zip Code Pensacola, FL 32507-5236		
Name of Employer (Required) Dumas Law Firm, LLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Dunagin	03/18/2023	\$250.00
Mailing Address 1302 Fillmore Ave		
City, State, Zip Code Oxford, MS 38655-4424		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Dunbar	03/28/2023	\$1,000.00
Mailing Address 621 N Lamar Blvd		
City, State, Zip Code Oxford, MS 38655-3207		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name R. H. Dunlap	03/09/2023	\$10,000.00
Mailing Address PO Box 720		
City, State, Zip Code Batesville, MS 38606-0720		
Name of Employer (Required) Dunlap & Kyle Co, Inc.		
Occupation (Required) CEO	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dorothy Duval	04/26/2023	\$1,000.00
Mailing Address 1015 Eleonore St		
City, State, Zip Code New Orleans, LA 70115-4310		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ashley Easterling	04/11/2023	\$500.00
Mailing Address 415 Demontluzin Ave		
City, State, Zip Code Bay Saint Louis, MS 39520-3503		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eastside Soulfood Restaurant	03/27/2023	\$250.00
Mailing Address PO Box 1554		
City, State, Zip Code Hattiesburg, MS 39403-1554		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marcia Eaton	04/30/2023	\$250.00
Mailing Address 1031 Justice Rd		
City, State, Zip Code Fulton, MS 38843-9529		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Catherine Edmonson	01/30/2023	\$1,000.00
Mailing Address 1202 S 34th Ave		
City, State, Zip Code Hattiesburg, MS 39402-3060		
Name of Employer (Required) Self Employed		
Occupation (Required) Art Historian	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrea Edney	03/29/2023	\$1,000.00
Mailing Address 16 Arlington Park		
City, State, Zip Code Jackson, MS 39211-2952		
Name of Employer (Required) Butler Snow, LLP		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Daniel Edwards	02/01/2023	\$500.00
Mailing Address 103 S 21st Ave		
City, State, Zip Code Hattiesburg, MS 39401-6002		
Name of Employer (Required) Forrest General Hospital		
Occupation (Required) Faculty Physician	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jonathan Eichelberger	04/29/2023	\$500.00
Mailing Address 741 Gillespie St		
City, State, Zip Code Jackson, MS 39202-1712		
Name of Employer (Required) Eichelberger Law Firm		
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wooten Epes	04/13/2023	\$250.00
Mailing Address 27 Ridgeview Dr		
City, State, Zip Code Little Rock, AR 72227-2339		
Name of Employer (Required) Self Employed		
Occupation (Required) Real Estate		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald Erbach	04/28/2023	\$1,000.00
Mailing Address 2805 Foxcroft Rd		
City, State, Zip Code Little Rock, AR 72227-2410		
Name of Employer (Required) Blackstone Construction, LLC		
Occupation (Required) Project Manager		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis J. Erby	01/24/2023	\$500.00
Mailing Address PO Box 2811		
City, State, Zip Code Columbus, MS 39704-2811		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate year-to-date	\$600.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis J. Erby	02/25/2023	\$100.00
Mailing Address PO Box 2811		
City, State, Zip Code Columbus, MS 39704-2811		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Erby	03/20/2023	\$250.00
Mailing Address PO Box 2611		
City, State, Zip Code Columbus, MS 39704-2611		
Name of Employer (Required) Golden Triangle Development Link		
Occupation (Required) Director	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gail Evans	04/26/2023	\$500.00
Mailing Address 274 County Road 521		
City, State, Zip Code Saltillo, MS 38866-5722		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrick Falkner	01/18/2023	\$100.00
Mailing Address 176 Shady Acres Rd		
City, State, Zip Code Tupelo, MS 38804-2945		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrick Falkner	02/18/2023	\$100.00
Mailing Address 176 Shady Acres Rd		
City, State, Zip Code Tupelo, MS 38804-2945		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrick Falkner	03/18/2023	\$100.00
Mailing Address 176 Shady Acres Rd		
City, State, Zip Code Tupelo, MS 38804-2945		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patrick Falkner	04/18/2023	\$100.00
Mailing Address 176 Shady Acres Rd		
City, State, Zip Code Tupelo, MS 38804-2945		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John B. Farese	01/31/2023	\$2,500.00
Mailing Address 112 Westminster Dr		
City, State, Zip Code Oxford, MS 38655-6099		
Name of Employer (Required) Farese Farese & Farese P. A.		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Madeline Farmer	03/05/2023	\$500.00
Mailing Address 201 S 25th St		
City, State, Zip Code Philadelphia, PA 19103-6004		
Name of Employer (Required) American Water		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alton Farris	02/09/2023	\$42.10
Mailing Address 313 Colony Ridge Ct		
City, State, Zip Code Ridgeland, MS 39157-2032		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,542.10
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alton Farris	03/15/2023	\$1,500.00
Mailing Address 313 Colony Ridge Ct		
City, State, Zip Code Ridgeland, MS 39157-2032		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,542.10
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sarah Faulkner	02/18/2023	\$2,500.00
Mailing Address 108 Sumach St		
City, State, Zip Code Lookout Mountai, TN 37350-1132		
Name of Employer (Required) None		
Occupation (Required) Homemaker	Aggregate year-to-date	\$7,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sarah Faulkner	04/16/2023	\$5,000.00
Mailing Address 108 Sumach St		
City, State, Zip Code Lookout Mountai, TN 37350-1132		
Name of Employer (Required) None		
Occupation (Required) Homemaker	Aggregate year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Calvin Fayard Jr	04/25/2023	\$1,000.00
Mailing Address PO Box 458		
City, State, Zip Code Springfield, LA 70462-0458		
Name of Employer (Required) Calvin C. Fayard, Jr., APC		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Misty L. Feder	04/24/2023	\$1,000.00
Mailing Address 1201 Hillcrest Dr		
City, State, Zip Code Ocean Springs, MS 39564-2814		
Name of Employer (Required) R&B Feder Foundation		
Occupation (Required) Marketing	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Diane Feldman	01/30/2023	\$250.00
Mailing Address 915 Gillespie St		
City, State, Zip Code Jackson, MS 39202-1717		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jean Fenwick	03/30/2023	\$100.00
Mailing Address 208 S Madison St		
City, State, Zip Code Kosciusko, MS 39090-3946		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jean Fenwick	04/13/2023	\$100.00
Mailing Address 208 S Madison St		
City, State, Zip Code Kosciusko, MS 39090-3946		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jean Fenwick	04/27/2023	\$100.00
Mailing Address 208 S Madison St		
City, State, Zip Code Kosciusko, MS 39090-3946		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jean Fenwick	04/30/2023	\$100.00
Mailing Address 208 S Madison St		
City, State, Zip Code Kosciusko, MS 39090-3946		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$400.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walter Ferguson	04/24/2023	\$300.00
Mailing Address 606 Epernay Pl		
City, State, Zip Code Little Rock, AR 72223-5528		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wayne E. Ferrell Jr	02/10/2023	\$500.00
Mailing Address PO Box 24448		
City, State, Zip Code Jackson, MS 39225-4448		
Name of Employer (Required) Law Office of Wayne E Ferrell Jr		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James M. Field	04/24/2023	\$250.00
Mailing Address 8743 W Fairway Dr		
City, State, Zip Code Baton Rouge, LA 70809-1312		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mittie R. Field	04/18/2023	\$250.00
Mailing Address PO Box 1926		
City, State, Zip Code Madison, MS 39130-1926		
Name of Employer (Required) Porter Malouf, P.A.		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Finnell		02/26/2023	\$100.00
Mailing Address PO Box 63			
City, State, Zip Code Rome, GA 30162-0063			
Name of Employer (Required) Self Employed			
Occupation (Required) Attorney		Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Finnell		04/27/2023	\$1,000.00
Mailing Address PO Box 63			
City, State, Zip Code Rome, GA 30162-0063			
Name of Employer (Required) Self Employed			
Occupation (Required) Attorney		Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harold Fiore		01/30/2023	\$100.00
Mailing Address 118 W Jefferson Ave			
City, State, Zip Code Greenwood, MS 38930-3536			
Name of Employer (Required) Not Employed			
Occupation (Required) Not Employed		Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harold Fiore		02/28/2023	\$100.00
Mailing Address 118 W Jefferson Ave			
City, State, Zip Code Greenwood, MS 38930-3536			
Name of Employer (Required) Not Employed			
Occupation (Required) Not Employed		Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harold Fiore	04/08/2023	\$50.00
Mailing Address 118 W Jefferson Ave		
City, State, Zip Code Greenwood, MS 38930-3536		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sarah Flanagan	03/29/2023	\$250.00
Mailing Address 4513 Eastwood Rd		
City, State, Zip Code Jackson, MS 39211-6116		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$264.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sarah Flanagan	04/20/2023	\$14.60
Mailing Address 4513 Eastwood Rd		
City, State, Zip Code Jackson, MS 39211-6116		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$264.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victor Fleitas	03/03/2023	\$500.00
Mailing Address 148 Midway Dr		
City, State, Zip Code Tupelo, MS 38804-2800		
Name of Employer (Required) Victor I. Fleitas, P.A.		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ernest G. Flora IV	01/12/2023	\$250.00
Mailing Address 200 Longest Rd		
City, State, Zip Code Oxford, MS 38655-2216		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Administrator	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	01/18/2023	\$10.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	01/23/2023	\$10.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	01/28/2023	\$5.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	01/29/2023	\$10.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	02/16/2023	\$5.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	02/17/2023	\$25.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	02/22/2023	\$25.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	03/01/2023	\$25.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	03/11/2023	\$25.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	03/18/2023	\$5.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	03/23/2023	\$10.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	04/13/2023	\$15.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	04/22/2023	\$10.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Linda Foshee	04/26/2023	\$25.00
Mailing Address Not Employed		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sammy Fowler	02/06/2023	\$1,000.00
Mailing Address 282 Main St		
City, State, Zip Code Nettleton, MS 38858-6012		
Name of Employer (Required) US Steel		
Occupation (Required) Construction	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tom Foy	02/14/2023	\$250.00
Mailing Address 1881 N Parc Cir		
City, State, Zip Code Tupelo, MS 38804-9774		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terance Frazier	01/14/2023	\$250.00
Mailing Address 2141 Tuolumne St		
City, State, Zip Code Fresno, CA 93721-1235		
Name of Employer (Required) Self Employed		
Occupation (Required) Real Estate Investor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Fredericks	04/10/2023	\$100.00
Mailing Address PO Box 6723		
City, State, Zip Code Gulfport, MS 39506-6723		
Name of Employer (Required) Memorial Health System		
Occupation (Required) Chairman	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Fredericks	04/24/2023	\$250.00
Mailing Address PO Box 6723		
City, State, Zip Code Gulfport, MS 39506-6723		
Name of Employer (Required) Memorial Health System		
Occupation (Required) Chairman	Aggregate year-to-date	\$350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bob Freeman	04/25/2023	\$1,000.00
Mailing Address PO Box 331665		
City, State, Zip Code Nashville, TN 37203-7516		
Name of Employer (Required) Tennessee General Assembly		
Occupation (Required) State Representative	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Freeman	02/21/2023	\$100.00
Mailing Address PO Box 23867		
City, State, Zip Code Nashville, TN 37202		
Name of Employer (Required) Freeman Webb Com		
Occupation (Required) Real Estate	Aggregate year-to-date	\$810.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Freeman	02/26/2023	\$10.00
Mailing Address PO Box 23867		
City, State, Zip Code Nashville, TN 37202		
Name of Employer (Required) Freeman Webb Com		
Occupation (Required) Real Estate	Aggregate year-to-date	\$810.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Freeman	03/29/2023	\$100.00
Mailing Address PO Box 23867		
City, State, Zip Code Nashville, TN 37202		
Name of Employer (Required) Freeman Webb Com		
Occupation (Required) Real Estate	Aggregate year-to-date	\$810.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Freeman	04/17/2023	\$250.00
Mailing Address PO Box 23867		
City, State, Zip Code Nashville, TN 37202		
Name of Employer (Required) Freeman Webb Com		
Occupation (Required) Real Estate	Aggregate year-to-date	\$810.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Freeman	04/17/2023	\$100.00
Mailing Address PO Box 23867		
City, State, Zip Code Nashville, TN 37202		
Name of Employer (Required) Freeman Webb Com		
Occupation (Required) Real Estate	Aggregate year-to-date	\$810.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Freeman	04/29/2023	\$250.00
Mailing Address PO Box 23867		
City, State, Zip Code Nashville, TN 37202		
Name of Employer (Required) Freeman Webb Com		
Occupation (Required) Real Estate	Aggregate year-to-date	\$810.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ray Friedman	04/30/2023	\$250.00
Mailing Address 2510 Barton Ave		
City, State, Zip Code Nashville, TN 37212-4115		
Name of Employer (Required) Vanderbilt University		
Occupation (Required) Professor	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Mississippi Hospitals PAC	04/27/2023	\$250,000.00
Mailing Address 166 Woodgreen Xing		
City, State, Zip Code Madison, MS 39110-4522		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frontier Contracting LLC	03/30/2023	\$1,000.00
Mailing Address 254 Paper Mill Rd		
City, State, Zip Code Grenada, MS 38901-4448		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Fye	02/03/2023	\$25.00
Mailing Address 5439 Ennis Rd		
City, State, Zip Code Starkville, MS 39759-4861		
Name of Employer (Required) Self Employed		
Occupation (Required) Licensed Professional Counselor	Aggregate year-to-date	\$480.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Fye	02/21/2023	\$50.00
Mailing Address 5439 Ennis Rd		
City, State, Zip Code Starkville, MS 39759-4861		
Name of Employer (Required) Self Employed		
Occupation (Required) Licensed Professional Counselor	Aggregate year-to-date	\$480.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Fye	03/12/2023	\$25.00
Mailing Address 5439 Ennis Rd		
City, State, Zip Code Starkville, MS 39759-4861		
Name of Employer (Required) Self Employed		
Occupation (Required) Licensed Professional Counselor	Aggregate year-to-date	\$480.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Fye	03/16/2023	\$250.00
Mailing Address 5439 Ennis Rd		
City, State, Zip Code Starkville, MS 39759-4861		
Name of Employer (Required) Self Employed		
Occupation (Required) Licensed Professional Counselor	Aggregate year-to-date	\$480.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Fye	04/11/2023	\$100.00
Mailing Address 5439 Ennis Rd		
City, State, Zip Code Starkville, MS 39759-4861		
Name of Employer (Required) Self Employed		
Occupation (Required) Licensed Professional Counselor	Aggregate year-to-date	\$480.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Fye	04/16/2023	\$25.00
Mailing Address 5439 Ennis Rd		
City, State, Zip Code Starkville, MS 39759-4861		
Name of Employer (Required) Self Employed		
Occupation (Required) Licensed Professional Counselor	Aggregate year-to-date	\$480.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie Fye	04/27/2023	\$5.00
Mailing Address 5439 Ennis Rd		
City, State, Zip Code Starkville, MS 39759-4861		
Name of Employer (Required) Self Employed		
Occupation (Required) Licensed Professional Counselor	Aggregate year-to-date	\$480.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jan F. Gadow	01/28/2023	\$50.00
Mailing Address 144 Brae Burn Dr		
City, State, Zip Code Jackson, MS 39211-2501		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jan F. Gadow	02/17/2023	\$50.00
Mailing Address 144 Brae Burn Dr		
City, State, Zip Code Jackson, MS 39211-2501		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jan F. Gadow	02/28/2023	\$250.00
Mailing Address 144 Brae Burn Dr		
City, State, Zip Code Jackson, MS 39211-2501		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Graham Gallagher	01/13/2023	\$75.00
Mailing Address 2659 NE 15th St		
City, State, Zip Code Pompano Beach, FL 33062-8255		
Name of Employer (Required) University of Florida		
Occupation (Required) Graduate Researcher	Aggregate year-to-date	\$238.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Graham Gallagher	01/13/2023	\$25.00
Mailing Address 2659 NE 15th St		
City, State, Zip Code Pompano Beach, FL 33062-8255		
Name of Employer (Required) University of Florida		
Occupation (Required) Graduate Researcher	Aggregate year-to-date	\$238.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Graham Gallagher	01/20/2023	\$50.00
Mailing Address 2659 NE 15th St		
City, State, Zip Code Pompano Beach, FL 33062-8255		
Name of Employer (Required) University of Florida		
Occupation (Required) Graduate Researcher	Aggregate year-to-date	\$238.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Graham Gallagher	02/10/2023	\$53.30
Mailing Address 2659 NE 15th St		
City, State, Zip Code Pompano Beach, FL 33062-8255		
Name of Employer (Required) University of Florida		
Occupation (Required) Graduate Researcher	Aggregate year-to-date	\$238.30

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Graham Gallagher	02/17/2023	\$25.00
Mailing Address 2659 NE 15th St		
City, State, Zip Code Pompano Beach, FL 33062-8255		
Name of Employer (Required) University of Florida		
Occupation (Required) Graduate Researcher	Aggregate year-to-date	\$238.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Graham Gallagher	03/20/2023	\$10.00
Mailing Address 2659 NE 15th St		
City, State, Zip Code Pompano Beach, FL 33062-8255		
Name of Employer (Required) University of Florida		
Occupation (Required) Graduate Researcher	Aggregate year-to-date	\$238.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Galloway	01/14/2023	\$500.00
Mailing Address 4672 Trawick Dr		
City, State, Zip Code Jackson, MS 39211-5834		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$608.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Galloway	02/09/2023	\$8.60
Mailing Address 4672 Trawick Dr		
City, State, Zip Code Jackson, MS 39211-5834		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$608.60

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Galloway	02/26/2023	\$100.00
Mailing Address 4672 Trawick Dr		
City, State, Zip Code Jackson, MS 39211-5834		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$608.60
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Geeville Plantation LLC	03/01/2023	\$1,000.00
Mailing Address PO Box 7213		
City, State, Zip Code Tupelo, MS 38802-7213		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Peter Giangreco	03/30/2023	\$250.00
Mailing Address 11489 Marquette Dr		
City, State, Zip Code New Buffalo, MI 49117-9225		
Name of Employer (Required) The Strategy Group		
Occupation (Required) Consultant	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C. C. Gibson III	04/30/2023	\$1,000.00
Mailing Address PO Box 447		
City, State, Zip Code Monticello, AR 71657-0447		
Name of Employer (Required) Gibson & Keith PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brian W. Gildea	03/30/2023	\$500.00
Mailing Address 1105 Park Cir		
City, State, Zip Code Columbus, MS 39701-3520		
Name of Employer (Required) Gildea Enterprises, LLC		
Occupation (Required) Business Owner	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gillespie Law Firm, PLLC	04/24/2023	\$2,000.00
Mailing Address PO Box 850		
City, State, Zip Code Gulfport, MS 39502-0850		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lele W. Gillespie	04/15/2023	\$600.00
Mailing Address 1013 S Lamar Blvd		
City, State, Zip Code Oxford, MS 38655-4739		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Project Coordinator	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Girardi	03/28/2023	\$1,000.00
Mailing Address 5 Burrell Ln		
City, State, Zip Code Rancho Palos Ve, CA 90275-5075		
Name of Employer (Required) Law Offices of John Girardi		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cornelis Gispen	01/24/2023	\$100.00
Mailing Address 1112 S 11th St		
City, State, Zip Code Oxford, MS 38655-4610		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cornelis Gispen	02/15/2023	\$100.00
Mailing Address 1112 S 11th St		
City, State, Zip Code Oxford, MS 38655-4610		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cornelis Gispen	03/07/2023	\$100.00
Mailing Address 1112 S 11th St		
City, State, Zip Code Oxford, MS 38655-4610		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cornelis Gispen	03/13/2023	\$100.00
Mailing Address 1112 S 11th St		
City, State, Zip Code Oxford, MS 38655-4610		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$450.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cornelis Gispen	04/18/2023	\$25.00
Mailing Address 1112 S 11th St		
City, State, Zip Code Oxford, MS 38655-4610		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cornelis Gispen	04/30/2023	\$25.00
Mailing Address 1112 S 11th St		
City, State, Zip Code Oxford, MS 38655-4610		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Goff	02/27/2023	\$250.00
Mailing Address 108 Formosa Dr		
City, State, Zip Code Brandon, MS 39047-7911		
Name of Employer (Required) Carson Law Group, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$281.85
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Goff	03/01/2023	\$31.85
Mailing Address 108 Formosa Dr		
City, State, Zip Code Brandon, MS 39047-7911		
Name of Employer (Required) Carson Law Group, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$281.85

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilson Golden	03/28/2023	\$100.00
Mailing Address 3136 White Magnolia Chase SW		
City, State, Zip Code Gainesville, GA 30504-5587		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilson Golden	04/07/2023	\$50.00
Mailing Address 3136 White Magnolia Chase SW		
City, State, Zip Code Gainesville, GA 30504-5587		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilson Golden	04/27/2023	\$50.00
Mailing Address 3136 White Magnolia Chase SW		
City, State, Zip Code Gainesville, GA 30504-5587		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilson Golden	04/30/2023	\$50.00
Mailing Address 3136 White Magnolia Chase SW		
City, State, Zip Code Gainesville, GA 30504-5587		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elise Gomez-Sanchez	02/14/2023	\$1,000.00
Mailing Address 536 Countryside Pl		
City, State, Zip Code Madison, MS 39110-9301		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Professor	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dustin Granger	04/19/2023	\$250.00
Mailing Address 605 Mill St		
City, State, Zip Code Lake Charles, LA 70601-4318		
Name of Employer (Required) Generation Wealth		
Occupation (Required) Financial Advisor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Garret Gray	04/27/2023	\$5,000.00
Mailing Address 1466 Bienveneda Ave		
City, State, Zip Code Pacific Palisad, CA 90272-2346		
Name of Employer (Required) CoreLogic		
Occupation (Required) Software Executive	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lloyd Gray	03/06/2023	\$500.00
Mailing Address 4931 4th Ave		
City, State, Zip Code Meridian, MS 39305-2026		
Name of Employer (Required) The Phil Hardin Foundation		
Occupation (Required) Executive Director	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John G. Green	03/30/2023	\$1,500.00
Mailing Address PO Box 2068		
City, State, Zip Code Grenada, MS 38902-2068		
Name of Employer (Required) Green Realty Management		
Occupation (Required) Business Owner	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Synarus Green	04/17/2023	\$250.00
Mailing Address 138 Pine Island Dr		
City, State, Zip Code Jackson, MS 39206-3234		
Name of Employer (Required) Green Consulting Group, LLC		
Occupation (Required) Consultant	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tomie Green	01/18/2023	\$100.00
Mailing Address 114 Pine Island Dr		
City, State, Zip Code Jackson, MS 39206-3234		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tomie Green	01/26/2023	\$100.00
Mailing Address 114 Pine Island Dr		
City, State, Zip Code Jackson, MS 39206-3234		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tomie Green	04/20/2023	\$25.00
Mailing Address 114 Pine Island Dr		
City, State, Zip Code Jackson, MS 39206-3234		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Grenfell	01/12/2023	\$500.00
Mailing Address 313 Northbay Dr		
City, State, Zip Code Madison, MS 39110-9174		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francis Gresock	01/30/2023	\$25.00
Mailing Address 609 Washington St		
City, State, Zip Code Natchez, MS 39120-3526		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francis Gresock	02/28/2023	\$25.00
Mailing Address 609 Washington St		
City, State, Zip Code Natchez, MS 39120-3526		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francis Gresock	03/16/2023	\$25.00
Mailing Address 609 Washington St		
City, State, Zip Code Natchez, MS 39120-3526		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francis Gresock	03/31/2023	\$25.00
Mailing Address 609 Washington St		
City, State, Zip Code Natchez, MS 39120-3526		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francis Gresock	04/07/2023	\$50.00
Mailing Address 609 Washington St		
City, State, Zip Code Natchez, MS 39120-3526		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francis Gresock	04/26/2023	\$50.00
Mailing Address 609 Washington St		
City, State, Zip Code Natchez, MS 39120-3526		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francis Gresock	04/29/2023	\$25.00
Mailing Address 609 Washington St		
City, State, Zip Code Natchez, MS 39120-3526		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benjamin Griffith	04/19/2023	\$250.00
Mailing Address 162 Oxford Creek Dr		
City, State, Zip Code Oxford, MS 38655-2242		
Name of Employer (Required) Griffith Law Firm		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry L. Griffith	04/24/2023	\$250.00
Mailing Address 11388 Palm Valley Cv		
City, State, Zip Code Gulfport, MS 39503-7911		
Name of Employer (Required) Express Employment Professionals		
Occupation (Required) Construction	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Veta Griffith	04/24/2023	\$250.00
Mailing Address 11388 Palm Valley Cv		
City, State, Zip Code Gulfport, MS 39503-7911		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Grisham Jr	02/23/2023	\$2,000.00
Mailing Address 2777 Kirkwood Rd		
City, State, Zip Code Tupelo, MS 38801-5808		
Name of Employer (Required) Great American RV-Tupelo		
Occupation (Required) Finance Manager	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Grisham	04/26/2023	\$5,000.00
Mailing Address 5120 Cove Garden Rd		
City, State, Zip Code North Garden, VA 22959-2334		
Name of Employer (Required) Self Employed		
Occupation (Required) Writer	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Groberg	03/25/2023	\$1,000.00
Mailing Address 3507 N Lamar Blvd		
City, State, Zip Code Austin, TX 78703-0240		
Name of Employer (Required) SunChase Power, LLC		
Occupation (Required) Solar Developer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Gruber	02/03/2023	\$500.00
Mailing Address 2442 Beverley Ave		
City, State, Zip Code Santa Monica, CA 90405-3717		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Guerry	04/30/2023	\$1,000.00
Mailing Address 3080 Svendson Dr		
City, State, Zip Code Baton Rouge, LA 70809-1572		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Judy M. Guice	04/24/2023	\$1,000.00
Mailing Address 125 Holcomb Blvd		
City, State, Zip Code Ocean Springs, MS 39564-5028		
Name of Employer (Required) Attorney		
Occupation (Required) Self Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kevin Gunn	01/25/2023	\$2,500.00
Mailing Address 17 Larkdale Dr		
City, State, Zip Code Saint Louis, MO 63124-1715		
Name of Employer (Required) NextEra Energy Resources		
Occupation (Required) Executive Director	Aggregate year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kevin Gunn	04/27/2023	\$1,000.00
Mailing Address 17 Larkdale Dr		
City, State, Zip Code Saint Louis, MO 63124-1715		
Name of Employer (Required) NextEra Energy Resources		
Occupation (Required) Executive Director	Aggregate year-to-date	\$3,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Willie H. Gunn	04/30/2023	\$2,500.00
Mailing Address 310 S Hickory St		
City, State, Zip Code Aberdeen, MS 39730-3110		
Name of Employer (Required) W. Howard Gunn and Associates, LLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C. Paige Gutierrez	04/10/2023	\$5,000.00
Mailing Address 2577 Chatham Ct		
City, State, Zip Code Biloxi, MS 39531-2758		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name H.C.B. Inc	04/18/2023	\$500.00
Mailing Address PO Box 1511		
City, State, Zip Code Grenada, MS 38902-1511		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michelle Haimson	02/22/2023	\$500.00
Mailing Address 5050 W Beach Blvd		
City, State, Zip Code Gulfport, MS 39501-1025		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tray Hairston	02/06/2023	\$1,000.00
Mailing Address 1020 Highland Colony Pkwy		
City, State, Zip Code Ridgeland, MS 39157-2139		
Name of Employer (Required) Butler Snow, LLP		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Debbie Hall	01/14/2023	\$250.00
Mailing Address 127 Sesame Rd		
City, State, Zip Code Tupelo, MS 38801-8615		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Professor	Aggregate year-to-date	\$412.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Debbie Hall	02/23/2023	\$112.40
Mailing Address 127 Sesame Rd		
City, State, Zip Code Tupelo, MS 38801-8615		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Professor	Aggregate year-to-date	\$412.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Debbie Hall	03/16/2023	\$25.00
Mailing Address 127 Sesame Rd		
City, State, Zip Code Tupelo, MS 38801-8615		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Professor	Aggregate year-to-date	\$412.40

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Debbie Hall	04/16/2023	\$25.00
Mailing Address 127 Sesame Rd		
City, State, Zip Code Tupelo, MS 38801-8615		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Professor	Aggregate year-to-date	\$412.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Hall	02/12/2023	\$250.00
Mailing Address 801 Kentwood Dr		
City, State, Zip Code Blacksburg, VA 24060-5316		
Name of Employer (Required) CHPC		
Occupation (Required) Executive	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Hall	03/18/2023	\$25.00
Mailing Address 801 Kentwood Dr		
City, State, Zip Code Blacksburg, VA 24060-5316		
Name of Employer (Required) CHPC		
Occupation (Required) Executive	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nikki Hall	01/27/2023	\$250.00
Mailing Address 3713 26th St NE		
City, State, Zip Code Washington, DC 20018-3124		
Name of Employer (Required) Exelon		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kerry Hamilton	04/28/2023	\$250.00
Mailing Address PO Box 197		
City, State, Zip Code Taylor, MS 38673-0197		
Name of Employer (Required) Kerry W Hamilton, Inc.		
Occupation (Required) Consulting	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eric Hampton	01/19/2023	\$10,000.00
Mailing Address 2386 Edgemont Cir		
City, State, Zip Code Tupelo, MS 38804-1083		
Name of Employer (Required) Hope Transportation		
Occupation (Required) CEO	Aggregate year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eric Hampton	04/30/2023	\$5,000.00
Mailing Address 2386 Edgemont Cir		
City, State, Zip Code Tupelo, MS 38804-1083		
Name of Employer (Required) Hope Transportation		
Occupation (Required) CEO	Aggregate year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carol V. Hardwick	01/18/2023	\$250.00
Mailing Address 113 Academy Ln		
City, State, Zip Code Canton, GA 30114-9904		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Phillip D. Hardwick	01/18/2023	\$250.00
Mailing Address 113 Academy Ln		
City, State, Zip Code Canton, GA 30114-9904		
Name of Employer (Required) Self Employed		
Occupation (Required) Writer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jamie Harris	01/12/2023	\$250.00
Mailing Address 2943 Tishomingo Ln		
City, State, Zip Code Memphis, TN 38111-2631		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$253.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jamie Harris	04/23/2023	\$3.00
Mailing Address 2943 Tishomingo Ln		
City, State, Zip Code Memphis, TN 38111-2631		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$253.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Julie S. Harris	03/11/2023	\$250.00
Mailing Address 1208 Pine St		
City, State, Zip Code New Orleans, LA 70118-5219		
Name of Employer (Required) Magnit		
Occupation (Required) Foundation Advisor	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Julie S. Harris	04/27/2023	\$250.00
Mailing Address 1208 Pine St		
City, State, Zip Code New Orleans, LA 70118-5219		
Name of Employer (Required) Magnit		
Occupation (Required) Foundation Advisor	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Harris Jr	03/29/2023	\$25,000.00
Mailing Address 1311 14th Ter		
City, State, Zip Code Miami Beach, FL 33139-3709		
Name of Employer (Required) Evergreen Money Corporation		
Occupation (Required) Executive	Aggregate year-to-date	\$25,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Yvonne Harrison	02/21/2023	\$25.00
Mailing Address 149 Acacia Ave		
City, State, Zip Code Biloxi, MS 39530-3308		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$277.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Yvonne Harrison	03/31/2023	\$2.00
Mailing Address 149 Acacia Ave		
City, State, Zip Code Biloxi, MS 39530-3308		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$277.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Yvonne Harrison	04/18/2023	\$100.00
Mailing Address 149 Acacia Ave		
City, State, Zip Code Biloxi, MS 39530-3308		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$277.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Yvonne Harrison	04/24/2023	\$150.00
Mailing Address 149 Acacia Ave		
City, State, Zip Code Biloxi, MS 39530-3308		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$277.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susan Hart	02/21/2023	\$250.00
Mailing Address PO Box 13913		
City, State, Zip Code Jackson, MS 39236-3913		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vicki Hartley	04/13/2023	\$250.00
Mailing Address 505 S Fifth Ave		
City, State, Zip Code Cleveland, MS 38732-3134		
Name of Employer (Required) St. Joseph Catholic School		
Occupation (Required) Teacher	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrea Hatfield	04/28/2023	\$500.00
Mailing Address 3509 34th St NW		
City, State, Zip Code Washington, DC 20008-3204		
Name of Employer (Required) Washington Fine Properties		
Occupation (Required) Real Estate Agent	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eric Hatten	02/08/2023	\$500.00
Mailing Address 1200 Meadowbrook Rd		
City, State, Zip Code Jackson, MS 39206-6109		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ayres Haxton	01/24/2023	\$500.00
Mailing Address 1703 Saint Mary St		
City, State, Zip Code Jackson, MS 39202-1265		
Name of Employer (Required) Mississippi Association for Justice		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name R.A. Haxton	04/24/2023	\$500.00
Mailing Address PO Box 1202		
City, State, Zip Code Jackson, MS 39215-1202		
Name of Employer (Required) MS Association for Justice		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark G. Hazard	04/04/2023	\$2,500.00
Mailing Address 4143 W Tva Rd		
City, State, Zip Code West Point, MS 39773-8952		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip Carey Hearn	03/20/2023	\$1,000.00
Mailing Address 1438 N State St		
City, State, Zip Code Jackson, MS 39202-1643		
Name of Employer (Required) Hearn Law Firm		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Hempling	02/06/2023	\$5,000.00
Mailing Address 29 Philadelphia Ave		
City, State, Zip Code Takoma Park, MD 20912-4337		
Name of Employer (Required) J.S. Federal Energy Regulatory Commission		
Occupation (Required) Attorney	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Henegan	02/25/2023	\$1,000.00
Mailing Address 1921 E Bourne Pl		
City, State, Zip Code Jackson, MS 39211-6714		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark M. Henry	04/29/2023	\$1,500.00
Mailing Address PO Box 4800		
City, State, Zip Code Fayetteville, AR 72702-4800		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jill Herring	01/12/2023	\$500.00
Mailing Address 6644 Barrett Rd		
City, State, Zip Code Falls Church, VA 22042-4228		
Name of Employer (Required) US Navy		
Occupation (Required) Intelligence Analyst	Aggregate year-to-date	\$687.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jill Herring	01/29/2023	\$50.00
Mailing Address 6644 Barrett Rd		
City, State, Zip Code Falls Church, VA 22042-4228		
Name of Employer (Required) US Navy		
Occupation (Required) Intelligence Analyst	Aggregate year-to-date	\$687.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jill Herring	02/10/2023	\$37.30
Mailing Address 6644 Barrett Rd		
City, State, Zip Code Falls Church, VA 22042-4228		
Name of Employer (Required) US Navy		
Occupation (Required) Intelligence Analyst	Aggregate year-to-date	\$687.30

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jill Herring	04/30/2023	\$100.00
Mailing Address 6644 Barrett Rd		
City, State, Zip Code Falls Church, VA 22042-4228		
Name of Employer (Required) US Navy		
Occupation (Required) Intelligence Analyst	Aggregate year-to-date	\$687.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gail Hester	04/26/2023	\$500.00
Mailing Address 470 Fairway Dr		
City, State, Zip Code New Orleans, LA 70124-1023		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert H. Hickman	03/15/2023	\$1,000.00
Mailing Address 412 S Central Ave		
City, State, Zip Code New Albany, MS 38652-3701		
Name of Employer (Required) Self Employed		
Occupation (Required) Producer	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert H. Hickman	04/26/2023	\$250.00
Mailing Address 412 S Central Ave		
City, State, Zip Code New Albany, MS 38652-3701		
Name of Employer (Required) Self Employed		
Occupation (Required) Producer	Aggregate year-to-date	\$1,250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Higginbotham	02/08/2023	\$1,000.00
Mailing Address 27 Fox Hollow Ln		
City, State, Zip Code Laurel, MS 39443-4946		
Name of Employer (Required) South Central Regional Medical Center		
Occupation (Required) Hospital Administrator		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brett Hildenbrand	01/24/2023	\$2,500.00
Mailing Address 2667 Marigold Cv		
City, State, Zip Code Tupelo, MS 38801-7114		
Name of Employer (Required) Main St Family Dentistry		
Occupation (Required) Dentist		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Doug Hill	03/19/2023	\$250.00
Mailing Address 136 Courtland Dr		
City, State, Zip Code Saltillo, MS 38866-6007		
Name of Employer (Required) Cardiology Associates		
Occupation (Required) Physician		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walter R. Hillen	04/13/2023	\$500.00
Mailing Address 322 W Jefferson St		
City, State, Zip Code Tupelo, MS 38804-3936		
Name of Employer (Required) Hillen, Wicker & Tapscott, P.A.		
Occupation (Required) Attorney		
	Aggregate year-to-date	\$1,000.00
	Aggregate year-to-date	\$2,500.00
	Aggregate year-to-date	\$250.00
	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Hinton	04/05/2023	\$100.00
Mailing Address 817 Chartres St		
City, State, Zip Code New Orleans, LA 70116-3206		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Hinton	04/16/2023	\$250.00
Mailing Address 817 Chartres St		
City, State, Zip Code New Orleans, LA 70116-3206		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Hinton	04/30/2023	\$250.00
Mailing Address 817 Chartres St		
City, State, Zip Code New Orleans, LA 70116-3206		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ken Hipple	02/27/2023	\$500.00
Mailing Address 311 Summer Oak Trl		
City, State, Zip Code Madison, MS 39110-9147		
Name of Employer (Required) MS Dept of Agriculture & Commerce		
Occupation (Required) Network Specialist	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ken Hipple	04/27/2023	\$500.00
Mailing Address 311 Summer Oak Trl		
City, State, Zip Code Madison, MS 39110-9147		
Name of Employer (Required) MS Dept of Agriculture & Commerce		
Occupation (Required) Network Specialist	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name L. V. Holland	03/04/2023	\$1,000.00
Mailing Address 17 New Bethel Rd		
City, State, Zip Code Tylertown, MS 39667-6608		
Name of Employer (Required) Self Employed		
Occupation (Required) Farmer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Holleman	04/24/2023	\$500.00
Mailing Address 155 Allan Dr		
City, State, Zip Code Gulfport, MS 39507-1504		
Name of Employer (Required) HLF Pllc		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hank Holmes	02/23/2023	\$500.00
Mailing Address 1517 Belmont St		
City, State, Zip Code Jackson, MS 39202-1202		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Holzinger	02/09/2023	\$250.00
Mailing Address 77 Pondfield Rd		
City, State, Zip Code Bronxville, NY 10708-3809		
Name of Employer (Required) Torkim Consulting, LLC		
Occupation (Required) Real Estate	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Home Stretch	02/09/2023	\$1,000.00
Mailing Address PO Box 379		
City, State, Zip Code Nettleton, MS 38858-0379		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Perry Hood	02/09/2023	\$1,000.00
Mailing Address 402 Lake Hazle Dr		
City, State, Zip Code Hazlehurst, MS 39083-2210		
Name of Employer (Required) Hood's Family Restaurant		
Occupation (Required) Business Owner	Aggregate year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Perry Hood	02/28/2023	\$2,500.00
Mailing Address 402 Lake Hazle Dr		
City, State, Zip Code Hazlehurst, MS 39083-2210		
Name of Employer (Required) Hood's Family Restaurant		
Occupation (Required) Business Owner	Aggregate year-to-date	\$3,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Hooks	01/24/2023	\$500.00
Mailing Address 2037 E Bourne Pl		
City, State, Zip Code Jackson, MS 39211-6716		
Name of Employer (Required) Adams and Reese, LLP		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas A. Horne	01/17/2023	\$10,000.00
Mailing Address 412 N Cedar Bluff Rd		
City, State, Zip Code Knoxville, TN 37923-3609		
Name of Employer (Required) Horne Properties, Inc.		
Occupation (Required) President	Aggregate year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas A. Horne	04/27/2023	\$5,000.00
Mailing Address 412 N Cedar Bluff Rd		
City, State, Zip Code Knoxville, TN 37923-3609		
Name of Employer (Required) Horne Properties, Inc.		
Occupation (Required) President	Aggregate year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Howard	04/29/2023	\$250.00
Mailing Address 1261 Caperton Way		
City, State, Zip Code Charleston, SC 29412-8283		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Howorth	04/30/2023	\$500.00
Mailing Address 315 Eagle Spring Rd		
City, State, Zip Code Oxford, MS 38655-2211		
Name of Employer (Required) Howorth & Associates Architects		
Occupation (Required) Architect	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffrey Hunt	04/24/2023	\$1,000.00
Mailing Address 299 W Main St		
City, State, Zip Code Westminster, MD 21158-4329		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fraser Hunter	03/20/2023	\$1,000.00
Mailing Address 645 W End Ave		
City, State, Zip Code New York, NY 10025-7322		
Name of Employer (Required) WilmerHale		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leland Husband	04/16/2023	\$1,500.00
Mailing Address 3301 Mallard Pointe Ln		
City, State, Zip Code Jonesboro, AR 72404-7083		
Name of Employer (Required) Associated Radiology LTD		
Occupation (Required) Physician	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Hutto	03/03/2023	\$500.00
Mailing Address 62 Redfern Trl		
City, State, Zip Code Petal, MS 39465-9415		
Name of Employer (Required) Self Employed		
Occupation (Required) Education Consultant	Aggregate year-to-date	\$530.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Hutto	03/18/2023	\$5.00
Mailing Address 62 Redfern Trl		
City, State, Zip Code Petal, MS 39465-9415		
Name of Employer (Required) Self Employed		
Occupation (Required) Education Consultant	Aggregate year-to-date	\$530.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Hutto	04/30/2023	\$25.00
Mailing Address 62 Redfern Trl		
City, State, Zip Code Petal, MS 39465-9415		
Name of Employer (Required) Self Employed		
Occupation (Required) Education Consultant	Aggregate year-to-date	\$530.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benjamin Ifshin	04/30/2023	\$250.00
Mailing Address 411 Kimmons St		
City, State, Zip Code Water Valley, MS 38965-2404		
Name of Employer (Required) Oxbow Education PBC		
Occupation (Required) Director	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	01/19/2023	\$25.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	01/24/2023	\$5.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	02/01/2023	\$5.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	02/04/2023	\$5.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	02/09/2023	\$38.25
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	02/14/2023	\$25.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	02/17/2023	\$3.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	02/26/2023	\$25.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	03/04/2023	\$10.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	03/06/2023	\$5.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	03/11/2023	\$10.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	03/15/2023	\$5.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	03/18/2023	\$10.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	03/27/2023	\$5.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	04/07/2023	\$25.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	04/20/2023	\$3.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	04/26/2023	\$8.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn Irby	04/29/2023	\$50.00
Mailing Address 730 Tegarden Rd		
City, State, Zip Code Gulfport, MS 39507-2625		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$262.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy L. Irons	04/24/2023	\$500.00
Mailing Address 11352 Palm Valley Cv		
City, State, Zip Code Gulfport, MS 39503-7911		
Name of Employer (Required) Self Employed		
Occupation (Required) Dentist	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janice Jackson	02/07/2023	\$100.00
Mailing Address 113 Greens View Dr		
City, State, Zip Code Madison, MS 39110-8050		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$525.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janice Jackson	02/22/2023	\$50.00
Mailing Address 113 Greens View Dr		
City, State, Zip Code Madison, MS 39110-8050		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$525.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janice Jackson	03/15/2023	\$34.00
Mailing Address 113 Greens View Dr		
City, State, Zip Code Madison, MS 39110-8050		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$525.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janice Jackson	04/07/2023	\$7.00
Mailing Address 113 Greens View Dr		
City, State, Zip Code Madison, MS 39110-8050		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$525.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janice Jackson	04/14/2023	\$250.00
Mailing Address 113 Greens View Dr		
City, State, Zip Code Madison, MS 39110-8050		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$525.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janice Jackson	04/15/2023	\$34.00
Mailing Address 113 Greens View Dr		
City, State, Zip Code Madison, MS 39110-8050		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$525.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janice Jackson	04/27/2023	\$50.00
Mailing Address 113 Greens View Dr		
City, State, Zip Code Madison, MS 39110-8050		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$525.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert L. Jackson	04/28/2023	\$1,000.00
Mailing Address PO Box 383		
City, State, Zip Code Marks, MS 38646-0383		
Name of Employer (Required) Mississippi State Senate		
Occupation (Required) State Senator	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kristi Jacobs-Waters	02/22/2023	\$250.00
Mailing Address 307 Jefferson St		
City, State, Zip Code Clinton, MS 39056-4239		
Name of Employer (Required) Self Employed		
Occupation (Required) Marketing	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John James	04/22/2023	\$300.00
Mailing Address 215 Court St		
City, State, Zip Code Clarksdale, MS 38614-2711		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John James	04/22/2023	\$300.00
Mailing Address 215 Court St		
City, State, Zip Code Clarksdale, MS 38614-2711		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ronald Janis	03/31/2023	\$500.00
Mailing Address 225 W 83rd St		
City, State, Zip Code New York, NY 10024-4952		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew Jenkins	02/25/2023	\$1,000.00
Mailing Address 116 Highland Meadow Rd		
City, State, Zip Code Flora, MS 39071-9553		
Name of Employer (Required) AJA Management		
Occupation (Required) President	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bonnie Jenkins	03/31/2023	\$1,000.00
Mailing Address 3513 Courtenay Cir		
City, State, Zip Code Ocean Springs, MS 39564-3401		
Name of Employer (Required) BiloxiVA		
Occupation (Required) Registered Nurse	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe Johnsey	01/12/2023	\$500.00
Mailing Address 688 A Road 2788		
City, State, Zip Code Baldwyn, MS 38824-8408		
Name of Employer (Required) Self Employed		
Occupation (Required) Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Johnson	01/25/2023	\$500.00
Mailing Address 1275 Highway 7 S		
City, State, Zip Code Water Valley, MS 38965-3758		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Johnson	03/08/2023	\$1,000.00
Mailing Address 1275 Highway 7 S		
City, State, Zip Code Water Valley, MS 38965-3758		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Keith Johnson	03/05/2023	\$100.00
Mailing Address PO Box 421		
City, State, Zip Code Nesbit, MS 38651-0421		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Keith Johnson	04/02/2023	\$100.00
Mailing Address PO Box 421		
City, State, Zip Code Nesbit, MS 38651-0421		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Keith Johnson	04/19/2023	\$50.00
Mailing Address PO Box 421		
City, State, Zip Code Nesbit, MS 38651-0421		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Keith Johnson	04/30/2023	\$100.00
Mailing Address PO Box 421		
City, State, Zip Code Nesbit, MS 38651-0421		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sanford Johnson	01/12/2023	\$50.00
Mailing Address 643 W 2nd St		
City, State, Zip Code Clarksdale, MS 38614-3801		
Name of Employer (Required) Teach Plus Mississippi		
Occupation (Required) Nonprofit Director	Aggregate year-to-date	\$550.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sanford Johnson	04/28/2023	\$500.00
Mailing Address 643 W 2nd St		
City, State, Zip Code Clarksdale, MS 38614-3801		
Name of Employer (Required) Teach Plus Mississippi		
Occupation (Required) Nonprofit Director	Aggregate year-to-date	\$550.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Jonas	02/21/2023	\$250.00
Mailing Address 10589 Highway 382		
City, State, Zip Code Aberdeen, MS 39730-9449		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ada B. Jones	04/30/2023	\$250.00
Mailing Address PO Box 964		
City, State, Zip Code Kiln, MS 39556-0964		
Name of Employer (Required) South Mississippi Regional Center		
Occupation (Required) Administrative Assistant	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Jones	04/28/2023	\$2,000.00
Mailing Address 2 Hoggards Rdg		
City, State, Zip Code Little Rock, AR 72211-3795		
Name of Employer (Required) Self Employed		
Occupation (Required) Political Candidate	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dan Jones	04/29/2023	\$250.00
Mailing Address 314 S Extension St		
City, State, Zip Code Hazlehurst, MS 39083-3310		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gladstone Jones	04/28/2023	\$2,500.00
Mailing Address 4130 Cove Garden Rd		
City, State, Zip Code North Garden, VA 22959-2305		
Name of Employer (Required) Jones, Swanson & Huddell		
Occupation (Required) Attorney	Aggregate year-to-date	\$5,698.36
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny D. Jones	03/30/2023	\$300.50
Mailing Address 611 S Pear Orchard Rd		
City, State, Zip Code Ridgeland, MS 39157-4836		
Name of Employer (Required) The DELTA Project		
Occupation (Required) CEO	Aggregate year-to-date	\$553.50

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny D. Jones	04/20/2023	\$103.00
Mailing Address 611 S Pear Orchard Rd		
City, State, Zip Code Ridgeland, MS 39157-4836		
Name of Employer (Required) The DELTA Project		
Occupation (Required) CEO	Aggregate year-to-date	\$553.50
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny D. Jones	04/27/2023	\$100.00
Mailing Address 611 S Pear Orchard Rd		
City, State, Zip Code Ridgeland, MS 39157-4836		
Name of Employer (Required) The DELTA Project		
Occupation (Required) CEO	Aggregate year-to-date	\$553.50
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny D. Jones	04/30/2023	\$50.00
Mailing Address 611 S Pear Orchard Rd		
City, State, Zip Code Ridgeland, MS 39157-4836		
Name of Employer (Required) The DELTA Project		
Occupation (Required) CEO	Aggregate year-to-date	\$553.50
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lawrence B. Jones	04/17/2023	\$1,000.00
Mailing Address 701 Poydras St		
City, State, Zip Code New Orleans, LA 70139-6001		
Name of Employer (Required) Blake Jones Law Firm, LLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$7,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lawrence B. Jones	04/23/2023	\$1,000.00
Mailing Address 701 Poydras St		
City, State, Zip Code New Orleans, LA 70139-6001		
Name of Employer (Required) Blake Jones Law Firm, LLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$7,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lawrence B. Jones	04/28/2023	\$5,000.00
Mailing Address 701 Poydras St		
City, State, Zip Code New Orleans, LA 70139-6001		
Name of Employer (Required) Blake Jones Law Firm, LLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$7,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stuart Jones	01/27/2023	\$1,000.00
Mailing Address 1723 B University Ave		
City, State, Zip Code Oxford, MS 38655-4109		
Name of Employer (Required) Rose B, Inc.		
Occupation (Required) Developer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Virden Jones	01/12/2023	\$500.00
Mailing Address 686 Hazelton Dr		
City, State, Zip Code Madison, MS 39110-7332		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,198.90

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Virden Jones	01/31/2023	\$50.00
Mailing Address 686 Hazelton Dr		
City, State, Zip Code Madison, MS 39110-7332		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,198.90
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Virden Jones	02/21/2023	\$43.90
Mailing Address 686 Hazelton Dr		
City, State, Zip Code Madison, MS 39110-7332		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,198.90
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Virden Jones	03/12/2023	\$5.00
Mailing Address 686 Hazelton Dr		
City, State, Zip Code Madison, MS 39110-7332		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,198.90
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Virden Jones	03/16/2023	\$100.00
Mailing Address 686 Hazelton Dr		
City, State, Zip Code Madison, MS 39110-7332		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,198.90

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Viriden Jones	04/18/2023	\$500.00
Mailing Address 686 Hazelton Dr		
City, State, Zip Code Madison, MS 39110-7332		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,198.90
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Jones	04/30/2023	\$1,000.00
Mailing Address PO Box 282		
City, State, Zip Code Petal, MS 39465-0282		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Aurelia Jones-Taylor	04/28/2023	\$250.00
Mailing Address 470 Hopson Pixley Rd		
City, State, Zip Code Clarksdale, MS 38614-9044		
Name of Employer (Required) Henry Community Health Services Center		
Occupation (Required) CEO	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Jordan	04/07/2023	\$1,001.00
Mailing Address 1087 Augusta Dr		
City, State, Zip Code Oxford, MS 38655-6187		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,001.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry Jordan	01/30/2023	\$1,000.00
Mailing Address 1087 Augusta Dr		
City, State, Zip Code Oxford, MS 38655-6187		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$4,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry Jordan	03/09/2023	\$1,000.00
Mailing Address 1087 Augusta Dr		
City, State, Zip Code Oxford, MS 38655-6187		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$4,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry Jordan	04/10/2023	\$2,500.00
Mailing Address 1087 Augusta Dr		
City, State, Zip Code Oxford, MS 38655-6187		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$4,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gratia Karmes	04/03/2023	\$250.00
Mailing Address 417 Chapin St		
City, State, Zip Code Starkville, MS 39759-2620		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Keeton	01/18/2023	\$250.00
Mailing Address 1333 Belvoir Pl		
City, State, Zip Code Jackson, MS 39202-1208		
Name of Employer (Required) Self Employed		
Occupation (Required) Photographer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Inez Kelleher	03/17/2023	\$1,000.00
Mailing Address 914 N Country Club Ln		
City, State, Zip Code Biloxi, MS 39532-3204		
Name of Employer (Required) Memorial Hospital Gulfport		
Occupation (Required) Physician	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alison Oliver Kelly	04/14/2023	\$500.00
Mailing Address 188 Reunion Blvd		
City, State, Zip Code Madison, MS 39110-8096		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John R. Kelly	04/24/2023	\$1,000.00
Mailing Address 11397 Palm Valley Cv		
City, State, Zip Code Gulfport, MS 39503-7745		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Kelly	01/04/2023	\$2,500.00
Mailing Address 5239 Mountain Ridge Pkwy		
City, State, Zip Code Birmingham, AL 35222-4141		
Name of Employer (Required) Kelly Road Builders		
Occupation (Required) Business Owner	Aggregate year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Kelly	04/29/2023	\$1,000.00
Mailing Address 5239 Mountain Ridge Pkwy		
City, State, Zip Code Birmingham, AL 35222-4141		
Name of Employer (Required) Kelly Road Builders		
Occupation (Required) Business Owner	Aggregate year-to-date	\$3,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Kenney	02/03/2023	\$500.00
Mailing Address 10 Montwood Way		
City, State, Zip Code Oakland, CA 94605-5420		
Name of Employer (Required) Xcel Energy		
Occupation (Required) President	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald L. Kilgore	02/07/2023	\$100.00
Mailing Address 435 Center Ave N		
City, State, Zip Code Philadelphia, MS 39350-2918		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald L. Kilgore	03/06/2023	\$100.00
Mailing Address 435 Center Ave N		
City, State, Zip Code Philadelphia, MS 39350-2918		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald L. Kilgore	03/17/2023	\$100.00
Mailing Address 435 Center Ave N		
City, State, Zip Code Philadelphia, MS 39350-2918		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald L. Kilgore	04/10/2023	\$100.00
Mailing Address 435 Center Ave N		
City, State, Zip Code Philadelphia, MS 39350-2918		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$400.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kimes and Stone Construction LLC	03/01/2023	\$1,000.00
Mailing Address PO Box 550		
City, State, Zip Code Booneville, MS 38829-0550		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Theophilus C. King	04/18/2023	\$300.00
Mailing Address 3958 N State St		
City, State, Zip Code Jackson, MS 39206-5776		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Martha Kirkley	02/22/2023	\$500.00
Mailing Address 1716 Bramblewood Dr		
City, State, Zip Code Columbus, MS 39705-1507		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Kirkpatrick	01/28/2023	\$1,000.00
Mailing Address 43282 Warwick Hills Ct		
City, State, Zip Code Leesburg, VA 20176-3950		
Name of Employer (Required) VMware		
Occupation (Required) Sales Executive	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Kirkpatrick	04/30/2023	\$500.00
Mailing Address 43282 Warwick Hills Ct		
City, State, Zip Code Leesburg, VA 20176-3950		
Name of Employer (Required) VMware		
Occupation (Required) Sales Executive	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Matthew Kisber	01/13/2023	\$1,000.00
Mailing Address 5113 Annesway Dr		
City, State, Zip Code Nashville, TN 37205-2715		
Name of Employer (Required) Silicon Ranch Corp		
Occupation (Required) Chairman	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Klingler	01/18/2023	\$500.00
Mailing Address 7844 E Sandalwood Dr		
City, State, Zip Code Scottsdale, AZ 85250-7269		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Klingler	02/26/2023	\$100.00
Mailing Address 7844 E Sandalwood Dr		
City, State, Zip Code Scottsdale, AZ 85250-7269		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Klingler	02/28/2023	\$100.00
Mailing Address 7844 E Sandalwood Dr		
City, State, Zip Code Scottsdale, AZ 85250-7269		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$750.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Klingler	03/15/2023	\$25.00
Mailing Address 7844 E Sandalwood Dr		
City, State, Zip Code Scottsdale, AZ 85250-7269		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Klingler	04/15/2023	\$25.00
Mailing Address 7844 E Sandalwood Dr		
City, State, Zip Code Scottsdale, AZ 85250-7269		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy E. Knight	04/24/2023	\$250.00
Mailing Address PO Box 8356		
City, State, Zip Code Moss Point, MS 39562-0017		
Name of Employer (Required) City of Moss Point		
Occupation (Required) Mayor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James A. Koerber	01/30/2023	\$250.00
Mailing Address PO Box 18170		
City, State, Zip Code Hattiesburg, MS 39404-8170		
Name of Employer (Required) Postlethwaite & Netterville, APAC		
Occupation (Required) Accountant	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Orin Kramer	03/28/2023	\$5,000.00
Mailing Address 1 Central Park W		
City, State, Zip Code New York, NY 10023-7703		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Kramer	04/22/2023	\$500.00
Mailing Address 741 Topaz St		
City, State, Zip Code New Orleans, LA 70124-3623		
Name of Employer (Required) Louisiana State University		
Occupation (Required) Professor	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cherie Labat	04/28/2023	\$250.00
Mailing Address 121 3rd St S		
City, State, Zip Code Columbus, MS 39701-5601		
Name of Employer (Required) University Southern Mississippi		
Occupation (Required) Educator	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert B. Lampton	04/13/2023	\$1,000.00
Mailing Address 2404 N Cheryl Dr		
City, State, Zip Code Jackson, MS 39211-4907		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kayron Laska	03/17/2023	\$500.00
Mailing Address 6818 Gaines Creek Rd		
City, State, Zip Code Columbus, GA 31904-3323		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Daniel Lastra	04/29/2023	\$2,500.00
Mailing Address 39 Lenox Rd		
City, State, Zip Code Rockaway, NJ 07866-2255		
Name of Employer (Required) Ironbound Intermodal		
Occupation (Required) Vice President	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Latham	03/07/2023	\$100.00
Mailing Address 2090 Jefferson Pkwy		
City, State, Zip Code Hernando, MS 38632-5905		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Latham	03/17/2023	\$100.00
Mailing Address 2090 Jefferson Pkwy		
City, State, Zip Code Hernando, MS 38632-5905		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$450.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Latham	03/31/2023	\$50.00
Mailing Address 2090 Jefferson Pkwy		
City, State, Zip Code Hernando, MS 38632-5905		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Latham	04/14/2023	\$100.00
Mailing Address 2090 Jefferson Pkwy		
City, State, Zip Code Hernando, MS 38632-5905		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Latham	04/28/2023	\$100.00
Mailing Address 2090 Jefferson Pkwy		
City, State, Zip Code Hernando, MS 38632-5905		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tim Lawrence	03/07/2023	\$14.60
Mailing Address 804 Woodland Pne		
City, State, Zip Code Flowood, MS 39232-8996		
Name of Employer (Required) Self Employed		
Occupation (Required) Finance	Aggregate year-to-date	\$213.60

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tim Lawrence	03/09/2023	\$199.00
Mailing Address 804 Woodland Pne		
City, State, Zip Code Flowood, MS 39232-8996		
Name of Employer (Required) Self Employed		
Occupation (Required) Finance	Aggregate year-to-date	\$213.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Phillip Lawson	04/08/2023	\$1,000.00
Mailing Address 755 Kenesaw Ave		
City, State, Zip Code Knoxville, TN 37919-6662		
Name of Employer (Required) LHP Capital, LLC		
Occupation (Required) Real Estate Developer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Lazarus	02/28/2023	\$250.00
Mailing Address 156 Westline Dr		
City, State, Zip Code Madison, MS 39110-7139		
Name of Employer (Required) Madison Middle School		
Occupation (Required) Teacher	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Leathers	04/18/2023	\$500.00
Mailing Address 3431 W Red Rock Ln		
City, State, Zip Code Flagstaff, AZ 86001-1067		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lee Staten Inc	03/30/2023	\$1,000.00
Mailing Address 2446 Sunset Dr		
City, State, Zip Code Grenada, MS 38901-2828		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Leeds	01/24/2023	\$500.00
Mailing Address 6410 Radiant Trce		
City, State, Zip Code Atlanta, GA 30328-2897		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Leeds	04/27/2023	\$1,000.00
Mailing Address 6410 Radiant Trce		
City, State, Zip Code Atlanta, GA 30328-2897		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walter J. Leger Jr	04/24/2023	\$250.00
Mailing Address 935 Gravier St		
City, State, Zip Code New Orleans, LA 70112-1726		
Name of Employer (Required) Leger & Shaw		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Aj Lenar	03/30/2023	\$250.01
Mailing Address 18 Buist Ave		
City, State, Zip Code Greenville, SC 29609-5502		
Name of Employer (Required) Declaration Media		
Occupation (Required) Enthusiast	Aggregate year-to-date	\$250.01
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marc Lerner	04/19/2023	\$250.00
Mailing Address 1415 Jefferson Ave		
City, State, Zip Code Oxford, MS 38655-3715		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Professor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Philip L. Levin	04/10/2023	\$250.00
Mailing Address 451 Bordeaux Cv		
City, State, Zip Code Biloxi, MS 39531-2296		
Name of Employer (Required) Memorial Hospital Group		
Occupation (Required) Physician	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jimmy Listenbee	04/27/2023	\$500.00
Mailing Address 14 County Road 3073		
City, State, Zip Code Taylor, MS 38673-4513		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Little Angles Learning & Childcare	03/09/2023	\$1,000.00
Mailing Address 1246 Boggan Dr		
City, State, Zip Code Tupelo, MS 38801-4602		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shane Little	04/25/2023	\$600.00
Mailing Address 1418 Metropolitan Ave SE		
City, State, Zip Code Atlanta, GA 30316-1666		
Name of Employer (Required) Avenue Realty		
Occupation (Required) Broker	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy Loftus	01/16/2023	\$100.00
Mailing Address 20329 Longview Rd		
City, State, Zip Code Long Beach, MS 39560-9026		
Name of Employer (Required) Catholic Charities of Southern MS		
Occupation (Required) Licensed Social Worker	Aggregate year-to-date	\$476.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy Loftus	02/03/2023	\$100.00
Mailing Address 20329 Longview Rd		
City, State, Zip Code Long Beach, MS 39560-9026		
Name of Employer (Required) Catholic Charities of Southern MS		
Occupation (Required) Licensed Social Worker	Aggregate year-to-date	\$476.40

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy Loftus	02/10/2023	\$176.40
Mailing Address 20329 Longview Rd		
City, State, Zip Code Long Beach, MS 39560-9026		
Name of Employer (Required) Catholic Charities of Southern MS		
Occupation (Required) Licensed Social Worker	Aggregate year-to-date	\$476.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy Loftus	04/20/2023	\$100.00
Mailing Address 20329 Longview Rd		
City, State, Zip Code Long Beach, MS 39560-9026		
Name of Employer (Required) Catholic Charities of Southern MS		
Occupation (Required) Licensed Social Worker	Aggregate year-to-date	\$476.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marla W. Lomax	04/27/2023	\$1,000.00
Mailing Address 404 Tyler Ave		
City, State, Zip Code Oxford, MS 38655-3822		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Casey Langston Lott	02/16/2023	\$5,000.00
Mailing Address PO Box 382		
City, State, Zip Code Booneville, MS 38829-0382		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$15,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Casey Langston Lott	04/21/2023	\$10,000.00
Mailing Address PO Box 382		
City, State, Zip Code Booneville, MS 38829-0382		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mike Lux	04/20/2023	\$2,500.00
Mailing Address 10300 Lariston Ln		
City, State, Zip Code Silver Spring, MD 20903-1313		
Name of Employer (Required) Mike Lux Media		
Occupation (Required) Political Consultant	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Lynch	02/28/2023	\$50.00
Mailing Address 617 Camelia Trl		
City, State, Zip Code Brandon, MS 39047-6316		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Lynch	04/11/2023	\$50.00
Mailing Address 617 Camelia Trl		
City, State, Zip Code Brandon, MS 39047-6316		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$225.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Lynch	04/13/2023	\$50.00
Mailing Address 617 Camelia Trl		
City, State, Zip Code Brandon, MS 39047-6316		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Lynch	04/24/2023	\$50.00
Mailing Address 617 Camelia Trl		
City, State, Zip Code Brandon, MS 39047-6316		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Lynch	04/29/2023	\$25.00
Mailing Address 617 Camelia Trl		
City, State, Zip Code Brandon, MS 39047-6316		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ted Lyon	04/21/2023	\$1,000.00
Mailing Address 1861 LBJ Fwy		
City, State, Zip Code Mesquite, TX 75150		
Name of Employer (Required) Ted B Lyon and Associates		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ray Mabus	01/27/2023	\$1,000.00
Mailing Address 74 Woodcutters Ln		
City, State, Zip Code Harpers Ferry, WV 25425-7121		
Name of Employer (Required) Mabus Group		
Occupation (Required) CEO	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ellen Macht	04/21/2023	\$500.00
Mailing Address 222 12th St NE		
City, State, Zip Code Atlanta, GA 30309-4072		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bradly S. Macnealy	03/24/2023	\$1,000.00
Mailing Address 164 Gene Lester Rd		
City, State, Zip Code Isola, MS 38754-9239		
Name of Employer (Required) Delta State University		
Occupation (Required) Director of Flight Operations	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Maddox	01/12/2023	\$500.00
Mailing Address 6285 Darren Dr		
City, State, Zip Code Olive Branch, MS 38654-7151		
Name of Employer (Required) Alliance Retail Group		
Occupation (Required) Senior Vice President	Aggregate year-to-date	\$1,250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Maddox	02/25/2023	\$250.00
Mailing Address 6285 Darren Dr		
City, State, Zip Code Olive Branch, MS 38654-7151		
Name of Employer (Required) Alliance Retail Group		
Occupation (Required) Senior Vice President	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Maddox	03/15/2023	\$250.00
Mailing Address 6285 Darren Dr		
City, State, Zip Code Olive Branch, MS 38654-7151		
Name of Employer (Required) Alliance Retail Group		
Occupation (Required) Senior Vice President	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Maddox	04/05/2023	\$250.00
Mailing Address 6285 Darren Dr		
City, State, Zip Code Olive Branch, MS 38654-7151		
Name of Employer (Required) Alliance Retail Group		
Occupation (Required) Senior Vice President	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mandy Mahoney	01/19/2023	\$250.00
Mailing Address 21 Oakridge Ave NE		
City, State, Zip Code Atlanta, GA 30317-2915		
Name of Employer (Required) Regulatory Assistance Project		
Occupation (Required) Principal	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David R. Mann	03/29/2023	\$100.00
Mailing Address 316 Sonoma Cv		
City, State, Zip Code Madison, MS 39110-9549		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David R. Mann	04/18/2023	\$250.00
Mailing Address 316 Sonoma Cv		
City, State, Zip Code Madison, MS 39110-9549		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Marcello	04/27/2023	\$250.00
Mailing Address 1936 SO CARRROLLTON Ave		
City, State, Zip Code New Orleans, LA 70118		
Name of Employer (Required) The Public Law Center		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Marcin	03/29/2023	\$5,000.00
Mailing Address 1 Central Park W		
City, State, Zip Code New York, NY 10023-7703		
Name of Employer (Required) Self Employed		
Occupation (Required) Mediator	Aggregate year-to-date	\$5,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alicia Margolis	03/17/2023	\$100.00
Mailing Address 1474 Dover Rd		
City, State, Zip Code Benton, MS 39040-9162		
Name of Employer (Required) Bradley Arant Boult Cummings, LLP		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alicia Margolis	04/06/2023	\$100.00
Mailing Address 1474 Dover Rd		
City, State, Zip Code Benton, MS 39040-9162		
Name of Employer (Required) Bradley Arant Boult Cummings, LLP		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alicia Margolis	04/28/2023	\$50.00
Mailing Address 1474 Dover Rd		
City, State, Zip Code Benton, MS 39040-9162		
Name of Employer (Required) Bradley Arant Boult Cummings, LLP		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alfred Martin	03/27/2023	\$50.00
Mailing Address 130 Lake Holleman Pl		
City, State, Zip Code Ridgeland, MS 39157-5089		
Name of Employer (Required) Environmental Management Plus, Inc.		
Occupation (Required) Business Owner	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alfred Martin	04/11/2023	\$100.00
Mailing Address 130 Lake Holleman Pl		
City, State, Zip Code Ridgeland, MS 39157-5089		
Name of Employer (Required) Environmental Management Plus, Inc.		
Occupation (Required) Business Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alfred Martin	04/26/2023	\$100.00
Mailing Address 130 Lake Holleman Pl		
City, State, Zip Code Ridgeland, MS 39157-5089		
Name of Employer (Required) Environmental Management Plus, Inc.		
Occupation (Required) Business Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shirley Martin	03/09/2023	\$100.00
Mailing Address 113 Estelle Dr		
City, State, Zip Code Vicksburg, MS 39180-9799		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$550.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shirley Martin	03/15/2023	\$100.00
Mailing Address 113 Estelle Dr		
City, State, Zip Code Vicksburg, MS 39180-9799		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$550.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shirley Martin	04/17/2023	\$250.00
Mailing Address 113 Estelle Dr		
City, State, Zip Code Vicksburg, MS 39180-9799		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$550.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shirley Martin	04/30/2023	\$100.00
Mailing Address 113 Estelle Dr		
City, State, Zip Code Vicksburg, MS 39180-9799		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$550.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James H. Mason	01/12/2023	\$500.00
Mailing Address 163 Lake Trail Dr		
City, State, Zip Code Flora, MS 39071-9500		
Name of Employer (Required) Self Employed		
Occupation (Required) Gestalt Worker	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James H. Mason	04/30/2023	\$500.00
Mailing Address 163 Lake Trail Dr		
City, State, Zip Code Flora, MS 39071-9500		
Name of Employer (Required) Self Employed		
Occupation (Required) Gestalt Worker	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stefan Massong	01/12/2023	\$100.00
Mailing Address 307 Wisteria St		
City, State, Zip Code Ocean Springs, MS 39564-2840		
Name of Employer (Required) Self Employed		
Occupation (Required) Psychologist	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stefan Massong	03/24/2023	\$300.00
Mailing Address 307 Wisteria St		
City, State, Zip Code Ocean Springs, MS 39564-2840		
Name of Employer (Required) Self Employed		
Occupation (Required) Psychologist	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Richard May Jr	03/21/2023	\$500.00
Mailing Address PO Box 23121		
City, State, Zip Code Jackson, MS 39225-3121		
Name of Employer (Required) May Law Firm PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Richard May Jr	04/05/2023	\$100.00
Mailing Address PO Box 23121		
City, State, Zip Code Jackson, MS 39225-3121		
Name of Employer (Required) May Law Firm PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$600.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clinton Mayes Jr	03/06/2023	\$500.00
Mailing Address 100 Chilton Pl		
City, State, Zip Code Madison, MS 39110-7810		
Name of Employer (Required) Family Health Care Clinic		
Occupation (Required) Vice President	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Beverly McAlilly	01/13/2023	\$1,000.00
Mailing Address 1019 Fawn Dr		
City, State, Zip Code Tupelo, MS 38804-1923		
Name of Employer (Required) Methodist Senior Services		
Occupation (Required) Management	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Audrey McBride	04/01/2023	\$200.00
Mailing Address 1250 E Lakeshore Dr		
City, State, Zip Code Starkville, MS 39759-2482		
Name of Employer (Required) Mcbride & Co Real Estate		
Occupation (Required) Realtor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Audrey McBride	04/30/2023	\$50.00
Mailing Address 1250 E Lakeshore Dr		
City, State, Zip Code Starkville, MS 39759-2482		
Name of Employer (Required) Mcbride & Co Real Estate		
Occupation (Required) Realtor	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ruth McBride	02/26/2023	\$100.00
Mailing Address 15326 Watermill Ter		
City, State, Zip Code Woodbridge, VA 22191-4119		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ruth McBride	03/29/2023	\$100.00
Mailing Address 15326 Watermill Ter		
City, State, Zip Code Woodbridge, VA 22191-4119		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ruth McBride	04/30/2023	\$100.00
Mailing Address 15326 Watermill Ter		
City, State, Zip Code Woodbridge, VA 22191-4119		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Catherine McClinton	04/21/2023	\$500.00
Mailing Address 414 Andalusia Dr		
City, State, Zip Code Oxford, MS 38655-9258		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Davis McCool	04/12/2023	\$500.00
Mailing Address 8220 Maple St		
City, State, Zip Code New Orleans, LA 70118-1059		
Name of Employer (Required) Laitram		
Occupation (Required) Business Development Analyst	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John McCurdy	02/13/2023	\$1,000.00
Mailing Address 106 Castlehill Dr		
City, State, Zip Code Oxford, MS 38655-7354		
Name of Employer (Required) Self Employed		
Occupation (Required) Land Developer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert E. Mcdade Jr	04/26/2023	\$1,000.00
Mailing Address 4418 Woodview Dr		
City, State, Zip Code Belden, MS 38826-8731		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Mcdowell	03/24/2023	\$200.00
Mailing Address 1904 Fuller St		
City, State, Zip Code Hattiesburg, MS 39401-7544		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$725.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Mcdowell	04/10/2023	\$250.00
Mailing Address 1904 Fuller St		
City, State, Zip Code Hattiesburg, MS 39401-7544		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$725.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Mcdowell	04/14/2023	\$25.00
Mailing Address 1904 Fuller St		
City, State, Zip Code Hattiesburg, MS 39401-7544		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$725.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Mcdowell	04/26/2023	\$250.00
Mailing Address 1904 Fuller St		
City, State, Zip Code Hattiesburg, MS 39401-7544		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$725.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert B. McDuff	03/22/2023	\$500.00
Mailing Address 767 N Congress St		
City, State, Zip Code Jackson, MS 39202-3009		
Name of Employer (Required) Mississippi Center for Justice		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert G. McInnis	04/28/2023	\$10,000.00
Mailing Address PO Box 176		
City, State, Zip Code Clinton, MS 39060-0176		
Name of Employer (Required) McInnis Holdings LLC		
Occupation (Required) Business Owner	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy H. McKee	04/28/2023	\$250.00
Mailing Address 16 Oak Knoll Dr		
City, State, Zip Code Clarksdale, MS 38614-1951		
Name of Employer (Required) Cook Coggin Engineers Inc		
Occupation (Required) Marketing	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marie McKellar	04/06/2023	\$5,000.00
Mailing Address 425 Davis St		
City, State, Zip Code Evanston, IL 60201-4830		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve McKinney	04/04/2023	\$500.00
Mailing Address 114 Pecan Ln		
City, State, Zip Code West Point, MS 39773-3960		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David McKinnis	02/22/2023	\$37.30
Mailing Address 301 Sasco Hill Rd		
City, State, Zip Code Fairfield, CT 06824-5649		
Name of Employer (Required) David McKinnis Consulting, LLC		
Occupation (Required) Software Engineer	Aggregate year-to-date	\$1,037.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David McKinnis	02/23/2023	\$1,000.00
Mailing Address 301 Sasco Hill Rd		
City, State, Zip Code Fairfield, CT 06824-5649		
Name of Employer (Required) David McKinnis Consulting, LLC		
Occupation (Required) Software Engineer	Aggregate year-to-date	\$1,037.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leslie-Burl McLemore	04/05/2023	\$250.00
Mailing Address 7900 Michael Dr		
City, State, Zip Code Lake Cormorant, MS 38641-8211		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael B. McMahan	03/06/2023	\$1,000.00
Mailing Address 46 Longwood Dr		
City, State, Zip Code Hattiesburg, MS 39402-3083		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael B. McMahan	04/28/2023	\$500.00
Mailing Address 46 Longwood Dr		
City, State, Zip Code Hattiesburg, MS 39402-3083		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Obie M. McNair Jr	04/18/2023	\$250.00
Mailing Address 102 Cirencester Dr		
City, State, Zip Code Ridgeland, MS 39157-9788		
Name of Employer (Required) Central MS Health Services		
Occupation (Required) Physician	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael R. McWherter	01/18/2023	\$500.00
Mailing Address PO Box 1762		
City, State, Zip Code Jackson, TN 38302-1762		
Name of Employer (Required) Central Distributors, Inc.		
Occupation (Required) President	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carolyn Meaders	04/05/2023	\$25.00
Mailing Address 1303 Laurelwood Cir		
City, State, Zip Code Laurel, MS 39440-1868		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$375.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carolyn Meaders	04/14/2023	\$100.00
Mailing Address 1303 Laurelwood Cir		
City, State, Zip Code Laurel, MS 39440-1868		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$375.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carolyn Meaders	04/26/2023	\$250.00
Mailing Address 1303 Laurelwood Cir		
City, State, Zip Code Laurel, MS 39440-1868		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$375.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Timothy Medley	03/27/2023	\$250.00
Mailing Address 238 Eastbrooke St		
City, State, Zip Code Jackson, MS 39216-4716		
Name of Employer (Required) Medley & Brown		
Occupation (Required) Partner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary A. Mehrle	04/28/2023	\$500.00
Mailing Address PO Box 1036		
City, State, Zip Code Lambert, MS 38643-1036		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert K. Mehrle	04/26/2023	\$250.00
Mailing Address 3000 Anderson Rd		
City, State, Zip Code Lambert, MS 38643		
Name of Employer (Required) Mississippi Sports Medicine & Orthopaedics		
Occupation (Required) Orthopaedic Surgeon	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Mercier	02/14/2023	\$250.00
Mailing Address 501 E Shiloh Rd		
City, State, Zip Code Corinth, MS 38834-3460		
Name of Employer (Required) officePRO		
Occupation (Required) President	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Mercier	03/16/2023	\$50.00
Mailing Address 501 E Shiloh Rd		
City, State, Zip Code Corinth, MS 38834-3460		
Name of Employer (Required) officePRO		
Occupation (Required) President	Aggregate year-to-date	\$400.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Mercier	04/30/2023	\$100.00
Mailing Address 501 E Shiloh Rd		
City, State, Zip Code Corinth, MS 38834-3460		
Name of Employer (Required) officePRO		
Occupation (Required) President	Aggregate year-to-date	\$400.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Committee - Not a PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mike Espy for Senate Committee	04/18/2023	\$1,000.00
Mailing Address 4450 Old Canton Rd		
City, State, Zip Code Jackson, MS 39211-5994		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles J. Mikhail	04/28/2023	\$5,000.00
Mailing Address PO Box 38		
City, State, Zip Code Wiggins, MS 39577-0038		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William T. Miles	01/18/2023	\$500.00
Mailing Address 2846 Harden Chapel Rd		
City, State, Zip Code Fulton, MS 38843-9705		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alysson Mills	04/24/2023	\$1,000.00
Mailing Address 1441 Felicity St		
City, State, Zip Code New Orleans, LA 70130-5201		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brent Mills	04/25/2023	\$2,500.00
Mailing Address 735 Broad St		
City, State, Zip Code Chattanooga, TN 37402-1855		
Name of Employer (Required) Mills & Associates		
Occupation (Required) Filmmaker	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Olan Mills II	04/17/2023	\$25,000.00
Mailing Address 735 Broad St		
City, State, Zip Code Chattanooga, TN 37402-1855		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$25,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas Minor	02/09/2023	\$250.00
Mailing Address 113 Sharpe Rd		
City, State, Zip Code Madison, MS 39110-8547		
Name of Employer (Required) Raymond James		
Occupation (Required) Financial Advisor	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Peanut Supply and Equipment	03/06/2023	\$1,000.00
Mailing Address 41155 Highway 45 S		
City, State, Zip Code Aberdeen, MS 39730-9601		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cynthia I. Mitchell	01/28/2023	\$1,000.00
Mailing Address 1620 Anne Dr		
City, State, Zip Code Clarksdale, MS 38614-1802		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cynthia I. Mitchell	04/28/2023	\$1,000.00
Mailing Address 1620 Anne Dr		
City, State, Zip Code Clarksdale, MS 38614-1802		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Mittendorf	04/22/2023	\$2,500.00
Mailing Address 8002 Lanes End		
City, State, Zip Code Baton Rouge, LA 70810-2255		
Name of Employer (Required) Southern Strategy Group Louisiana		
Occupation (Required) Consultant	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard H. Molpus Jr	02/07/2023	\$15,000.00
Mailing Address 858 North St		
City, State, Zip Code Jackson, MS 39202-3019		
Name of Employer (Required) Molpus Woodlands Group		
Occupation (Required) Chairman	Aggregate year-to-date	\$25,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard H. Molpus Jr	04/28/2023	\$10,000.00
Mailing Address 858 North St		
City, State, Zip Code Jackson, MS 39202-3019		
Name of Employer (Required) Molpus Woodlands Group		
Occupation (Required) Chairman	Aggregate year-to-date	\$25,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mike Moore	02/06/2023	\$2,500.00
Mailing Address 104 Hidden Oaks Cv		
City, State, Zip Code Ridgeland, MS 39157-7703		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marshall Morgan	01/12/2023	\$100.00
Mailing Address 281 Pat Luckett Rd		
City, State, Zip Code Canton, MS 39046-8952		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$203.75
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marshall Morgan	03/13/2023	\$103.75
Mailing Address 281 Pat Luckett Rd		
City, State, Zip Code Canton, MS 39046-8952		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$203.75

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Staci Morgan	01/12/2023	\$500.00
Mailing Address 6946 Weir Panhandle Rd		
City, State, Zip Code Weir, MS 39772		
Name of Employer (Required) Self Employed		
Occupation (Required) Conference Director	Aggregate year-to-date	\$768.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Staci Morgan	02/09/2023	\$68.40
Mailing Address 6946 Weir Panhandle Rd		
City, State, Zip Code Weir, MS 39772		
Name of Employer (Required) Self Employed		
Occupation (Required) Conference Director	Aggregate year-to-date	\$768.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Staci Morgan	03/07/2023	\$100.00
Mailing Address 6946 Weir Panhandle Rd		
City, State, Zip Code Weir, MS 39772		
Name of Employer (Required) Self Employed		
Occupation (Required) Conference Director	Aggregate year-to-date	\$768.40
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Staci Morgan	04/07/2023	\$100.00
Mailing Address 6946 Weir Panhandle Rd		
City, State, Zip Code Weir, MS 39772		
Name of Employer (Required) Self Employed		
Occupation (Required) Conference Director	Aggregate year-to-date	\$768.40

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tommy Morgan	02/08/2023	\$1,000.00
Mailing Address 210 E Main St		
City, State, Zip Code Tupelo, MS 38804-4017		
Name of Employer (Required) Tommy Morgan, Inc.		
Occupation (Required) Realtor	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Morris	04/28/2023	\$1,000.00
Mailing Address PO Box 2136		
City, State, Zip Code Oxford, MS 38655-7136		
Name of Employer (Required) Brad Morris Law Firm PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Forrest Morris	03/30/2023	\$250.00
Mailing Address 600 N Beach Blvd		
City, State, Zip Code Bay Saint Louis, MS 39520-4604		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Martha R. Morrow	04/03/2023	\$500.00
Mailing Address 166 Bancroft Ave		
City, State, Zip Code Starkville, MS 39759-9275		
Name of Employer (Required) Self Employed		
Occupation (Required) Optometrist	Aggregate year-to-date	\$5,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Martha R. Morrow	04/26/2023	\$5,000.00
Mailing Address 166 Bancroft Ave		
City, State, Zip Code Starkville, MS 39759-9275		
Name of Employer (Required) Self Employed		
Occupation (Required) Optometrist	Aggregate year-to-date	\$5,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Morse	03/31/2023	\$50.00
Mailing Address 929 Bridge St		
City, State, Zip Code Gulfport, MS 39507-3432		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Morse	04/24/2023	\$250.00
Mailing Address 929 Bridge St		
City, State, Zip Code Gulfport, MS 39507-3432		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reilly Morse	04/10/2023	\$250.00
Mailing Address 929 Bridge St		
City, State, Zip Code Gulfport, MS 39507-3432		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Reilly Morse	04/30/2023	\$100.00
Mailing Address 929 Bridge St		
City, State, Zip Code Gulfport, MS 39507-3432		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ning Mosberger	04/26/2023	\$5,000.00
Mailing Address 1935 Stony Hill Rd		
City, State, Zip Code Boulder, CO 80305-6824		
Name of Employer (Required) ImagesByNing, LLC		
Occupation (Required) Photographer	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pam Mottley	03/07/2023	\$100.00
Mailing Address 1810 Fuller St		
City, State, Zip Code Hattiesburg, MS 39401-7548		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pam Mottley	03/16/2023	\$100.00
Mailing Address 1810 Fuller St		
City, State, Zip Code Hattiesburg, MS 39401-7548		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pam Mottley	04/13/2023	\$25.00
Mailing Address 1810 Fuller St		
City, State, Zip Code Hattiesburg, MS 39401-7548		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jim Mozingo	03/01/2023	\$500.00
Mailing Address 1016 Louisville St		
City, State, Zip Code Starkville, MS 39759-3953		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MS Sierra Club PAC	03/17/2023	\$45,000.00
Mailing Address PO Box 4335		
City, State, Zip Code Jackson, MS 39296-4335		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$45,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Luther Munford	02/15/2023	\$500.00
Mailing Address 810 Gillespie St		
City, State, Zip Code Jackson, MS 39202-1714		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Murray	04/23/2023	\$100.00
Mailing Address 65 Caitlynn Cir		
City, State, Zip Code Hattiesburg, MS 39402-7995		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Murray	04/30/2023	\$1,000.00
Mailing Address 65 Caitlynn Cir		
City, State, Zip Code Hattiesburg, MS 39402-7995		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ronnie Musgrove	04/30/2023	\$5,000.00
Mailing Address 135 Mayfield		
City, State, Zip Code Oxford, MS 38655-1215		
Name of Employer (Required) Ronnie Musgrove		
Occupation (Required) Attorney	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sally Nash	02/25/2023	\$250.00
Mailing Address 120 District Blvd		
City, State, Zip Code Jackson, MS 39211-6390		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donna Nelson	02/04/2023	\$500.00
Mailing Address 207 Iron Rail Ln		
City, State, Zip Code Georgetown, TX 78633-2356		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James O. Nelson II	01/18/2023	\$500.00
Mailing Address 113 Excursion		
City, State, Zip Code Irvine, CA 92618-0819		
Name of Employer (Required) First American Title Ins Co		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James O. Nelson II	01/31/2023	\$500.00
Mailing Address 113 Excursion		
City, State, Zip Code Irvine, CA 92618-0819		
Name of Employer (Required) First American Title Ins Co		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Adam Ness	02/01/2023	\$500.00
Mailing Address 3410 I St		
City, State, Zip Code Little Rock, AR 72205-4114		
Name of Employer (Required) Stakeholder Infrastructure, Inc.		
Occupation (Required) CEO	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mickey Newsom	02/28/2023	\$250.00
Mailing Address PO Box 112		
City, State, Zip Code Magnolia, MS 39652-0112		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Zachery Newton	04/20/2023	\$250.00
Mailing Address 1016 Church St		
City, State, Zip Code Ann Arbor, MI 48104-3468		
Name of Employer (Required) Norton Rose Fulbright		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name NexGen Crane & Rigging LLC	01/25/2023	\$10,000.00
Mailing Address PO Box 299		
City, State, Zip Code Hamilton, MS 39746-0299		
Name of Employer (Required) NexGen Crane & Rigging LLC		
Occupation (Required) .	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Neyhart	01/03/2023	\$5,000.00
Mailing Address 1301 N Rampart St		
City, State, Zip Code New Orleans, LA 70116-2658		
Name of Employer (Required) PosiGen Developer, LLC		
Occupation (Required) Management	Aggregate year-to-date	\$5,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joli Nichols	04/26/2023	\$500.00
Mailing Address 1701 Johnson Ave		
City, State, Zip Code Oxford, MS 38655-4725		
Name of Employer (Required) North MS Hand Clinics		
Occupation (Required) Occupational Therapist	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Horace Nix	04/29/2023	\$1,000.00
Mailing Address 1230 Trinidad Ave NE		
City, State, Zip Code Washington, DC 20002-3814		
Name of Employer (Required) Declaration Media		
Occupation (Required) Consultant	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walter Nixon	04/20/2023	\$500.00
Mailing Address 1412 Graham Rd		
City, State, Zip Code Jacksonville, AR 72076-3835		
Name of Employer (Required) Arkansas Public Service Commission		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Nobel	03/29/2023	\$250.00
Mailing Address 2 Jenny Close		
City, State, Zip Code Mamaroneck, NY 10543-1047		
Name of Employer (Required) Chemlube International, LLC		
Occupation (Required) CEO	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bentley Nolan	04/11/2023	\$1,000.00
Mailing Address 1425 E Main St		
City, State, Zip Code Tupelo, MS 38804-2926		
Name of Employer (Required) Nolan Brothers Motor Sales		
Occupation (Required) General Manager	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cindy O'Donnell	04/12/2023	\$500.00
Mailing Address 420 Turnberry Cir		
City, State, Zip Code Oxford, MS 38655-2568		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kimberly O'Guinn	04/29/2023	\$1,000.00
Mailing Address 11615 Shady Creek Dr		
City, State, Zip Code Little Rock, AR 72211-4541		
Name of Employer (Required) National Utilities Diversity Council		
Occupation (Required) Co-Chair	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Julia A. O'Neal	01/19/2023	\$1,000.00
Mailing Address PO Box 165		
City, State, Zip Code Ocean Springs, MS 39566-0165		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Julia A. O'Neal	04/10/2023	\$250.00
Mailing Address PO Box 165		
City, State, Zip Code Ocean Springs, MS 39566-0165		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Odonnell	02/02/2023	\$500.00
Mailing Address 420 Turnberry Cir		
City, State, Zip Code Oxford, MS 38655-2568		
Name of Employer (Required) Clayton O'Donnell, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathy Olsen	04/28/2023	\$5,000.00
Mailing Address 4416 Sunnybrook Dr		
City, State, Zip Code Nashville, TN 37205-3860		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Oneal	02/19/2023	\$100.00
Mailing Address 1011 Adeline St		
City, State, Zip Code Hattiesburg, MS 39401-5022		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate year-to-date	\$750.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Oneal	03/02/2023	\$100.00
Mailing Address 1011 Adeline St		
City, State, Zip Code Hattiesburg, MS 39401-5022		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Oneal	03/16/2023	\$50.00
Mailing Address 1011 Adeline St		
City, State, Zip Code Hattiesburg, MS 39401-5022		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Oneal	03/28/2023	\$250.00
Mailing Address 1011 Adeline St		
City, State, Zip Code Hattiesburg, MS 39401-5022		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Oneal	04/13/2023	\$100.00
Mailing Address 1011 Adeline St		
City, State, Zip Code Hattiesburg, MS 39401-5022		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate year-to-date	\$750.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Oneal	04/15/2023	\$50.00
Mailing Address 1011 Adeline St		
City, State, Zip Code Hattiesburg, MS 39401-5022		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Oneal	04/26/2023	\$50.00
Mailing Address 1011 Adeline St		
City, State, Zip Code Hattiesburg, MS 39401-5022		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Oneal	04/30/2023	\$25.00
Mailing Address 1011 Adeline St		
City, State, Zip Code Hattiesburg, MS 39401-5022		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Oneal	04/30/2023	\$25.00
Mailing Address 1011 Adeline St		
City, State, Zip Code Hattiesburg, MS 39401-5022		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate year-to-date	\$750.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. David Orlansky	04/10/2023	\$1,000.00
Mailing Address 1013 Laramie Ct		
City, State, Zip Code Madison, MS 39110-7746		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jay Osman	04/02/2023	\$250.00
Mailing Address 2550 Marshall Rd		
City, State, Zip Code Biloxi, MS 39531-4747		
Name of Employer (Required) Self Employed		
Occupation (Required) Financial Investments	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tim Oswalt	04/30/2023	\$250.00
Mailing Address 50333 Jonesboro Rd		
City, State, Zip Code Aberdeen, MS 39730-9640		
Name of Employer (Required) Tombigbee Pawn		
Occupation (Required) Pawn Broker	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David M. Ott	03/27/2023	\$500.00
Mailing Address 310 S 22nd Ave		
City, State, Zip Code Hattiesburg, MS 39401-7313		
Name of Employer (Required) Bryan Nelson P.A.		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janet S. Ott	02/08/2023	\$1,000.00
Mailing Address PO Box 5593		
City, State, Zip Code Jackson, MS 39288-5593		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Calvin Ousby	04/10/2023	\$500.00
Mailing Address PO Box 2816		
City, State, Zip Code Madison, MS 39130-2816		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Owen	03/23/2023	\$250.00
Mailing Address 124 5th St N		
City, State, Zip Code Columbus, MS 39701-4522		
Name of Employer (Required) David Owen Lawyer		
Occupation (Required) Attorney	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Owen	04/07/2023	\$100.00
Mailing Address 124 5th St N		
City, State, Zip Code Columbus, MS 39701-4522		
Name of Employer (Required) David Owen Lawyer		
Occupation (Required) Attorney	Aggregate year-to-date	\$350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stanley Owen	03/16/2023	\$100.00
Mailing Address 24 Sweetgrass Ln		
City, State, Zip Code Ocean Springs, MS 39564-3455		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stanley Owen	03/28/2023	\$100.00
Mailing Address 24 Sweetgrass Ln		
City, State, Zip Code Ocean Springs, MS 39564-3455		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stanley Owen	04/21/2023	\$100.00
Mailing Address 24 Sweetgrass Ln		
City, State, Zip Code Ocean Springs, MS 39564-3455		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Garry Pace	03/01/2023	\$1,000.00
Mailing Address PO Box 10		
City, State, Zip Code Decatur, MS 39327-0010		
Name of Employer (Required) Newton HealthCare Managment		
Occupation (Required) Health Care Operations	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John N. Palmer	01/31/2023	\$12,500.00
Mailing Address PO Box 3747		
City, State, Zip Code Jackson, MS 39207-3747		
Name of Employer (Required) Gulf South Capital		
Occupation (Required) Chairman	Aggregate year-to-date	\$25,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John N. Palmer	03/01/2023	\$12,500.00
Mailing Address PO Box 3747		
City, State, Zip Code Jackson, MS 39207-3747		
Name of Employer (Required) Gulf South Capital		
Occupation (Required) Chairman	Aggregate year-to-date	\$25,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Palmer	04/27/2023	\$2,500.00
Mailing Address 1671 Lelia Dr		
City, State, Zip Code Jackson, MS 39216-4818		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Buddy Parham	04/28/2023	\$500.00
Mailing Address 202 Autumn Ridge Dr		
City, State, Zip Code Jackson, MS 39211-5954		
Name of Employer (Required) Self Employed		
Occupation (Required) Nonprofit Consultant	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cynthia Parker	02/28/2023	\$2,500.00
Mailing Address 113 Royal Garden Ter		
City, State, Zip Code Madison, MS 39110-7635		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Paschall	04/29/2023	\$1,000.00
Mailing Address 2913 Lee Ave		
City, State, Zip Code Little Rock, AR 72205-4351		
Name of Employer (Required) Paschall Strategic Communications		
Occupation (Required) Public Affairs	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Patterson Ehrhardt PLLC	03/24/2023	\$1,000.00
Mailing Address PO Box 399		
City, State, Zip Code Como, MS 38619-0399		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth A. Payne	02/08/2023	\$1,000.00
Mailing Address 633 Park Dr		
City, State, Zip Code Oxford, MS 38655-2824		
Name of Employer (Required) Southern Association for Women Historians		
Occupation (Required) Historian	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Diane Perancih	03/15/2023	\$500.00
Mailing Address 25176 Lechene Dr		
City, State, Zip Code Pass Christian, MS 39571-9238		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lisa Percy	03/27/2023	\$3,000.00
Mailing Address 134 Bayou Rd		
City, State, Zip Code Greenville, MS 38701-7725		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wade Perry	01/12/2023	\$250.00
Mailing Address 2454 Eloong Dr		
City, State, Zip Code Mobile, AL 36605-4113		
Name of Employer (Required) National Telecomm and Information Administration		
Occupation (Required) Program Officer	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Petro Chemical Energy	04/18/2023	\$750.00
Mailing Address PO Box 1236		
City, State, Zip Code Russellville, AL 35653-1236		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$750.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joshua Phillips	01/19/2023	\$100.00
Mailing Address 104 Cavanaugh Dr		
City, State, Zip Code Madison, MS 39110-6205		
Name of Employer (Required) Mississippi Asthma and Allergy		
Occupation (Required) Physician	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joshua Phillips	03/28/2023	\$500.00
Mailing Address 104 Cavanaugh Dr		
City, State, Zip Code Madison, MS 39110-6205		
Name of Employer (Required) Mississippi Asthma and Allergy		
Occupation (Required) Physician	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cris Pickering	01/19/2023	\$100.00
Mailing Address 232 Calumet Dr		
City, State, Zip Code Madison, MS 39110-8685		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cris Pickering	02/20/2023	\$500.00
Mailing Address 232 Calumet Dr		
City, State, Zip Code Madison, MS 39110-8685		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,100.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cris Pickering	02/28/2023	\$500.00
Mailing Address 232 Calumet Dr		
City, State, Zip Code Madison, MS 39110-8685		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Pigott	04/30/2023	\$1,000.00
Mailing Address 775 N Congress St		
City, State, Zip Code Jackson, MS 39202-3009		
Name of Employer (Required) Pigott & Johnson P.A.		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Troy Pike	02/26/2023	\$500.00
Mailing Address 747 Greenview Trl NE		
City, State, Zip Code Brookhaven, MS 39601-8760		
Name of Employer (Required) I.C. Thomasson & Associates		
Occupation (Required) Mechanical Engineer	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denise Pilgrim	02/07/2023	\$100.00
Mailing Address 108 Bellingham Dr		
City, State, Zip Code Madison, MS 39110-8524		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$267.90

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denise Pilgrim	02/10/2023	\$17.90
Mailing Address 108 Bellingham Dr		
City, State, Zip Code Madison, MS 39110-8524		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$267.90
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denise Pilgrim	04/13/2023	\$100.00
Mailing Address 108 Bellingham Dr		
City, State, Zip Code Madison, MS 39110-8524		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$267.90
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Denise Pilgrim	04/28/2023	\$50.00
Mailing Address 108 Bellingham Dr		
City, State, Zip Code Madison, MS 39110-8524		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$267.90
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Pinkard	04/24/2023	\$500.00
Mailing Address 403 Brickworks Cir NE		
City, State, Zip Code Atlanta, GA 30307-5515		
Name of Employer (Required) Coca-Cola		
Occupation (Required) Marketing Operations	Aggregate year-to-date	\$594.25

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Pinkard	04/26/2023	\$94.25
Mailing Address 403 Brickworks Cir NE		
City, State, Zip Code Atlanta, GA 30307-5515		
Name of Employer (Required) Coca-Cola		
Occupation (Required) Marketing Operations	Aggregate year-to-date	\$594.25
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Crymes G. Pitmann	02/28/2023	\$7,500.00
Mailing Address 410 S President St		
City, State, Zip Code Jackson, MS 39201-5007		
Name of Employer (Required) Pittman, Roberts, & Welsh PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Crymes G. Pittman	04/27/2023	\$5,000.00
Mailing Address 410 S President St		
City, State, Zip Code Jackson, MS 39201-5007		
Name of Employer (Required) Pittman, Germany, Roberts & Welsh, LLP		
Occupation (Required) Attorney	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mona Pittman	04/30/2023	\$1,000.00
Mailing Address 613 Royal Oaks Dr		
City, State, Zip Code Oxford, MS 38655-9057		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bo Plunk	04/15/2023	\$250.00
Mailing Address 1514 Herrin St		
City, State, Zip Code Clarksdale, MS 38614-3104		
Name of Employer (Required) City of Clarksdale		
Occupation (Required) City Commissioner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenda Plunkett	02/09/2023	\$97.25
Mailing Address 138 N Ridge Dr		
City, State, Zip Code Saltillo, MS 38866-5763		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$601.20
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenda Plunkett	02/18/2023	\$65.25
Mailing Address 138 N Ridge Dr		
City, State, Zip Code Saltillo, MS 38866-5763		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$601.20
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenda Plunkett	03/01/2023	\$500.00
Mailing Address 138 N Ridge Dr		
City, State, Zip Code Saltillo, MS 38866-5763		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenda Plunkett	03/27/2023	\$188.70
Mailing Address 138 N Ridge Dr		
City, State, Zip Code Saltillo, MS 38866-5763		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$601.20
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenda Plunkett	04/26/2023	\$250.00
Mailing Address 138 N Ridge Dr		
City, State, Zip Code Saltillo, MS 38866-5763		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$601.20
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Plunkett	03/31/2023	\$250.00
Mailing Address 138 N Ridge Dr		
City, State, Zip Code Saltillo, MS 38866-5763		
Name of Employer (Required) Sanctuary		
Occupation (Required) CEO	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Norris Polk	01/25/2023	\$250.00
Mailing Address 4618 Sawmill Rd		
City, State, Zip Code Moss Point, MS 39563-2342		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Pope	03/22/2023	\$300.00
Mailing Address 1839 151st Ave SE		
City, State, Zip Code Bellevue, WA 98007-6101		
Name of Employer (Required) Lake Hills Legal Services PC		
Occupation (Required) Attorney	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tim W. Porter	01/30/2023	\$5,000.00
Mailing Address 921 Montrose Dr		
City, State, Zip Code Ridgeland, MS 39157-1394		
Name of Employer (Required) Porter/Malouf		
Occupation (Required) Attorney	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eddie Powell	02/04/2023	\$2,500.00
Mailing Address 2620 Northplace Dr		
City, State, Zip Code Tupelo, MS 38804-5019		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe Powell	02/28/2023	\$500.00
Mailing Address 417 Glenway Dr		
City, State, Zip Code Jackson, MS 39216-4108		
Name of Employer (Required) WC Leasing, LLC		
Occupation (Required) Leasing	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joe Powell	04/27/2023	\$1,000.00
Mailing Address 417 Glenway Dr		
City, State, Zip Code Jackson, MS 39216-4108		
Name of Employer (Required) WC Leasing, LLC		
Occupation (Required) Leasing	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Norman Powell	04/27/2023	\$2,500.00
Mailing Address PO Box 2617		
City, State, Zip Code Tupelo, MS 38803-2617		
Name of Employer (Required) P&M Automatic Fire Protection		
Occupation (Required) Business Owner	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wesley F. Prater	02/28/2023	\$1,000.00
Mailing Address PO Box 90		
City, State, Zip Code Canton, MS 39046-0090		
Name of Employer (Required) Self Employed		
Occupation (Required) Physician	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Greta Presley	02/12/2023	\$52.30
Mailing Address 7054 Penbrook Dr		
City, State, Zip Code Franklin, TN 37069-8407		
Name of Employer (Required) HCA Healthcare		
Occupation (Required) Healthcare Administration	Aggregate year-to-date	\$202.30

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Greta Presley	04/26/2023	\$150.00
Mailing Address 7054 Penbrook Dr		
City, State, Zip Code Franklin, TN 37069-8407		
Name of Employer (Required) HCA Healthcare		
Occupation (Required) Healthcare Administration	Aggregate year-to-date	\$202.30
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marcus Presley	01/12/2023	\$100.00
Mailing Address 3405 SW Town Vu Rd		
City, State, Zip Code Bentonville, AR 72712-8986		
Name of Employer (Required) Walmart, Inc.		
Occupation (Required) Director of Compliance	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marcus Presley	04/06/2023	\$500.00
Mailing Address 3405 SW Town Vu Rd		
City, State, Zip Code Bentonville, AR 72712-8986		
Name of Employer (Required) Walmart, Inc.		
Occupation (Required) Director of Compliance	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Peyton Prospere	01/24/2023	\$500.00
Mailing Address 1336 Saint Mary St		
City, State, Zip Code Jackson, MS 39202-1848		
Name of Employer (Required) Watkins & Eager PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Peyton Prospere	04/06/2023	\$500.00
Mailing Address 1336 Saint Mary St		
City, State, Zip Code Jackson, MS 39202-1848		
Name of Employer (Required) Watkins & Eager PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. K. Pruitt	02/22/2023	\$100.00
Mailing Address 4217 Oakridge Dr		
City, State, Zip Code Jackson, MS 39216-3420		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. K. Pruitt	03/18/2023	\$50.00
Mailing Address 4217 Oakridge Dr		
City, State, Zip Code Jackson, MS 39216-3420		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. K. Pruitt	04/14/2023	\$25.00
Mailing Address 4217 Oakridge Dr		
City, State, Zip Code Jackson, MS 39216-3420		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. K. Pruitt	04/27/2023	\$50.00
Mailing Address 4217 Oakridge Dr		
City, State, Zip Code Jackson, MS 39216-3420		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert M. Pugh	03/11/2023	\$25.00
Mailing Address 5924 Whitestone Rd		
City, State, Zip Code Jackson, MS 39206-2515		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert M. Pugh	04/11/2023	\$25.00
Mailing Address 5924 Whitestone Rd		
City, State, Zip Code Jackson, MS 39206-2515		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert M. Pugh	04/18/2023	\$250.00
Mailing Address 5924 Whitestone Rd		
City, State, Zip Code Jackson, MS 39206-2515		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lydia Quarles	03/10/2023	\$1,000.00
Mailing Address 1016 Louisville St		
City, State, Zip Code Starkville, MS 39759-3953		
Name of Employer (Required) Mozingo/Quarles PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lydia Quarles	04/26/2023	\$100.00
Mailing Address 1016 Louisville St		
City, State, Zip Code Starkville, MS 39759-3953		
Name of Employer (Required) Mozingo/Quarles PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regina Quinn	03/21/2023	\$500.00
Mailing Address 65 Autumn Hill Dr		
City, State, Zip Code Jackson, MS 39211-2941		
Name of Employer (Required) The May Law Firm, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Susan Rabon	02/07/2023	\$250.00
Mailing Address 306 River Dr		
City, State, Zip Code Southport, NC 28461-4110		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heath Randall	02/14/2023	\$25.00
Mailing Address 2248 Summit Dr		
City, State, Zip Code Arnold, MO 63010-2254		
Name of Employer (Required) Campbells		
Occupation (Required) Sales	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heath Randall	02/17/2023	\$25.00
Mailing Address 2248 Summit Dr		
City, State, Zip Code Arnold, MO 63010-2254		
Name of Employer (Required) Campbells		
Occupation (Required) Sales	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heath Randall	02/24/2023	\$25.00
Mailing Address 2248 Summit Dr		
City, State, Zip Code Arnold, MO 63010-2254		
Name of Employer (Required) Campbells		
Occupation (Required) Sales	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heath Randall	03/16/2023	\$50.00
Mailing Address 2248 Summit Dr		
City, State, Zip Code Arnold, MO 63010-2254		
Name of Employer (Required) Campbells		
Occupation (Required) Sales	Aggregate year-to-date	\$275.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heath Randall	03/18/2023	\$25.00
Mailing Address 2248 Summit Dr		
City, State, Zip Code Arnold, MO 63010-2254		
Name of Employer (Required) Campbells		
Occupation (Required) Sales	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heath Randall	03/24/2023	\$25.00
Mailing Address 2248 Summit Dr		
City, State, Zip Code Arnold, MO 63010-2254		
Name of Employer (Required) Campbells		
Occupation (Required) Sales	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heath Randall	04/19/2023	\$25.00
Mailing Address 2248 Summit Dr		
City, State, Zip Code Arnold, MO 63010-2254		
Name of Employer (Required) Campbells		
Occupation (Required) Sales	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heath Randall	04/20/2023	\$50.00
Mailing Address 2248 Summit Dr		
City, State, Zip Code Arnold, MO 63010-2254		
Name of Employer (Required) Campbells		
Occupation (Required) Sales	Aggregate year-to-date	\$275.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heath Randall	04/24/2023	\$25.00
Mailing Address 2248 Summit Dr		
City, State, Zip Code Arnold, MO 63010-2254		
Name of Employer (Required) Campbells		
Occupation (Required) Sales	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Rankin	03/04/2023	\$100.00
Mailing Address PO Box 219		
City, State, Zip Code Braxton, MS 39044-0219		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Rankin	03/09/2023	\$50.00
Mailing Address PO Box 219		
City, State, Zip Code Braxton, MS 39044-0219		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Rankin	03/23/2023	\$50.00
Mailing Address PO Box 219		
City, State, Zip Code Braxton, MS 39044-0219		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$325.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Rankin	04/06/2023	\$50.00
Mailing Address PO Box 219		
City, State, Zip Code Braxton, MS 39044-0219		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Rankin	04/19/2023	\$25.00
Mailing Address PO Box 219		
City, State, Zip Code Braxton, MS 39044-0219		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barbara Rankin	04/23/2023	\$50.00
Mailing Address PO Box 219		
City, State, Zip Code Braxton, MS 39044-0219		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$325.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Danny Rasberry	02/22/2023	\$250.00
Mailing Address 754 N 8th Ave		
City, State, Zip Code Laurel, MS 39440-3451		
Name of Employer (Required) Rasberry Producer Group		
Occupation (Required) Sales	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Raspet	03/01/2023	\$1,000.00
Mailing Address PO Box 2595		
City, State, Zip Code Oxford, MS 38655-4900		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Raspet	04/13/2023	\$1,000.00
Mailing Address PO Box 2595		
City, State, Zip Code Oxford, MS 38655-4900		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Ratcliffe	02/25/2023	\$500.00
Mailing Address 154 Tallulah Rdg		
City, State, Zip Code Hattiesburg, MS 39402-7626		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Ratcliffe	03/27/2023	\$500.00
Mailing Address 154 Tallulah Rdg		
City, State, Zip Code Hattiesburg, MS 39402-7626		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael V. Ratliff	03/06/2023	\$500.00
Mailing Address 1300 Hardy St		
City, State, Zip Code Hattiesburg, MS 39401-4924		
Name of Employer (Required) Johnson, Ratliff & Waide		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Raymond	03/23/2023	\$100.00
Mailing Address 3915 Saint Charles Ave		
City, State, Zip Code New Orleans, LA 70115-4659		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$650.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Raymond	03/29/2023	\$100.00
Mailing Address 3915 Saint Charles Ave		
City, State, Zip Code New Orleans, LA 70115-4659		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$650.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Raymond	04/11/2023	\$100.00
Mailing Address 3915 Saint Charles Ave		
City, State, Zip Code New Orleans, LA 70115-4659		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$650.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Raymond	04/24/2023	\$250.00
Mailing Address 3915 Saint Charles Ave		
City, State, Zip Code New Orleans, LA 70115-4659		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$650.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Raymond	04/29/2023	\$100.00
Mailing Address 3915 Saint Charles Ave		
City, State, Zip Code New Orleans, LA 70115-4659		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$650.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Ready	02/07/2023	\$5,000.00
Mailing Address PO Box 127		
City, State, Zip Code Hernando, MS 38632-0127		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$6,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Ready	04/27/2023	\$1,000.00
Mailing Address PO Box 127		
City, State, Zip Code Hernando, MS 38632-0127		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$6,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Debra Reed	04/17/2023	\$1,000.00
Mailing Address 3436 Magazine St		
City, State, Zip Code New Orleans, LA 70115-2480		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jack R. Reed Jr	04/26/2023	\$1,000.00
Mailing Address PO Box 230		
City, State, Zip Code Tupelo, MS 38802-0230		
Name of Employer (Required) RW Reed Co		
Occupation (Required) Business Owner	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William T. Reed	04/24/2023	\$1,000.00
Mailing Address PO Box 446		
City, State, Zip Code Pascagoula, MS 39568-0446		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Reilly	04/25/2023	\$500.00
Mailing Address 1094 Colquitt Ave NE		
City, State, Zip Code Atlanta, GA 30307-1945		
Name of Employer (Required) Self Employed		
Occupation (Required) Investor	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Renfroe	01/13/2023	\$1,000.00
Mailing Address 5113 Arthur St		
City, State, Zip Code Moss Point, MS 39563-2705		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Renfroe	04/29/2023	\$100.00
Mailing Address 5113 Arthur St		
City, State, Zip Code Moss Point, MS 39563-2705		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bruce Rew	04/29/2023	\$250.00
Mailing Address 469 Woodland		
City, State, Zip Code Greers Ferry, AR 72067-9061		
Name of Employer (Required) Southwest Power Pool		
Occupation (Required) Engineer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas Rhoden	01/29/2023	\$2,500.00
Mailing Address 117 Park Circle Dr		
City, State, Zip Code Flowood, MS 39232-8878		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$2,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johanna Rice	01/17/2023	\$100.00
Mailing Address 167 Court St		
City, State, Zip Code West Point, MS 39773-7990		
Name of Employer (Required) Johanna Rice, LLC		
Occupation (Required) Publisher	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johanna Rice	02/13/2023	\$25.00
Mailing Address 167 Court St		
City, State, Zip Code West Point, MS 39773-7990		
Name of Employer (Required) Johanna Rice, LLC		
Occupation (Required) Publisher	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johanna Rice	03/20/2023	\$100.00
Mailing Address 167 Court St		
City, State, Zip Code West Point, MS 39773-7990		
Name of Employer (Required) Johanna Rice, LLC		
Occupation (Required) Publisher	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johanna Rice	04/16/2023	\$25.00
Mailing Address 167 Court St		
City, State, Zip Code West Point, MS 39773-7990		
Name of Employer (Required) Johanna Rice, LLC		
Occupation (Required) Publisher	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Richardson	02/01/2023	\$500.00
Mailing Address 6008 Vista Cir		
City, State, Zip Code Gulfport, MS 39507-4634		
Name of Employer (Required) Chism Strategies		
Occupation (Required) Consultant	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Richardson	04/04/2023	\$250.00
Mailing Address 6008 Vista Cir		
City, State, Zip Code Gulfport, MS 39507-4634		
Name of Employer (Required) Chism Strategies		
Occupation (Required) Consultant	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen B. Richer	03/12/2023	\$25.00
Mailing Address 62 53rd Cir		
City, State, Zip Code Gulfport, MS 39507-4541		
Name of Employer (Required) Self Employed		
Occupation (Required) Consultant and Global Marketer	Aggregate year-to-date	\$375.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen B. Richer	04/10/2023	\$100.00
Mailing Address 62 53rd Cir		
City, State, Zip Code Gulfport, MS 39507-4541		
Name of Employer (Required) Self Employed		
Occupation (Required) Consultant and Global Marketer	Aggregate year-to-date	\$375.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen B. Richer	04/25/2023	\$250.00
Mailing Address 62 53rd Cir		
City, State, Zip Code Gulfport, MS 39507-4541		
Name of Employer (Required) Self Employed		
Occupation (Required) Consultant and Global Marketer	Aggregate year-to-date	\$375.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Committee - Not a PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richmond for Congress	03/21/2023	\$5,000.00
Mailing Address 8 Rosedown Ct		
City, State, Zip Code New Orleans, LA 70131-3312		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heather Ricketts	03/21/2023	\$500.00
Mailing Address 2600 Hunters Pt		
City, State, Zip Code Kalamazoo, MI 49048-6105		
Name of Employer (Required) Gretchen Whitmer for Governor		
Occupation (Required) Compliance Director	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vivian Riefberg	04/18/2023	\$2,500.00
Mailing Address 8504 Beech Tree Ct		
City, State, Zip Code Bethesda, MD 20817-2901		
Name of Employer (Required) University of Virginia		
Occupation (Required) Professor	Aggregate year-to-date	\$2,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. T. Riemann III	04/05/2023	\$2,000.00
Mailing Address 911 Wanda Pl		
City, State, Zip Code Gulfport, MS 39501-5364		
Name of Employer (Required) Riemann Family Funeral Homes		
Occupation (Required) Business Owner	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dale Riser	02/05/2023	\$250.00
Mailing Address 605 Tuscan Valley Dr		
City, State, Zip Code Oxford, MS 38655-9324		
Name of Employer (Required) Beard + Riser Architects		
Occupation (Required) Architect	Aggregate year-to-date	\$255.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dale Riser	04/03/2023	\$5.00
Mailing Address 605 Tuscan Valley Dr		
City, State, Zip Code Oxford, MS 38655-9324		
Name of Employer (Required) Beard + Riser Architects		
Occupation (Required) Architect	Aggregate year-to-date	\$255.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Melissa Roberson	04/23/2023	\$250.00
Mailing Address PO Box 85		
City, State, Zip Code Taylor, MS 38673-0085		
Name of Employer (Required) Self Employed		
Occupation (Required) Writer	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Gaines State Farm Insurance	01/31/2023	\$250.00
Mailing Address 922 S Gloster St		
City, State, Zip Code Tupelo, MS 38801-6312		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeff Robertson	02/09/2023	\$1,000.00
Mailing Address 317 Magazine St		
City, State, Zip Code Tupelo, MS 38804-4865		
Name of Employer (Required) Tom's Automotive		
Occupation (Required) Business Owner	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robin & Associates	04/27/2023	\$2,500.00
Mailing Address 81125 Highway 1129		
City, State, Zip Code Covington, LA 70435-8221		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. B. Robinson Jr	01/31/2023	\$250.00
Mailing Address 49 Eastbrooke St		
City, State, Zip Code Jackson, MS 39216-4714		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Emerson B. Robinson Jr	04/24/2023	\$1,000.00
Mailing Address 49 Eastbrooke St		
City, State, Zip Code Jackson, MS 39216-4714		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Suzanne Robinson	02/14/2023	\$100.00
Mailing Address 206 Wood St		
City, State, Zip Code Water Valley, MS 38965-2603		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$355.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Suzanne Robinson	04/01/2023	\$5.00
Mailing Address 206 Wood St		
City, State, Zip Code Water Valley, MS 38965-2603		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$355.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Suzanne Robinson	04/24/2023	\$250.00
Mailing Address 206 Wood St		
City, State, Zip Code Water Valley, MS 38965-2603		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$355.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Committee - Not a PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Bedford Senate Campaign	01/27/2023	\$5,000.00
Mailing Address 50 Sherwood Dr		
City, State, Zip Code Tuscaloosa, AL 35401-1170		
Name of Employer (Required) 		
Occupation (Required)	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Committee - Not a PAC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Bedford Senate Campaign	04/26/2023	\$5,000.00
Mailing Address 50 Sherwood Dr		
City, State, Zip Code Tuscaloosa, AL 35401-1170		
Name of Employer (Required) 		
Occupation (Required)	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carrie Rogers	04/29/2023	\$1,000.00
Mailing Address 607 1/2 Cedar Dr		
City, State, Zip Code New Albany, MS 38652-4702		
Name of Employer (Required) MegMed Health		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ross Law Office PLLC	03/01/2023	\$2,500.00
Mailing Address 384 Court St		
City, State, Zip Code West Point, MS 39773-2954		
Name of Employer (Required) 		
Occupation (Required)	Aggregate year-to-date	\$2,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name H. Scott Ross	03/02/2023	\$2,500.00
Mailing Address PO Box 332		
City, State, Zip Code West Point, MS 39773-0332		
Name of Employer (Required) Ross & Kelley, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Laura Ross	04/15/2023	\$1,000.00
Mailing Address 770 Park Ave		
City, State, Zip Code New York, NY 10021-4153		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael A. Ross	04/29/2023	\$2,000.00
Mailing Address 44 Iviers Dr		
City, State, Zip Code Little Rock, AR 72223-9143		
Name of Employer (Required) Southwest Power Pool		
Occupation (Required) Senior Vice President	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jim Roth	02/08/2023	\$500.00
Mailing Address PO Box 18904		
City, State, Zip Code Oklahoma City, OK 73154-0904		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kevin Rowe	02/11/2023	\$2,500.00
Mailing Address 35 S Peak		
City, State, Zip Code Laguna Niguel, CA 92677-2903		
Name of Employer (Required) K Rowe Investments, LLC		
Occupation (Required) Managing Member	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David E. Rozier Jr	04/06/2023	\$1,500.00
Mailing Address PO Box 2388		
City, State, Zip Code Oxford, MS 38655-7000		
Name of Employer (Required) MGC Law		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy Rubin	04/27/2023	\$500.00
Mailing Address 1120 Stone Canyon Rd		
City, State, Zip Code Los Angeles, CA 90077-2918		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Ruby	03/17/2023	\$250.00
Mailing Address 284 Lakeshire Pkwy		
City, State, Zip Code Canton, MS 39046-5326		
Name of Employer (Required) Trustmark		
Occupation (Required) Finance	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William R. Ruffin	04/24/2023	\$1,000.00
Mailing Address PO Box 565		
City, State, Zip Code Bay Springs, MS 39422-0565		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Rushing	02/24/2023	\$14.60
Mailing Address 102 N Sunflower Ave		
City, State, Zip Code Indianola, MS 38751-2552		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$214.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Rushing	03/14/2023	\$100.00
Mailing Address 102 N Sunflower Ave		
City, State, Zip Code Indianola, MS 38751-2552		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$214.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Rushing	04/14/2023	\$100.00
Mailing Address 102 N Sunflower Ave		
City, State, Zip Code Indianola, MS 38751-2552		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$214.60

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Russell	04/12/2023	\$250.00
Mailing Address 14 Deauville Cir		
City, State, Zip Code Little Rock, AR 72223-5532		
Name of Employer (Required) Simmons & Russell Group		
Occupation (Required) Consultant	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RW Sales Inc	04/18/2023	\$500.00
Mailing Address PO Box 160		
City, State, Zip Code Grenada, MS 38902-0160		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Salmon	02/01/2023	\$500.00
Mailing Address 1068 Factory Dr		
City, State, Zip Code Charleston, MS 38921-6620		
Name of Employer (Required) Diabetic-Shoppe		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Salmon	02/14/2023	\$500.00
Mailing Address 1068 Factory Dr		
City, State, Zip Code Charleston, MS 38921-6620		
Name of Employer (Required) Diabetic-Shoppe		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Salmon	04/30/2023	\$500.00
Mailing Address 1068 Factory Dr		
City, State, Zip Code Charleston, MS 38921-6620		
Name of Employer (Required) Diabetic-Shoppe		
Occupation (Required) Pharmacist		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Todd Sanmillan	04/29/2023	\$250.00
Mailing Address 3848 Captain Dr		
City, State, Zip Code Chamblee, GA 30341-1806		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Justine Sarver	02/09/2023	\$298.10
Mailing Address 270 Magnolia Rd		
City, State, Zip Code Clinton, MS 39056-2215		
Name of Employer (Required) Supernova Strategies		
Occupation (Required) Consultant		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Sawyer	04/05/2023	\$1,000.00
Mailing Address 150 Spence Dr		
City, State, Zip Code Pass Christian, MS 39571-4839		
Name of Employer (Required) Memorial Hospital		
Occupation (Required) Physician		
	Aggregate year-to-date	\$1,500.00
	Aggregate year-to-date	\$250.00
	Aggregate year-to-date	\$298.10
	Aggregate year-to-date	\$1,000.00
	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen K. Sawyer	04/26/2023	\$250.00
Mailing Address 150 Spence Dr		
City, State, Zip Code Pass Christian, MS 39571-4839		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Schimmel	01/18/2023	\$1,000.00
Mailing Address 3630 Kings Hwy		
City, State, Zip Code Jackson, MS 39216-3321		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Schimmel	02/06/2023	\$1,000.00
Mailing Address 3630 Kings Hwy		
City, State, Zip Code Jackson, MS 39216-3321		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Schimmel	03/10/2023	\$1,000.00
Mailing Address 3630 Kings Hwy		
City, State, Zip Code Jackson, MS 39216-3321		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Schimmel	03/27/2023	\$100.00
Mailing Address 3630 Kings Hwy		
City, State, Zip Code Jackson, MS 39216-3321		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Schimmel	04/03/2023	\$1,000.00
Mailing Address 3630 Kings Hwy		
City, State, Zip Code Jackson, MS 39216-3321		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George Schimmel	04/26/2023	\$1,250.00
Mailing Address 3630 Kings Hwy		
City, State, Zip Code Jackson, MS 39216-3321		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$5,350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jim Schott	02/23/2023	\$2,500.00
Mailing Address 9 E Hill Dr		
City, State, Zip Code Jackson, MS 39216-3622		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$5,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jim Schott	02/27/2023	\$2,500.00
Mailing Address 9 E Hill Dr		
City, State, Zip Code Jackson, MS 39216-3622		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard B. Schwartz	03/07/2023	\$15,000.00
Mailing Address PO Box 3949		
City, State, Zip Code Jackson, MS 39207-3949		
Name of Employer (Required) Schwartz & Associates		
Occupation (Required) Attorney	Aggregate year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Janet Scott	03/30/2023	\$5,000.00
Mailing Address 280 Mccullough Ln		
City, State, Zip Code Flora, MS 39071-9408		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dan Scripps	02/11/2023	\$250.00
Mailing Address PO Box 474		
City, State, Zip Code Northport, MI 49670-0474		
Name of Employer (Required) State of Michigan		
Occupation (Required) State Utility Regulator	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Z. Scruggs	04/24/2023	\$5,000.00
Mailing Address 508 Fazio Drive Extended		
City, State, Zip Code Oxford, MS 38655-2771		
Name of Employer (Required) 2nd Chance MS		
Occupation (Required) Executive Director	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard F. Scruggs	04/20/2023	\$10,000.00
Mailing Address 700 Faulkner Woods Pl		
City, State, Zip Code Oxford, MS 38655-4620		
Name of Employer (Required) 2nd Chance MS		
Occupation (Required) Philanthropy	Aggregate year-to-date	\$10,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Security Investment Trust Inc	04/18/2023	\$500.00
Mailing Address PO Box 1661		
City, State, Zip Code Grenada, MS 38902-1661		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Satnam L. Sethi	04/18/2023	\$1,000.00
Mailing Address 1554 W Peace St		
City, State, Zip Code Canton, MS 39046-5325		
Name of Employer (Required) Jackie's International, Inc.		
Occupation (Required) CEO	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jigar Shah	03/03/2023	\$2,500.00
Mailing Address 8001 Newdale Rd		
City, State, Zip Code Bethesda, MD 20814-4623		
Name of Employer (Required) US Dept of Energy		
Occupation (Required) Executive	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Sheffield	02/02/2023	\$100.00
Mailing Address 150 Watermelon Rd		
City, State, Zip Code Ovett, MS 39464-4021		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Sheffield	04/07/2023	\$1,000.00
Mailing Address 150 Watermelon Rd		
City, State, Zip Code Ovett, MS 39464-4021		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,100.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Lee Shelton	01/24/2023	\$500.00
Mailing Address 807 Indian Oaks Dr		
City, State, Zip Code Saltillo, MS 38866-9404		
Name of Employer (Required) General Services Administration		
Occupation (Required) Regional Administrator	Aggregate year-to-date	\$2,271.75

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Lee Shelton	01/24/2023	\$500.00
Mailing Address 807 Indian Oaks Dr		
City, State, Zip Code Saltillo, MS 38866-9404		
Name of Employer (Required) General Services Administration		
Occupation (Required) Regional Administrator		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Lee Shelton	02/09/2023	\$271.75
Mailing Address 807 Indian Oaks Dr		
City, State, Zip Code Saltillo, MS 38866-9404		
Name of Employer (Required) General Services Administration		
Occupation (Required) Regional Administrator		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Lee Shelton	04/27/2023	\$1,000.00
Mailing Address 807 Indian Oaks Dr		
City, State, Zip Code Saltillo, MS 38866-9404		
Name of Employer (Required) General Services Administration		
Occupation (Required) Regional Administrator		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Sheppard	04/24/2023	\$250.00
Mailing Address PO Box 327		
City, State, Zip Code Cuero, TX 77954-0327		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney		
	Aggregate year-to-date	\$850.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Sheppard	04/26/2023	\$500.00
Mailing Address PO Box 327		
City, State, Zip Code Cuero, TX 77954-0327		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$850.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Sheppard	04/30/2023	\$100.00
Mailing Address PO Box 327		
City, State, Zip Code Cuero, TX 77954-0327		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$850.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hayette Sherrod	04/14/2023	\$500.00
Mailing Address 165 Bancroft Ave		
City, State, Zip Code Starkville, MS 39759-9275		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Francisco J. Sierra	01/22/2023	\$2,000.00
Mailing Address 425 Locust Ln		
City, State, Zip Code Tupelo, MS 38801-9457		
Name of Employer (Required) Independent Contractor		
Occupation (Required) Physician	Aggregate year-to-date	\$2,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paul Silverman	04/26/2023	\$2,500.00
Mailing Address 201 Montgomery St		
City, State, Zip Code Jersey City, NJ 07302-5055		
Name of Employer (Required) Silverman		
Occupation (Required) Real Estate Developer	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Derrick Simmons	01/13/2023	\$500.00
Mailing Address 207 Main St		
City, State, Zip Code Greenville, MS 38701-4038		
Name of Employer (Required) Simmons & Simmons		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Derrick Simmons	03/17/2023	\$500.00
Mailing Address 207 Main St		
City, State, Zip Code Greenville, MS 38701-4038		
Name of Employer (Required) Simmons & Simmons		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Derrick Simmons	04/18/2023	\$500.00
Mailing Address 207 Main St		
City, State, Zip Code Greenville, MS 38701-4038		
Name of Employer (Required) Simmons & Simmons		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Timothy Simon	02/06/2023	\$500.00
Mailing Address 788 Jamestown Ave		
City, State, Zip Code San Francisco, CA 94124-3744		
Name of Employer (Required) TAS Strategies		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Meg Sinervo	04/13/2023	\$216.75
Mailing Address 16 County Road 2055		
City, State, Zip Code Oxford, MS 38655-8831		
Name of Employer (Required) Meek Foundation		
Occupation (Required) Executive Director	Aggregate year-to-date	\$216.75
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Sisung	04/30/2023	\$1,000.00
Mailing Address 201 Saint Charles Ave		
City, State, Zip Code New Orleans, LA 70170-1000		
Name of Employer (Required) Sisung		
Occupation (Required) Consultant	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kelli Slater	02/20/2023	\$250.00
Mailing Address 3196 Wynndale Rd		
City, State, Zip Code Terry, MS 39170-7753		
Name of Employer (Required) Carson Law Group, PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$253.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kelli Slater	04/20/2023	\$3.00
Mailing Address 3196 Wynndale Rd		
City, State, Zip Code Terry, MS 39170-7753		
Name of Employer (Required) Carson Law Group, PLLC		
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark Sledge	04/27/2023	\$500.00
Mailing Address 106 Grandview Cir		
City, State, Zip Code Brandon, MS 39047-8274		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name T. Mark Sledge	02/21/2023	\$1,000.00
Mailing Address 587 Highland Colony Pkwy		
City, State, Zip Code Ridgeland, MS 39157-8784		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Drew Smith	04/21/2023	\$1,000.00
Mailing Address 426 Village Green Blvd		
City, State, Zip Code Ann Arbor, MI 48105-3634		
Name of Employer (Required) University of Michigan		
Occupation (Required) Treasurer		
	Aggregate year-to-date	\$253.00
	Aggregate year-to-date	\$500.00
	Aggregate year-to-date	\$1,000.00
	Aggregate year-to-date	\$1,000.00
	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dustin Smith	04/27/2023	\$500.00
Mailing Address 152 Blackburn Dr		
City, State, Zip Code Little Rock, AR 72211-2167		
Name of Employer (Required) Southwest Power Pool		
Occupation (Required) Director	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fant Smith	04/22/2023	\$500.00
Mailing Address 2223 Shannon Dr		
City, State, Zip Code Murfreesboro, TN 37129-1360		
Name of Employer (Required) American Solutions for Business		
Occupation (Required) Sales	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry Smith	02/01/2023	\$100.00
Mailing Address 136 St Regis Dr		
City, State, Zip Code Madison, MS 39110-7798		
Name of Employer (Required) Mississippi Baptist Medical Center		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry Smith	02/14/2023	\$100.00
Mailing Address 136 St Regis Dr		
City, State, Zip Code Madison, MS 39110-7798		
Name of Employer (Required) Mississippi Baptist Medical Center		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry Smith	04/29/2023	\$50.00
Mailing Address 136 St Regis Dr		
City, State, Zip Code Madison, MS 39110-7798		
Name of Employer (Required) Mississippi Baptist Medical Center		
Occupation (Required) Pharmacist	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Smith	01/20/2023	\$300.00
Mailing Address 1611 Edgewood St		
City, State, Zip Code Jackson, MS 39202-1102		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Suzanne Smith	04/14/2023	\$250.00
Mailing Address 141 Sandy Dr		
City, State, Zip Code Clinton, PA 15026-1325		
Name of Employer (Required) Porter Malouf PA		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Smithson	02/16/2023	\$500.00
Mailing Address 155 Castle Cir		
City, State, Zip Code Madison, MS 39110-9403		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$750.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Smithson	03/25/2023	\$250.00
Mailing Address 155 Castle Cir		
City, State, Zip Code Madison, MS 39110-9403		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerri Smitko	03/14/2023	\$100.00
Mailing Address 622 Belanger St		
City, State, Zip Code Houma, LA 70360-4438		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$850.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerri Smitko	04/27/2023	\$750.00
Mailing Address 622 Belanger St		
City, State, Zip Code Houma, LA 70360-4438		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$850.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sannie Snell	04/18/2023	\$300.00
Mailing Address 106 W Second St		
City, State, Zip Code Pass Christian, MS 39571-3206		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$300.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Snyder	04/24/2023	\$500.00
Mailing Address 318 Jackson Ave		
City, State, Zip Code Ocean Springs, MS 39564-4616		
Name of Employer (Required) Marine Education Center		
Occupation (Required) Director	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frederick E. Sock	04/24/2023	\$500.00
Mailing Address 19780 Savannah St		
City, State, Zip Code Biloxi, MS 39532-6209		
Name of Employer (Required) Fred Sock & Associates, Inc		
Occupation (Required) Business Owner	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Solano	02/09/2023	\$250.00
Mailing Address 2212 N Arthur St		
City, State, Zip Code Little Rock, AR 72207-3506		
Name of Employer (Required) Arkansas Electric Cooperates		
Occupation (Required) Risk Manager	Aggregate year-to-date	\$850.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Solano	03/16/2023	\$100.00
Mailing Address 2212 N Arthur St		
City, State, Zip Code Little Rock, AR 72207-3506		
Name of Employer (Required) Arkansas Electric Cooperates		
Occupation (Required) Risk Manager	Aggregate year-to-date	\$850.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Solano	04/24/2023	\$500.00
Mailing Address 2212 N Arthur St		
City, State, Zip Code Little Rock, AR 72207-3506		
Name of Employer (Required) Arkansas Electric Cooperates		
Occupation (Required) Risk Manager	Aggregate year-to-date	\$850.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Solar Energy Industries Association, Inc	01/26/2023	\$1,000.00
Mailing Address 1425 K St NW		
City, State, Zip Code Washington, DC 20005-3815		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Southern Alliance for Clean Energy Actio	02/07/2023	\$1,000.00
Mailing Address PO Box 1842		
City, State, Zip Code Knoxville, TN 37901-1842		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Southern Renewable Energy Association	02/07/2023	\$1,000.00
Mailing Address 11610 Pleasant Ridge Rd		
City, State, Zip Code Little Rock, AR 72223-2359		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Southern Spirit Transmission LLC	04/18/2023	\$1,000.00
Mailing Address 1088 Sansome St		
City, State, Zip Code San Francisco, CA 94111-1308		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sowell Place LLC DBA Movietown	04/27/2023	\$10,000.00
Mailing Address 605 Crescent Blvd		
City, State, Zip Code Ridgeland, MS 39157-8659		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Betty Sparkman	04/06/2023	\$250.00
Mailing Address 145 Least Tern Dr		
City, State, Zip Code Pass Christian, MS 39571-4844		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jim Spearman	01/13/2023	\$250.00
Mailing Address 2600 Arlington Ave S		
City, State, Zip Code Birmingham, AL 35205-4161		
Name of Employer (Required) Spearman & Associates		
Occupation (Required) Commercial Property Management	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George N. Spiva	04/27/2023	\$1,000.00
Mailing Address 4121 Hillsboro Pike		
City, State, Zip Code Nashville, TN 37215-2725		
Name of Employer (Required) Self Employed		
Occupation (Required) Investor	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James L. Stafford	04/04/2023	\$1,000.00
Mailing Address PO Box 1216		
City, State, Zip Code West Point, MS 39773-1216		
Name of Employer (Required) Self Employed		
Occupation (Required) Accountant	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Curt Stamp	01/23/2023	\$250.00
Mailing Address 1679 E Amber Dr		
City, State, Zip Code Fayetteville, AR 72703-3083		
Name of Employer (Required) Cox Communications		
Occupation (Required) Vice President Gov Affairs	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Curt Stamp	03/31/2023	\$250.00
Mailing Address 1679 E Amber Dr		
City, State, Zip Code Fayetteville, AR 72703-3083		
Name of Employer (Required) Cox Communications		
Occupation (Required) Vice President Gov Affairs	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Larry J. Stanford	04/27/2023	\$250.00
Mailing Address 1224 N Fillmore St		
City, State, Zip Code Corinth, MS 38834-3449		
Name of Employer (Required) Lake Hill Motors, Inc.		
Occupation (Required) Finance Manager	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heather Starnes	04/25/2023	\$500.00
Mailing Address 12 Perdido Cir		
City, State, Zip Code Little Rock, AR 72211-2142		
Name of Employer (Required) Healy Law Offices, LLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Theresa Steinberger	04/11/2023	\$100.00
Mailing Address 909 Eastwood St		
City, State, Zip Code Pascagoula, MS 39567-7549		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Theresa Steinberger	04/19/2023	\$50.00
Mailing Address 909 Eastwood St		
City, State, Zip Code Pascagoula, MS 39567-7549		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Theresa Steinberger	04/30/2023	\$100.00
Mailing Address 909 Eastwood St		
City, State, Zip Code Pascagoula, MS 39567-7549		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael E. Stept	04/06/2023	\$1,000.00
Mailing Address 107 Belle Meade Blvd		
City, State, Zip Code Flowood, MS 39232-9047		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elaine K. Stevens	03/14/2023	\$50.00
Mailing Address 9229 Cartwright Ln		
City, State, Zip Code Biloxi, MS 39532-9796		
Name of Employer (Required) Stevens Media Productions		
Occupation (Required) Writer	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elaine K. Stevens	04/24/2023	\$250.00
Mailing Address 9229 Cartwright Ln		
City, State, Zip Code Biloxi, MS 39532-9796		
Name of Employer (Required) Stevens Media Productions		
Occupation (Required) Writer	Aggregate year-to-date	\$300.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lance L. Stevens	03/18/2023	\$201.00
Mailing Address 104 Keystone Pl		
City, State, Zip Code Brandon, MS 39042-2332		
Name of Employer (Required) Stevens Law Group		
Occupation (Required) Attorney	Aggregate year-to-date	\$201.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stuart Stevens	01/13/2023	\$250.00
Mailing Address 998 S Main St		
City, State, Zip Code Stowe, VT 05672-5196		
Name of Employer (Required) Knopf Publishing		
Occupation (Required) Writer	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clark Stevenson	04/28/2023	\$1,000.00
Mailing Address 4173 Dawkins Farm Dr		
City, State, Zip Code Olive Branch, MS 38654-6428		
Name of Employer (Required) Treadmill Doctor		
Occupation (Required) Manager	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Matthew Stine	03/30/2023	\$225.75
Mailing Address 4656 N Terrace Stone Dr		
City, State, Zip Code Olive Branch, MS 38654-6449		
Name of Employer (Required) JPMorgan Chase		
Occupation (Required) Sr Principal Software Architect	Aggregate year-to-date	\$225.75

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gerard Stranch	04/25/2023	\$250.00
Mailing Address 223 Rosa L Parks Ave		
City, State, Zip Code Nashville, TN 37203-3513		
Name of Employer (Required) Stranch Law		
Occupation (Required) Founding Member	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Strange	03/23/2023	\$25.00
Mailing Address 69 Henry James Rd		
City, State, Zip Code New Augusta, MS 39462-9710		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$550.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Strange	04/11/2023	\$500.00
Mailing Address 69 Henry James Rd		
City, State, Zip Code New Augusta, MS 39462-9710		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$550.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen Strange	04/30/2023	\$25.00
Mailing Address 69 Henry James Rd		
City, State, Zip Code New Augusta, MS 39462-9710		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$550.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen Strnisha	02/19/2023	\$500.00
Mailing Address 107 Egret Landing Ct		
City, State, Zip Code Surf City, NC 28445-9410		
Name of Employer (Required) Cleveland International Fund		
Occupation (Required) CEO	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Stroup	03/13/2023	\$100.00
Mailing Address 262 Ranchland Rd		
City, State, Zip Code Belden, MS 38826-9642		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Stroup	03/16/2023	\$50.00
Mailing Address 262 Ranchland Rd		
City, State, Zip Code Belden, MS 38826-9642		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Stroup	04/14/2023	\$100.00
Mailing Address 262 Ranchland Rd		
City, State, Zip Code Belden, MS 38826-9642		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nina Stubblefield Tollison	04/25/2023	\$250.00
Mailing Address 532 Fazio Drive Extended		
City, State, Zip Code Oxford, MS 38655-2771		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benjamin S. Sturdivant	03/02/2023	\$1,000.00
Mailing Address PO Box 209		
City, State, Zip Code Glendora, MS 38928-0209		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benjamin S. Sturdivant	04/28/2023	\$1,000.00
Mailing Address PO Box 209		
City, State, Zip Code Glendora, MS 38928-0209		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Walker Sturdivant	04/28/2023	\$1,000.00
Mailing Address PO Box 230		
City, State, Zip Code Glendora, MS 38928-0230		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mike Sturdivant III	03/02/2023	\$1,000.00
Mailing Address 5350 County Road 144		
City, State, Zip Code Itta Bena, MS 38941-2274		
Name of Employer (Required) Due Wedt		
Occupation (Required) Farmer	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Stephen Suitts	04/22/2023	\$2,500.00
Mailing Address 737 Myrtle St NE		
City, State, Zip Code Atlanta, GA 30308-1402		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Catherine Sullivan	04/30/2023	\$250.00
Mailing Address 725 Seneca Ave		
City, State, Zip Code Jackson, MS 39216-3225		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Sullivan	02/28/2023	\$250.00
Mailing Address 253 County Road 325		
City, State, Zip Code Oxford, MS 38655-9566		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Sullivan	04/27/2023	\$250.00
Mailing Address 253 County Road 325		
City, State, Zip Code Oxford, MS 38655-9566		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John P. Sullivan	02/13/2023	\$250.00
Mailing Address 1239 Winwood Cv		
City, State, Zip Code Tupelo, MS 38801-6472		
Name of Employer (Required) Sullivan Insurance Solutions		
Occupation (Required) Business Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Milton O. Sundbeck	04/04/2023	\$4,000.00
Mailing Address 37 Town Creek Rd		
City, State, Zip Code West Point, MS 39773-5705		
Name of Employer (Required) Southern Ionics, Inc.		
Occupation (Required) President	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Milton O. Sundbeck	04/24/2023	\$6,000.00
Mailing Address 37 Town Creek Rd		
City, State, Zip Code West Point, MS 39773-5705		
Name of Employer (Required) Southern Ionics, Inc.		
Occupation (Required) President	Aggregate year-to-date	\$10,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paul Suskie	04/29/2023	\$2,000.00
Mailing Address 103 Alton Cv		
City, State, Zip Code Little Rock, AR 72211-2192		
Name of Employer (Required) Southwest Power Pool		
Occupation (Required) Executive Vice President	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kayla Sween	02/02/2023	\$100.00
Mailing Address 1414 Ruby Pt		
City, State, Zip Code Flowood, MS 39232-5013		
Name of Employer (Required) Blitz Revolution		
Occupation (Required) Software Engineer	Aggregate year-to-date	\$278.55
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kayla Sween	02/09/2023	\$128.55
Mailing Address 1414 Ruby Pt		
City, State, Zip Code Flowood, MS 39232-5013		
Name of Employer (Required) Blitz Revolution		
Occupation (Required) Software Engineer	Aggregate year-to-date	\$278.55
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kayla Sween	04/28/2023	\$50.00
Mailing Address 1414 Ruby Pt		
City, State, Zip Code Flowood, MS 39232-5013		
Name of Employer (Required) Blitz Revolution		
Occupation (Required) Software Engineer	Aggregate year-to-date	\$278.55

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carol Taff	01/30/2023	\$250.00
Mailing Address 1705 Myrtle St		
City, State, Zip Code Jackson, MS 39202-1336		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$280.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carol Taff	02/28/2023	\$25.00
Mailing Address 1705 Myrtle St		
City, State, Zip Code Jackson, MS 39202-1336		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$280.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carol Taff	03/18/2023	\$5.00
Mailing Address 1705 Myrtle St		
City, State, Zip Code Jackson, MS 39202-1336		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$280.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amanda P. Tailyour	02/22/2023	\$25.00
Mailing Address 117 Windsor Falls Blvd		
City, State, Zip Code Oxford, MS 38655-7090		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$280.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amanda P. Tailyour	03/18/2023	\$5.00
Mailing Address 117 Windsor Falls Blvd		
City, State, Zip Code Oxford, MS 38655-7090		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$280.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amanda P. Tailyour	04/12/2023	\$250.00
Mailing Address 117 Windsor Falls Blvd		
City, State, Zip Code Oxford, MS 38655-7090		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$280.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Len Tao	04/24/2023	\$1,000.00
Mailing Address 3948 Taney Ave		
City, State, Zip Code Alexandria, VA 22304-2622		
Name of Employer (Required) Southwest Power Pool		
Occupation (Required) Director of FERC Policy	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael D. Tapscott	04/26/2023	\$500.00
Mailing Address 1014 Belleddeer Dr		
City, State, Zip Code Tupelo, MS 38804-1912		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nan Tarlton	02/28/2023	\$50.00
Mailing Address 210 Meadowlane Dr		
City, State, Zip Code Madison, MS 39110-9611		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nan Tarlton	03/07/2023	\$100.00
Mailing Address 210 Meadowlane Dr		
City, State, Zip Code Madison, MS 39110-9611		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nan Tarlton	03/16/2023	\$25.00
Mailing Address 210 Meadowlane Dr		
City, State, Zip Code Madison, MS 39110-9611		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nan Tarlton	04/27/2023	\$50.00
Mailing Address 210 Meadowlane Dr		
City, State, Zip Code Madison, MS 39110-9611		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$225.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benny Taylor	03/09/2023	\$2,000.00
Mailing Address 15229 Highway 51 N		
City, State, Zip Code Grenada, MS 38901-9578		
Name of Employer (Required) Taylor Auction & Realty, Inc.		
Occupation (Required) Business Owner	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles R. Taylor	04/27/2023	\$250.00
Mailing Address 4507 Shiloh Rd		
City, State, Zip Code Corinth, MS 38834-8625		
Name of Employer (Required) Coca-Cola Corinth		
Occupation (Required) General Manager	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glenn Taylor	01/28/2023	\$100.00
Mailing Address 3644 Old Canton Rd		
City, State, Zip Code Jackson, MS 39216-3313		
Name of Employer (Required) Copeland Cook Taylor & Bush		
Occupation (Required) Attorney	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glenn Taylor	02/26/2023	\$50.00
Mailing Address 3644 Old Canton Rd		
City, State, Zip Code Jackson, MS 39216-3313		
Name of Employer (Required) Copeland Cook Taylor & Bush		
Occupation (Required) Attorney	Aggregate year-to-date	\$225.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glenn Taylor	03/29/2023	\$50.00
Mailing Address 3644 Old Canton Rd		
City, State, Zip Code Jackson, MS 39216-3313		
Name of Employer (Required) Copeland Cook Taylor & Bush		
Occupation (Required) Attorney	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glenn Taylor	04/20/2023	\$25.00
Mailing Address 3644 Old Canton Rd		
City, State, Zip Code Jackson, MS 39216-3313		
Name of Employer (Required) Copeland Cook Taylor & Bush		
Occupation (Required) Attorney	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James R. Taylor	04/26/2023	\$1,000.00
Mailing Address 45 County Road 516		
City, State, Zip Code Rienzi, MS 38865-9211		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walter Taylor	01/18/2023	\$1,000.00
Mailing Address 1054 County Road 36		
City, State, Zip Code Thaxton, MS 38871-9507		
Name of Employer (Required) Jenn-Care		
Occupation (Required) Registered Nurse	Aggregate year-to-date	\$1,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Walter Taylor	04/12/2023	\$500.00
Mailing Address 1054 County Road 36		
City, State, Zip Code Thaxton, MS 38871-9507		
Name of Employer (Required) Jenn-Care		
Occupation (Required) Registered Nurse	Aggregate year-to-date	\$1,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paula Temperilli	01/21/2023	\$250.00
Mailing Address 15231 Rainhollow Dr		
City, State, Zip Code Houston, TX 77070-1328		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paula Temperilli	02/14/2023	\$100.00
Mailing Address 15231 Rainhollow Dr		
City, State, Zip Code Houston, TX 77070-1328		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paula Temperilli	03/16/2023	\$50.00
Mailing Address 15231 Rainhollow Dr		
City, State, Zip Code Houston, TX 77070-1328		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paula Temperilli	04/18/2023	\$50.00
Mailing Address 15231 Rainhollow Dr		
City, State, Zip Code Houston, TX 77070-1328		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Paula Temperilli	04/27/2023	\$50.00
Mailing Address 15231 Rainhollow Dr		
City, State, Zip Code Houston, TX 77070-1328		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name The Diaz Law Firm PLLC	04/18/2023	\$1,000.00
Mailing Address 208 Waterford Sq		
City, State, Zip Code Madison, MS 39110-6857		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sumati Thomas	02/12/2023	\$8.60
Mailing Address 4146 Crestview Pl		
City, State, Zip Code Jackson, MS 39211-6404		
Name of Employer (Required) Change Research		
Occupation (Required) Analyst	Aggregate year-to-date	\$258.60

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sumati Thomas	02/17/2023	\$250.00
Mailing Address 4146 Crestview Pl		
City, State, Zip Code Jackson, MS 39211-6404		
Name of Employer (Required) Change Research		
Occupation (Required) Analyst	Aggregate year-to-date	\$258.60
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wesley Thomas	03/30/2023	\$250.00
Mailing Address 396 N Hidden Valley Rd		
City, State, Zip Code Grenada, MS 38901-2730		
Name of Employer (Required) Thomas Wood Preserving Inc		
Occupation (Required) Business Owner	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Odell Thompson Jr	04/24/2023	\$500.00
Mailing Address 837 Joliet Ct		
City, State, Zip Code Biloxi, MS 39532-7023		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Tietjens	01/31/2023	\$100.00
Mailing Address 209 Lake Cir		
City, State, Zip Code Madison, MS 39110-7992		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$600.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Tietjens	02/26/2023	\$500.00
Mailing Address 209 Lake Cir		
City, State, Zip Code Madison, MS 39110-7992		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nina Tollison	01/12/2023	\$250.00
Mailing Address 532 Fazio Drive Extended		
City, State, Zip Code Oxford, MS 38655-2771		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Topp	03/27/2023	\$500.00
Mailing Address 16 North Pt		
City, State, Zip Code Hattiesburg, MS 39402-9533		
Name of Employer (Required) Topp, McWhorter, Harvey PLLC		
Occupation (Required) CPA	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Penelope Tose	03/18/2023	\$500.00
Mailing Address 551 S Valley Rd		
City, State, Zip Code Poplarville, MS 39470-6256		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Armstead Townes III	03/30/2023	\$300.00
Mailing Address 101 Charlie Salley Dr		
City, State, Zip Code Grenada, MS 38901-3451		
Name of Employer (Required) Townes Construction Co. Inc.		
Occupation (Required) Business Owner	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Taylor Townsend	04/27/2023	\$5,000.00
Mailing Address PO Box 756		
City, State, Zip Code Natchitoches, LA 71458-0756		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Trotter	04/29/2023	\$250.00
Mailing Address 5 Longfellow Ln		
City, State, Zip Code Little Rock, AR 72207-3749		
Name of Employer (Required) Trotter Law Firm PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Truax	01/19/2023	\$250.00
Mailing Address 913 Southgate Dr		
City, State, Zip Code Starkville, MS 39759-9434		
Name of Employer (Required) Self Employed		
Occupation (Required) Engineer	Aggregate year-to-date	\$800.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Truax	02/20/2023	\$250.00
Mailing Address 913 Southgate Dr		
City, State, Zip Code Starkville, MS 39759-9434		
Name of Employer (Required) Self Employed		
Occupation (Required) Engineer	Aggregate year-to-date	\$800.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Truax	02/28/2023	\$100.00
Mailing Address 913 Southgate Dr		
City, State, Zip Code Starkville, MS 39759-9434		
Name of Employer (Required) Self Employed		
Occupation (Required) Engineer	Aggregate year-to-date	\$800.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Truax	03/31/2023	\$50.00
Mailing Address 913 Southgate Dr		
City, State, Zip Code Starkville, MS 39759-9434		
Name of Employer (Required) Self Employed		
Occupation (Required) Engineer	Aggregate year-to-date	\$800.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Truax	04/21/2023	\$50.00
Mailing Address 913 Southgate Dr		
City, State, Zip Code Starkville, MS 39759-9434		
Name of Employer (Required) Self Employed		
Occupation (Required) Engineer	Aggregate year-to-date	\$800.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Truax	04/29/2023	\$50.00
Mailing Address 913 Southgate Dr		
City, State, Zip Code Starkville, MS 39759-9434		
Name of Employer (Required) Self Employed		
Occupation (Required) Engineer	Aggregate year-to-date	\$800.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dennis Truax	04/30/2023	\$50.00
Mailing Address 913 Southgate Dr		
City, State, Zip Code Starkville, MS 39759-9434		
Name of Employer (Required) Self Employed		
Occupation (Required) Engineer	Aggregate year-to-date	\$800.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Howard J. Trulove	04/04/2023	\$500.00
Mailing Address 40 White Arch Cv		
City, State, Zip Code West Point, MS 39773-9198		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Doug Turner	01/13/2023	\$100.00
Mailing Address 934 Conroy Rd		
City, State, Zip Code Birmingham, AL 35222-4425		
Name of Employer (Required) Censeo		
Occupation (Required) Consultant	Aggregate year-to-date	\$210.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Doug Turner	01/13/2023	\$100.00
Mailing Address 934 Conroy Rd		
City, State, Zip Code Birmingham, AL 35222-4425		
Name of Employer (Required) Censeo		
Occupation (Required) Consultant	Aggregate year-to-date	\$210.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Doug Turner	02/05/2023	\$10.00
Mailing Address 934 Conroy Rd		
City, State, Zip Code Birmingham, AL 35222-4425		
Name of Employer (Required) Censeo		
Occupation (Required) Consultant	Aggregate year-to-date	\$210.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name TWT LLC	04/04/2023	\$250.00
Mailing Address PO Box 254		
City, State, Zip Code West Point, MS 39773-0254		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Ubertaini	01/24/2023	\$250.00
Mailing Address 11 Helen Ln		
City, State, Zip Code Walpole, MA 02081-2046		
Name of Employer (Required) Long and Foster		
Occupation (Required) Recruiter	Aggregate year-to-date	\$260.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Ubertini	03/13/2023	\$5.00
Mailing Address 11 Helen Ln		
City, State, Zip Code Walpole, MA 02081-2046		
Name of Employer (Required) Long and Foster		
Occupation (Required) Recruiter	Aggregate year-to-date	\$260.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Ubertini	04/13/2023	\$5.00
Mailing Address 11 Helen Ln		
City, State, Zip Code Walpole, MA 02081-2046		
Name of Employer (Required) Long and Foster		
Occupation (Required) Recruiter	Aggregate year-to-date	\$260.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lance Unglesby	04/27/2023	\$250.00
Mailing Address 607 Saint Charles Ave		
City, State, Zip Code New Orleans, LA 70130-3444		
Name of Employer (Required) Unglesby Law Firm		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alexandra Van Beuren	04/28/2023	\$250.00
Mailing Address 509 Wagner St		
City, State, Zip Code Water Valley, MS 38965-2301		
Name of Employer (Required) The B.T.C. Old-Fashioned Grocery		
Occupation (Required) Business Owner	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christopher C. Van Cleave	03/21/2023	\$500.00
Mailing Address 985 Wildwood Ln		
City, State, Zip Code Biloxi, MS 39532-3203		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christopher C. Van Cleave	04/29/2023	\$100.00
Mailing Address 985 Wildwood Ln		
City, State, Zip Code Biloxi, MS 39532-3203		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$600.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Van Hoogstraten	04/29/2023	\$250.00
Mailing Address 3533 Ordway St NW		
City, State, Zip Code Washington, DC 20016-3173		
Name of Employer (Required) The Peace Corps		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James E. Vance	04/05/2023	\$500.00
Mailing Address 1216 Lakeshire Dr		
City, State, Zip Code Tupelo, MS 38804-1000		
Name of Employer (Required) Self Employed		
Occupation (Required) Tax Accountant	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sheila Varnado	03/27/2023	\$300.00
Mailing Address PO Box 16956		
City, State, Zip Code Hattiesburg, MS 39404-6956		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$300.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Greta S. Vaughn	04/18/2023	\$250.00
Mailing Address 310 Longmeadow Ct N		
City, State, Zip Code Ridgeland, MS 39157-3540		
Name of Employer (Required) Porter Malouf		
Occupation (Required) Paralegal	Aggregate year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vick Etheridge Enterprises	02/14/2023	\$2,500.00
Mailing Address 4212 N Harper Rd		
City, State, Zip Code Corinth, MS 38834-2407		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victory Place	04/24/2023	\$500.00
Mailing Address PO Box 6216		
City, State, Zip Code Gulfport, MS 39506-6216		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vollor Law Firm PA	04/06/2023	\$2,500.00
Mailing Address 127 E Main St		
City, State, Zip Code Starkville, MS 39759-2927		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vangela Wade	02/19/2023	\$1,000.00
Mailing Address 401 Pembroke Dr		
City, State, Zip Code Madison, MS 39110-8638		
Name of Employer (Required) Mississippi Center for Justice		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rachel Waide	04/11/2023	\$2,500.00
Mailing Address 1110 Belleddeer Dr		
City, State, Zip Code Tupelo, MS 38804-1914		
Name of Employer (Required) Waide and Associates, PA		
Occupation (Required) Attorney	Aggregate year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lawrence Wallach	04/18/2023	\$2,500.00
Mailing Address 30 Common St		
City, State, Zip Code Belmont, MA 02478-3042		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Waller	03/29/2023	\$500.00
Mailing Address 404 6th Ave		
City, State, Zip Code Hattiesburg, MS 39401-4241		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alma Walls	04/10/2023	\$25.00
Mailing Address 3887 Kenton Dr		
City, State, Zip Code Southaven, MS 38672-7225		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alma Walls	04/27/2023	\$100.00
Mailing Address 3887 Kenton Dr		
City, State, Zip Code Southaven, MS 38672-7225		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alma Walls	04/29/2023	\$100.00
Mailing Address 3887 Kenton Dr		
City, State, Zip Code Southaven, MS 38672-7225		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$275.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alma Walls	04/30/2023	\$25.00
Mailing Address 3887 Kenton Dr		
City, State, Zip Code Southaven, MS 38672-7225		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alma Walls	04/30/2023	\$25.00
Mailing Address 3887 Kenton Dr		
City, State, Zip Code Southaven, MS 38672-7225		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$275.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Larry Ward	03/24/2023	\$250.00
Mailing Address 4460 Clairmont Ave S		
City, State, Zip Code Birmingham, AL 35222-3756		
Name of Employer (Required) Raymond James Morgan Keegan		
Occupation (Required) Manager	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Ward	01/14/2023	\$500.00
Mailing Address 1026 16th St NW		
City, State, Zip Code Washington, DC 20036-5709		
Name of Employer (Required) Not Employed		
Occupation (Required) University Student	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rod Ward	03/30/2023	\$500.00
Mailing Address 221 Sunnybrook Rd		
City, State, Zip Code Ridgeland, MS 39157-2206		
Name of Employer (Required) Ward Law		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eric D. Washington	04/24/2023	\$1,000.00
Mailing Address 3509 Montgomery Ln		
City, State, Zip Code Pascagoula, MS 39567-7584		
Name of Employer (Required) US Orthopaedic Partners		
Occupation (Required) Physician	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gerald Washington	01/31/2023	\$2,000.00
Mailing Address 10960 Highway 341		
City, State, Zip Code Randolph, MS 38864-9185		
Name of Employer (Required) The Fuel Stop of MS		
Occupation (Required) Business Owner	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca S. Watson	04/24/2023	\$1,000.00
Mailing Address 15051 E Shadow Creek Dr		
City, State, Zip Code Biloxi, MS 39532-8566		
Name of Employer (Required) Greenbriar Nursing Center Inc		
Occupation (Required) Infection Preventionist	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffrey Watt	04/23/2023	\$250.00
Mailing Address 915 Old Taylor Rd		
City, State, Zip Code Oxford, MS 38655-4637		
Name of Employer (Required) University of Mississippi		
Occupation (Required) Professor	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Weaver	02/15/2023	\$250.00
Mailing Address 1320 Belvoir Cir		
City, State, Zip Code Jackson, MS 39202-1268		
Name of Employer (Required) Weaver Architects		
Occupation (Required) Architect	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dan Webb	04/21/2023	\$5,000.00
Mailing Address 363 N Broadway St		
City, State, Zip Code Tupelo, MS 38804-3925		
Name of Employer (Required) Webb Sanders & Williams PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name WEI Management Co	04/18/2023	\$1,000.00
Mailing Address 133 S Mound St		
City, State, Zip Code Grenada, MS 38901-3314		
Name of Employer (Required)		
Occupation (Required)	Aggregate year-to-date	\$1,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robin Weigle	02/22/2023	\$100.00
Mailing Address 14046 W Old River Trl		
City, State, Zip Code Gulfport, MS 39503-9046		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robin Weigle	03/31/2023	\$100.00
Mailing Address 14046 W Old River Trl		
City, State, Zip Code Gulfport, MS 39503-9046		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robin Weigle	04/22/2023	\$5.00
Mailing Address 14046 W Old River Trl		
City, State, Zip Code Gulfport, MS 39503-9046		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$205.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jason Wells	04/22/2023	\$500.00
Mailing Address 2332 Robinhood St		
City, State, Zip Code Houston, TX 77005-2606		
Name of Employer (Required) CenterPoint Energy		
Occupation (Required) President	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ann H. Wheelless	03/24/2023	\$1,000.00
Mailing Address 575 Lakewood Rd		
City, State, Zip Code Vicksburg, MS 39180-5376		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name R. W. Whitaker	04/13/2023	\$1,000.00
Mailing Address 4206 Ridgemont Dr		
City, State, Zip Code Belden, MS 38826-9783		
Name of Employer (Required) Whitaker Sales, Inc		
Occupation (Required) President	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jesse White	03/31/2023	\$250.00
Mailing Address 38 Mount Bolus Rd		
City, State, Zip Code Chapel Hill, NC 27514-2635		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Neil White	04/11/2023	\$500.00
Mailing Address 426 S Lamar Blvd		
City, State, Zip Code Oxford, MS 38655-4055		
Name of Employer (Required) Nautilus Publishing		
Occupation (Required) Publisher	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ivy Whitlatch	04/27/2023	\$1,000.00
Mailing Address 1117 Prince St		
City, State, Zip Code Alexandria, VA 22314-2934		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy Whitten	01/31/2023	\$500.00
Mailing Address 1460 Lakeshire Dr		
City, State, Zip Code Tupelo, MS 38804-1053		
Name of Employer (Required) Auxiliary Gift & Floral Shop		
Occupation (Required) Business Owner	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Judy Wiener	02/28/2023	\$250.00
Mailing Address 1621 Devine St		
City, State, Zip Code Jackson, MS 39202-1314		
Name of Employer (Required) Wiener Law Firm		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brad Williams	04/27/2023	\$250.00
Mailing Address 302 Twin Oaks Cv		
City, State, Zip Code Ridgeland, MS 39157-8502		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$250.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Williams	02/27/2023	\$25.00
Mailing Address 122 Madison Pl		
City, State, Zip Code Hattiesburg, MS 39402-8339		
Name of Employer (Required) Bristow Helicopters		
Occupation (Required) Pilot	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Williams	03/22/2023	\$25.00
Mailing Address 122 Madison Pl		
City, State, Zip Code Hattiesburg, MS 39402-8339		
Name of Employer (Required) Bristow Helicopters		
Occupation (Required) Pilot	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Williams	03/24/2023	\$100.00
Mailing Address 122 Madison Pl		
City, State, Zip Code Hattiesburg, MS 39402-8339		
Name of Employer (Required) Bristow Helicopters		
Occupation (Required) Pilot	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Williams	03/27/2023	\$25.00
Mailing Address 122 Madison Pl		
City, State, Zip Code Hattiesburg, MS 39402-8339		
Name of Employer (Required) Bristow Helicopters		
Occupation (Required) Pilot	Aggregate year-to-date	\$225.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Williams	04/22/2023	\$25.00
Mailing Address 122 Madison Pl		
City, State, Zip Code Hattiesburg, MS 39402-8339		
Name of Employer (Required) Bristow Helicopters		
Occupation (Required) Pilot	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Williams	04/27/2023	\$25.00
Mailing Address 122 Madison Pl		
City, State, Zip Code Hattiesburg, MS 39402-8339		
Name of Employer (Required) Bristow Helicopters		
Occupation (Required) Pilot	Aggregate year-to-date	\$225.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George H. Williams	04/04/2023	\$250.00
Mailing Address 100 Martins Ky		
City, State, Zip Code Ridgeland, MS 39157-3419		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$450.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George H. Williams	04/18/2023	\$200.00
Mailing Address 100 Martins Ky		
City, State, Zip Code Ridgeland, MS 39157-3419		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$450.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roger Williams	02/22/2023	\$500.00
Mailing Address 194 Victoria Pl		
City, State, Zip Code Jackson, MS 39201		
Name of Employer (Required) Watkins & Eager PLLC		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Julia Williams-Thomas	03/24/2023	\$5,000.00
Mailing Address 331 Wrenfield Way		
City, State, Zip Code Ridgeland, MS 39157-5187		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gloria Williamson	03/07/2023	\$500.00
Mailing Address 521 Holland Ave		
City, State, Zip Code Philadelphia, MS 39350-2437		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gloria Williamson	03/16/2023	\$250.00
Mailing Address 521 Holland Ave		
City, State, Zip Code Philadelphia, MS 39350-2437		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,000.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gloria Williamson	03/27/2023	\$1,000.00
Mailing Address 521 Holland Ave		
City, State, Zip Code Philadelphia, MS 39350-2437		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gloria Williamson	04/29/2023	\$250.00
Mailing Address 521 Holland Ave		
City, State, Zip Code Philadelphia, MS 39350-2437		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$2,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William R. Wilson	02/12/2023	\$74.40
Mailing Address PO Box 2428		
City, State, Zip Code Oxford, MS 38655-6200		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,648.80
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William R. Wilson	02/12/2023	\$74.40
Mailing Address PO Box 2428		
City, State, Zip Code Oxford, MS 38655-6200		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,648.80

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William R. Wilson	04/19/2023	\$1,500.00
Mailing Address PO Box 2428		
City, State, Zip Code Oxford, MS 38655-6200		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$1,648.80
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Suzanne S. Wise	04/18/2023	\$250.00
Mailing Address 4621 Trawick Dr		
City, State, Zip Code Jackson, MS 39211-5835		
Name of Employer (Required) Self Employed		
Occupation (Required) Attorney	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Witherspoon	01/13/2023	\$100.00
Mailing Address 910 Lincoln Ave		
City, State, Zip Code Oxford, MS 38655-4328		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$700.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Witherspoon	02/01/2023	\$50.00
Mailing Address 910 Lincoln Ave		
City, State, Zip Code Oxford, MS 38655-4328		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$700.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Witherspoon	03/29/2023	\$50.00
Mailing Address 910 Lincoln Ave		
City, State, Zip Code Oxford, MS 38655-4328		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$700.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Witherspoon	04/24/2023	\$500.00
Mailing Address 910 Lincoln Ave		
City, State, Zip Code Oxford, MS 38655-4328		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$700.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Wiygul	04/18/2023	\$5,000.00
Mailing Address 334 Lovers Ln		
City, State, Zip Code Ocean Springs, MS 39564-2826		
Name of Employer (Required) Waltzer Wiygul & Garside		
Occupation (Required) Attorney	Aggregate year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jim Wohlleb	04/20/2023	\$500.00
Mailing Address 518 Fairfax Ter		
City, State, Zip Code Little Rock, AR 72205-4314		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny Wray	01/12/2023	\$25.00
Mailing Address 731 Milam Rd		
City, State, Zip Code Cedarbluff, MS 39741-9021		
Name of Employer (Required) High Hope Farm		
Occupation (Required) Business Owner		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny Wray	02/03/2023	\$25.00
Mailing Address 731 Milam Rd		
City, State, Zip Code Cedarbluff, MS 39741-9021		
Name of Employer (Required) High Hope Farm		
Occupation (Required) Business Owner		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny Wray	03/20/2023	\$250.00
Mailing Address 731 Milam Rd		
City, State, Zip Code Cedarbluff, MS 39741-9021		
Name of Employer (Required) High Hope Farm		
Occupation (Required) Business Owner		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas Wright	04/26/2023	\$5,000.00
Mailing Address 3835 Old Towne Cir		
City, State, Zip Code Tupelo, MS 38804-1086		
Name of Employer (Required) CES Tech		
Occupation (Required) Healthcare		

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ron A. Yarbrough	03/09/2023	\$500.00
Mailing Address 201 Devander Run		
City, State, Zip Code Ridgeland, MS 39157-9767		
Name of Employer (Required) Brunini Law		
Occupation (Required) Attorney	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Frank Yates	02/22/2023	\$500.00
Mailing Address 722 Woodrun Dr		
City, State, Zip Code Pearl, MS 39208-7901		
Name of Employer (Required) Not Employed		
Occupation (Required) Not Employed	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn York	01/12/2023	\$100.00
Mailing Address 315 Panola St		
City, State, Zip Code Water Valley, MS 38965-2408		
Name of Employer (Required) Teach for America		
Occupation (Required) Non Profit Administrator	Aggregate year-to-date	\$350.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathryn York	04/25/2023	\$250.00
Mailing Address 315 Panola St		
City, State, Zip Code Water Valley, MS 38965-2408		
Name of Employer (Required) Teach for America		
Occupation (Required) Non Profit Administrator	Aggregate year-to-date	\$350.00

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Emilee Young	01/18/2023	\$10,000.00
Mailing Address 1194 Highway 370		
City, State, Zip Code Dumas, MS 38625-9604		
Name of Employer (Required) Tippah County Hospital		
Occupation (Required) Nurse Practitioner	Aggregate year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Julia Young	02/24/2023	\$250.00
Mailing Address 724 Esplanade Dr		
City, State, Zip Code Ridgeland, MS 39157-5131		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Louis Zachos	04/19/2023	\$500.00
Mailing Address 1202 Front St		
City, State, Zip Code Oxford, MS 38655-4904		
Name of Employer (Required) Not Employed		
Occupation (Required) Retired	Aggregate year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michelle Zeng	03/13/2023	\$250.00
Mailing Address 536 Dampier Dr		
City, State, Zip Code Greenville, MS 38701-7430		
Name of Employer (Required) Accenture		
Occupation (Required) Management Consultant	Aggregate year-to-date	\$250.00

Name of Candidate or Committee Brandon PresleyPage 272 of 322Reporting Period 1/1/2023 through 4/30/2023

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jessica Zufolo	02/14/2023	\$250.00
Mailing Address 426 10th St NE		
City, State, Zip Code Washington, DC 20002-6120		
Name of Employer (Required) Magellan		
Occupation (Required) Vice President	Aggregate year-to-date	\$250.00

PREVIEW
(DO NOT FILE THIS COPY)

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

ITEMIZED RECEIPTS - IN-KIND CONTRIBUTIONS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)
Full Name David Baria	03/18/2023
Mailing Address 544 Main St	Estimated Amount of In-Kind Contribution*
City, State, Zip Code Bay Saint Louis, MS 39520-2730	
Name of Employer (Required) Cosmich Simmons & Brown PLLC	
Occupation (Required) Attorney	\$1,500.00
In-Kind Contribution: Event Sponsorship	

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)
Full Name Gladstone Jones	04/27/2023
Mailing Address 4130 Cove Garden Rd	Estimated Amount of In-Kind Contribution*
City, State, Zip Code North Garden, VA 22959-2305	
Name of Employer (Required) Jones, Swanson & Huddell	
Occupation (Required) Attorney	\$3,198.36
In-Kind Contribution: Event Catering	

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

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

ITEMIZED RECEIPTS - IN-KIND CONTRIBUTIONS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)
Full Name Mark Pryor	04/29/2023
Mailing Address 7300 Pinnacle Valley Rd	Estimated Amount of In-Kind Contribution*
City, State, Zip Code Little Rock, AR 72223-5257	
Name of Employer (Required) Brownstein Hyatt Farber Shreck, LLP	\$465.00
Occupation (Required) Attorney	
In-Kind Contribution: Event Catering	

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)
Full Name Polly Sattler	04/24/2023
Mailing Address 289 Candler St NE	Estimated Amount of In-Kind Contribution*
City, State, Zip Code Atlanta, GA 30307-2031	
Name of Employer (Required) Partnership for Inclusive Innovation	\$234.34
Occupation (Required) Sustainability Planner	
In-Kind Contribution: Event Catering	

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

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	01/24/2023	\$372.07
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	01/31/2023	\$293.16
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	02/08/2023	\$0.40
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	02/08/2023	\$362.02
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	02/19/2023	\$187.67
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	02/21/2023	\$116.05
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	02/21/2023	\$451.48
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	02/26/2023	\$132.56
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	02/26/2023	\$378.25
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	03/05/2023	\$304.76
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	03/12/2023	\$327.11
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	03/20/2023	\$560.10
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	03/27/2023	\$182.01
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	03/31/2023	\$771.39
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	04/02/2023	\$31.93
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	04/09/2023	\$217.76
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	04/16/2023	\$431.71
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	04/23/2023	\$467.21
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ActBlue Technical Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 382110	04/24/2023	\$2,149.68
City, State, Zip Code Cambridge, MA 02238-2110		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$7,737.32
Full Name ALG Polling, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 260 Commerce St	02/10/2023	\$126,800.00
City, State, Zip Code Montgomery, AL 36104-2546		
Purpose of Disbursement (Optional) Research Consultant	Aggregate year-to-date	\$126,800.00

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name AmTrust Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 400 Highway 169 S	04/28/2023	\$1,726.00
City, State, Zip Code St Louis Park, MN 55426-1105		
Purpose of Disbursement (Optional) Workers Compensation Insurance	Aggregate year-to-date	\$1,726.00
Full Name Aristotle, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 205 Pennsylvania Ave SE	01/17/2023	\$500.00
City, State, Zip Code Washington, DC 20003-1164		
Purpose of Disbursement (Optional) Database Services	Aggregate year-to-date	\$2,000.00
Full Name Aristotle, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 205 Pennsylvania Ave SE	02/17/2023	\$500.00
City, State, Zip Code Washington, DC 20003-1164		
Purpose of Disbursement (Optional) Database Services	Aggregate year-to-date	\$2,000.00
Full Name Aristotle, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 205 Pennsylvania Ave SE	03/17/2023	\$500.00
City, State, Zip Code Washington, DC 20003-1164		
Purpose of Disbursement (Optional) Database Services	Aggregate year-to-date	\$2,000.00
Full Name Aristotle, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 205 Pennsylvania Ave SE	04/17/2023	\$500.00
City, State, Zip Code Washington, DC 20003-1164		
Purpose of Disbursement (Optional) Database Services	Aggregate year-to-date	\$2,000.00

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Battleaxe Digital	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1405 Florida Ave NW	02/10/2023	\$11,724.84
City, State, Zip Code Washington, DC 20009-5801		
Purpose of Disbursement (Optional) Digital Consulting	Aggregate year-to-date	\$48,498.65
Full Name Battleaxe Digital	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1405 Florida Ave NW	02/22/2023	\$3,461.36
City, State, Zip Code Washington, DC 20009-5801		
Purpose of Disbursement (Optional) Digital Consulting	Aggregate year-to-date	\$48,498.65
Full Name Battleaxe Digital	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1405 Florida Ave NW	02/22/2023	\$6,135.78
City, State, Zip Code Washington, DC 20009-5801		
Purpose of Disbursement (Optional) Digital Consulting	Aggregate year-to-date	\$48,498.65
Full Name Battleaxe Digital	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1405 Florida Ave NW	03/08/2023	\$10,379.23
City, State, Zip Code Washington, DC 20009-5801		
Purpose of Disbursement (Optional) Digital Consulting	Aggregate year-to-date	\$48,498.65
Full Name Battleaxe Digital	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1405 Florida Ave NW	03/13/2023	\$3,800.00
City, State, Zip Code Washington, DC 20009-5801		
Purpose of Disbursement (Optional) Digital Consulting	Aggregate year-to-date	\$48,498.65

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Battleaxe Digital	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1405 Florida Ave NW	03/13/2023	\$1,487.88
City, State, Zip Code Washington, DC 20009-5801		
Purpose of Disbursement (Optional) Digital Consulting	Aggregate year-to-date	\$48,498.65
Full Name Battleaxe Digital	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1405 Florida Ave NW	03/27/2023	\$87.46
City, State, Zip Code Washington, DC 20009-5801		
Purpose of Disbursement (Optional) Digital Consulting	Aggregate year-to-date	\$48,498.65
Full Name Battleaxe Digital	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1405 Florida Ave NW	04/10/2023	\$3,673.32
City, State, Zip Code Washington, DC 20009-5801		
Purpose of Disbursement (Optional) Digital Consulting	Aggregate year-to-date	\$48,498.65
Full Name Battleaxe Digital	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1405 Florida Ave NW	04/10/2023	\$7,748.78
City, State, Zip Code Washington, DC 20009-5801		
Purpose of Disbursement (Optional) Digital Consulting	Aggregate year-to-date	\$48,498.65
Full Name Best Buy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7601 Penn Ave S	01/23/2023	\$202.23
City, State, Zip Code Minneapolis, MN 55423-8500		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$202.23

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Best Western Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6201 N 24th Pkwy	03/21/2023	\$140.39
City, State, Zip Code Phoenix, AZ 85016-2023		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$296.98
Full Name Best Western Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 6201 N 24th Pkwy	03/21/2023	\$156.59
City, State, Zip Code Phoenix, AZ 85016-2023		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$296.98
Full Name Adam Beyer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4288 N Gloster St	03/31/2023	\$2,974.48
City, State, Zip Code Tupelo, MS 38804-7249		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,284.78
Full Name Adam Beyer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4288 N Gloster St	03/31/2023	\$335.82
City, State, Zip Code Tupelo, MS 38804-7249		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,284.78
Full Name Adam Beyer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4288 N Gloster St	04/14/2023	\$2,974.48
City, State, Zip Code Tupelo, MS 38804-7249		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,284.78

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Blue Angel Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 152 E 55th St	04/10/2023	\$138.13
City, State, Zip Code New York, NY 10022-4513		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$483.06
Full Name Blue Angel Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 152 E 55th St	04/10/2023	\$138.13
City, State, Zip Code New York, NY 10022-4513		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$483.06
Full Name Blue Angel Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 152 E 55th St	04/10/2023	\$138.13
City, State, Zip Code New York, NY 10022-4513		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$483.06
Full Name Blue Angel Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 152 E 55th St	04/18/2023	\$22.89
City, State, Zip Code New York, NY 10022-4513		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$483.06
Full Name Blue Angel Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 152 E 55th St	04/18/2023	\$22.89
City, State, Zip Code New York, NY 10022-4513		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$483.06

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Blue Angel Hotel	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 152 E 55th St	04/18/2023	\$22.89
City, State, Zip Code New York, NY 10022-4513		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$483.06
Full Name Bumperactive	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5907 Burnet Rd	03/29/2023	\$850.00
City, State, Zip Code Austin, TX 78757-3224		
Purpose of Disbursement (Optional) Store Overhead	Aggregate year-to-date	\$4,046.13
Full Name Bumperactive	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5907 Burnet Rd	03/29/2023	\$3,196.13
City, State, Zip Code Austin, TX 78757-3224		
Purpose of Disbursement (Optional) Store Overhead	Aggregate year-to-date	\$4,046.13
Full Name Christy Minich Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 455 Road 1205	01/17/2023	\$100.00
City, State, Zip Code Nettleton, MS 38858-9130		
Purpose of Disbursement (Optional) Printing	Aggregate year-to-date	\$600.00
Full Name Christy Minich Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 455 Road 1205	01/17/2023	\$500.00
City, State, Zip Code Nettleton, MS 38858-9130		
Purpose of Disbursement (Optional) Printing	Aggregate year-to-date	\$600.00

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Ethan Cox	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3614 N Fremont St	04/14/2023	\$1,623.42
City, State, Zip Code Chicago, IL 60613-4372		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$1,623.42
Full Name Dallas Printing Incorporated	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 902	04/14/2023	\$522.87
City, State, Zip Code Jackson, MS 39205-0902		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$522.87
Full Name Declaration Media Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1152 15th St NW	02/10/2023	\$37,211.51
City, State, Zip Code Washington, DC 20005-1723		
Purpose of Disbursement (Optional) Digital Advertising	Aggregate year-to-date	\$37,211.51
Full Name Delta Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7500 Airline Dr	03/23/2023	\$538.40
City, State, Zip Code Minneapolis, MN 55450-1101		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$2,233.00
Full Name Delta Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7500 Airline Dr	03/31/2023	\$40.00
City, State, Zip Code Minneapolis, MN 55450-1101		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$2,233.00

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Delta Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7500 Airline Dr	04/03/2023	-\$40.00
City, State, Zip Code Minneapolis, MN 55450-1101		
Purpose of Disbursement (Optional) Refund from Vendor	Aggregate year-to-date	\$2,233.00
Full Name Delta Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7500 Airline Dr	04/07/2023	\$687.40
City, State, Zip Code Minneapolis, MN 55450-1101		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$2,233.00
Full Name Delta Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7500 Airline Dr	04/07/2023	\$687.40
City, State, Zip Code Minneapolis, MN 55450-1101		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$2,233.00
Full Name Delta Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7500 Airline Dr	04/13/2023	\$190.90
City, State, Zip Code Minneapolis, MN 55450-1101		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$2,233.00
Full Name Delta Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7500 Airline Dr	04/13/2023	\$128.90
City, State, Zip Code Minneapolis, MN 55450-1101		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$2,233.00

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Expedia.com	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1111 Expedia Group Way W	04/25/2023	\$214.20
City, State, Zip Code Seattle, WA 98119-1111		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$214.20
Full Name Fedex	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3640 Hacks Cross Rd	04/14/2023	\$120.96
City, State, Zip Code Memphis, TN 38125-8800		
Purpose of Disbursement (Optional) Shipping & Postage	Aggregate year-to-date	\$241.92
Full Name Fedex	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3640 Hacks Cross Rd	04/18/2023	\$120.96
City, State, Zip Code Memphis, TN 38125-8800		
Purpose of Disbursement (Optional) Shipping & Postage	Aggregate year-to-date	\$241.92
Full Name Hilton Hotels	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7930 Jones Branch Dr	04/03/2023	\$213.56
City, State, Zip Code McLean, VA 22102-3388		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$531.36
Full Name Hilton Hotels	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7930 Jones Branch Dr	04/10/2023	\$164.90
City, State, Zip Code McLean, VA 22102-3388		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$531.36

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Hilton Hotels	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7930 Jones Branch Dr	04/10/2023	\$152.90
City, State, Zip Code McLean, VA 22102-3388		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$531.36
Full Name Hoffman and Rizebiar	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1018 Highland Colony Pkwy	02/09/2023	\$4,000.00
City, State, Zip Code Ridgeland, MS 39157-2067		
Purpose of Disbursement (Optional) Political Strategy Consultant	Aggregate year-to-date	\$4,000.00
Full Name Hotel Tupelo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 314 E Main St	03/22/2023	\$175.00
City, State, Zip Code Tupelo, MS 38804-4026		
Purpose of Disbursement (Optional) Catering	Aggregate year-to-date	\$1,703.62
Full Name Hotel Tupelo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 314 E Main St	03/31/2023	\$541.57
City, State, Zip Code Tupelo, MS 38804-4026		
Purpose of Disbursement (Optional) Catering	Aggregate year-to-date	\$1,703.62
Full Name Hotel Tupelo	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 314 E Main St	03/31/2023	\$987.05
City, State, Zip Code Tupelo, MS 38804-4026		
Purpose of Disbursement (Optional) Catering	Aggregate year-to-date	\$1,703.62

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Intuit	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2601 Garcia Ave	04/13/2023	\$213.99
City, State, Zip Code Mountain View, CA 94043-1123		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$213.99
Full Name JC Media, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 E Spring St	01/23/2023	\$800.00
City, State, Zip Code Ripley, MS 38663-2043		
Purpose of Disbursement (Optional) TV Advertising	Aggregate year-to-date	\$800.00
Full Name Jefferson Stevens, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5907 Baxter Dr	04/05/2023	\$3,750.00
City, State, Zip Code Jackson, MS 39211-3319		
Purpose of Disbursement (Optional) Political Strategy Consultant	Aggregate year-to-date	\$3,945.56
Full Name Jefferson Stevens, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5907 Baxter Dr	04/10/2023	\$195.56
City, State, Zip Code Jackson, MS 39211-3319		
Purpose of Disbursement (Optional) Political Strategy Consultant	Aggregate year-to-date	\$3,945.56
Full Name Josh Daniel Law, PLLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 398 E Main St	03/27/2023	\$3,333.00
City, State, Zip Code Tupelo, MS 38804-4037		
Purpose of Disbursement (Optional) Legal Services	Aggregate year-to-date	\$3,333.00

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name JR Forty LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 206 W Front St	03/27/2023	\$750.00
City, State, Zip Code Hattiesburg, MS 39401-3801		
Purpose of Disbursement (Optional) Political Strategy Consultant	Aggregate year-to-date	\$750.00
Full Name KEP Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 450268	01/20/2023	\$7,500.00
City, State, Zip Code Atlanta, GA 31145-0268		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$30,830.82
Full Name KEP Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 450268	02/27/2023	\$7,500.00
City, State, Zip Code Atlanta, GA 31145-0268		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$30,830.82
Full Name KEP Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 450268	03/20/2023	\$7,500.00
City, State, Zip Code Atlanta, GA 31145-0268		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$30,830.82
Full Name KEP Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 450268	04/10/2023	\$830.82
City, State, Zip Code Atlanta, GA 31145-0268		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$30,830.82

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name KEP Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 450268	04/10/2023	\$7,500.00
City, State, Zip Code Atlanta, GA 31145-0268		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$30,830.82
Full Name Kitchen 107	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 Pecan Ave	01/24/2023	\$550.00
City, State, Zip Code Nettleton, MS 38858-5930		
Purpose of Disbursement (Optional) Catering	Aggregate year-to-date	\$550.00
Full Name KMM Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 8242 Birch St	01/20/2023	\$7,500.00
City, State, Zip Code New Orleans, LA 70118-2822		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$31,858.22
Full Name KMM Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 8242 Birch St	03/13/2023	\$7,500.00
City, State, Zip Code New Orleans, LA 70118-2822		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$31,858.22
Full Name KMM Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 8242 Birch St	03/20/2023	\$7,500.00
City, State, Zip Code New Orleans, LA 70118-2822		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$31,858.22

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name KMM Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 8242 Birch St	04/10/2023	\$1,783.85
City, State, Zip Code New Orleans, LA 70118-2822		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$31,858.22
Full Name KMM Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 8242 Birch St	04/10/2023	\$74.37
City, State, Zip Code New Orleans, LA 70118-2822		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$31,858.22
Full Name KMM Consulting	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 8242 Birch St	04/10/2023	\$7,500.00
City, State, Zip Code New Orleans, LA 70118-2822		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$31,858.22
Full Name Issac Lampner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 945 Mitchell St	03/15/2023	\$461.75
City, State, Zip Code Tupelo, MS 38801-6773		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$14,454.75
Full Name Issac Lampner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 945 Mitchell St	03/15/2023	\$2,798.60
City, State, Zip Code Tupelo, MS 38801-6773		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$14,454.75

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Issac Lampner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 945 Mitchell St	03/15/2023	\$2,798.60
City, State, Zip Code Tupelo, MS 38801-6773		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$14,454.75
Full Name Issac Lampner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 945 Mitchell St	03/15/2023	\$2,798.60
City, State, Zip Code Tupelo, MS 38801-6773		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$14,454.75
Full Name Issac Lampner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 945 Mitchell St	03/31/2023	\$2,798.60
City, State, Zip Code Tupelo, MS 38801-6773		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$14,454.75
Full Name Issac Lampner	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 945 Mitchell St	04/14/2023	\$2,798.60
City, State, Zip Code Tupelo, MS 38801-6773		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$14,454.75
Full Name Larry Clark Chevrolet Buick GMC, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 533 US 278	02/06/2023	\$2,000.00
City, State, Zip Code Amory, MS 38821		
Purpose of Disbursement (Optional) Vehicle Maintenance	Aggregate year-to-date	\$2,000.00

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Jake Laves	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 699 Nation Hills Dr	03/31/2023	\$2,974.48
City, State, Zip Code Tupelo, MS 38804-6063		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,712.64
Full Name Jake Laves	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 699 Nation Hills Dr	03/31/2023	\$763.68
City, State, Zip Code Tupelo, MS 38804-6063		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,712.64
Full Name Jake Laves	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 699 Nation Hills Dr	04/14/2023	\$2,974.48
City, State, Zip Code Tupelo, MS 38804-6063		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,712.64
Full Name Leflore County Civic Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 1659	04/18/2023	\$250.00
City, State, Zip Code Greenwood, MS 38935-1659		
Purpose of Disbursement (Optional) Event Space Rental	Aggregate year-to-date	\$250.00
Full Name MBA Consulting Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 611 Pennsylvania Ave SE	03/29/2023	\$15,020.00
City, State, Zip Code Washington, DC 20003-4303		
Purpose of Disbursement (Optional) Compliance Consulting	Aggregate year-to-date	\$15,020.00

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Mississippi Democratic Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 811 E River Pl	01/17/2023	\$664.00
City, State, Zip Code Jackson, MS 39202-3432		
Purpose of Disbursement (Optional) Contribution to Federal Committee	Aggregate year-to-date	\$5,164.00
Full Name Mississippi Democratic Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 811 E River Pl	01/17/2023	\$1,000.00
City, State, Zip Code Jackson, MS 39202-3432		
Purpose of Disbursement (Optional) Contribution to Federal Committee	Aggregate year-to-date	\$5,164.00
Full Name Mississippi Democratic Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 811 E River Pl	03/07/2023	\$2,500.00
City, State, Zip Code Jackson, MS 39202-3432		
Purpose of Disbursement (Optional) Contribution to Federal Committee	Aggregate year-to-date	\$5,164.00
Full Name Mississippi Democratic Party	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 811 E River Pl	03/07/2023	\$1,000.00
City, State, Zip Code Jackson, MS 39202-3432		
Purpose of Disbursement (Optional) Contribution to Federal Committee	Aggregate year-to-date	\$5,164.00
Full Name NGP VAN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1101 15th St NW	03/10/2023	\$1,625.00
City, State, Zip Code Washington, DC 20005-5006		
Purpose of Disbursement (Optional) Database Services	Aggregate year-to-date	\$6,658.44

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name NGP VAN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1101 15th St NW	03/22/2023	\$1,625.00
City, State, Zip Code Washington, DC 20005-5006		
Purpose of Disbursement (Optional) Database Services	Aggregate year-to-date	\$6,658.44
Full Name NGP VAN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1101 15th St NW	04/14/2023	\$1,783.44
City, State, Zip Code Washington, DC 20005-5006		
Purpose of Disbursement (Optional) Database Services	Aggregate year-to-date	\$6,658.44
Full Name NGP VAN	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1101 15th St NW	04/14/2023	\$1,625.00
City, State, Zip Code Washington, DC 20005-5006		
Purpose of Disbursement (Optional) Database Services	Aggregate year-to-date	\$6,658.44
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	01/03/2023	\$1,000.00
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	01/06/2023	\$87.80
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	01/17/2023	\$118.38
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	01/24/2023	\$916.97
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	01/31/2023	\$1,051.77
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	02/01/2023	\$1,500.00
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	02/07/2023	\$527.41
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	02/14/2023	\$792.32
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	02/20/2023	\$512.81
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	02/27/2023	\$581.15
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	03/01/2023	\$1,500.00
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	03/06/2023	\$540.64
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	03/13/2023	\$304.27
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	03/20/2023	\$159.05
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	03/27/2023	\$618.63
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	03/28/2023	\$63.13
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	03/28/2023	\$424.91
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	03/29/2023	\$134.51
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	03/29/2023	\$231.83
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	03/30/2023	\$74.87
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	04/01/2023	\$136.40
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	04/02/2023	\$1,500.00
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate year-to-date	\$20,433.16

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	04/04/2023	\$366.23
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	04/14/2023	\$1,720.94
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	04/17/2023	\$720.50
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	04/21/2023	\$729.98
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	04/24/2023	\$265.33
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	04/25/2023	\$623.38
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	04/26/2023	\$1,062.25
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	04/27/2023	\$1,037.66
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Numero	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 200 Spectrum Center Dr	04/28/2023	\$1,130.04
City, State, Zip Code Irvine, CA 92618-5004		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$20,433.16
Full Name Abby O'Keefe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1404 Highland Valley Cir	03/31/2023	\$314.83
City, State, Zip Code Wildwood, MO 63005-4259		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$5,938.03

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Abby O'Keefe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1404 Highland Valley Cir	03/31/2023	\$2,811.60
City, State, Zip Code Wildwood, MO 63005-4259		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$5,938.03
Full Name Abby O'Keefe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1404 Highland Valley Cir	04/14/2023	\$2,811.60
City, State, Zip Code Wildwood, MO 63005-4259		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$5,938.03
Full Name Ron Owens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3545 Mitchell Rd	02/15/2023	\$6,000.00
City, State, Zip Code Tupelo, MS 38801-9616		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$25,678.75
Full Name Ron Owens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3545 Mitchell Rd	03/15/2023	\$3,935.75
City, State, Zip Code Tupelo, MS 38801-9616		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$25,678.75
Full Name Ron Owens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3545 Mitchell Rd	03/15/2023	\$3,935.75
City, State, Zip Code Tupelo, MS 38801-9616		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$25,678.75

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Ron Owens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3545 Mitchell Rd	03/15/2023	\$3,935.75
City, State, Zip Code Tupelo, MS 38801-9616		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$25,678.75
Full Name Ron Owens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3545 Mitchell Rd	03/31/2023	\$3,935.75
City, State, Zip Code Tupelo, MS 38801-9616		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$25,678.75
Full Name Ron Owens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3545 Mitchell Rd	04/14/2023	\$3,935.75
City, State, Zip Code Tupelo, MS 38801-9616		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$25,678.75
Full Name Shawn Patterson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1160 1st St NE	03/31/2023	\$2,974.48
City, State, Zip Code Washington, DC 20002-4799		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,284.52
Full Name Shawn Patterson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1160 1st St NE	03/31/2023	\$335.56
City, State, Zip Code Washington, DC 20002-4799		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,284.52

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Shawn Patterson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1160 1st St NE	04/14/2023	\$2,974.48
City, State, Zip Code Washington, DC 20002-4799		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$6,284.52
Full Name Payroll Data Processing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3501 E Frontage Rd	03/15/2023	\$10,619.18
City, State, Zip Code Tampa, FL 33607-1723		
Purpose of Disbursement (Optional) Payroll Taxes	Aggregate year-to-date	\$31,960.70
Full Name Payroll Data Processing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3501 E Frontage Rd	03/15/2023	\$266.97
City, State, Zip Code Tampa, FL 33607-1723		
Purpose of Disbursement (Optional) Payroll Fees	Aggregate year-to-date	\$31,960.70
Full Name Payroll Data Processing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3501 E Frontage Rd	03/31/2023	\$375.23
City, State, Zip Code Tampa, FL 33607-1723		
Purpose of Disbursement (Optional) Payroll Fees	Aggregate year-to-date	\$31,960.70
Full Name Payroll Data Processing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3501 E Frontage Rd	03/31/2023	\$9,597.36
City, State, Zip Code Tampa, FL 33607-1723		
Purpose of Disbursement (Optional) Payroll Taxes	Aggregate year-to-date	\$31,960.70

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Payroll Data Processing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3501 E Frontage Rd	04/14/2023	\$11,032.23
City, State, Zip Code Tampa, FL 33607-1723		
Purpose of Disbursement (Optional) Payroll Taxes	Aggregate year-to-date	\$31,960.70
Full Name Payroll Data Processing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3501 E Frontage Rd	04/14/2023	\$69.73
City, State, Zip Code Tampa, FL 33607-1723		
Purpose of Disbursement (Optional) Payroll Fees	Aggregate year-to-date	\$31,960.70
Full Name Perks Coffee Shop & Cafe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2501 14th St	03/23/2023	\$131.56
City, State, Zip Code Gulfport, MS 39501-1924		
Purpose of Disbursement (Optional) Meals	Aggregate year-to-date	\$263.12
Full Name Perks Coffee Shop & Cafe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2501 14th St	03/24/2023	\$131.56
City, State, Zip Code Gulfport, MS 39501-1924		
Purpose of Disbursement (Optional) Meals	Aggregate year-to-date	\$263.12
Full Name Regional Rehabilitation Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 615 Pegram Dr	01/17/2023	\$1,000.00
City, State, Zip Code Tupelo, MS 38801-6321		
Purpose of Disbursement (Optional) Event Space Rental	Aggregate year-to-date	\$1,000.00

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Robin & Associates	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 81125 Highway 1129	04/30/2023	\$1,500.00
City, State, Zip Code Covington, LA 70435-8221		
Purpose of Disbursement (Optional) Contribution Refund	Aggregate year-to-date	\$1,500.00
Full Name Shell Oil Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 700 Milam St	03/02/2023	\$82.44
City, State, Zip Code Houston, TX 77002-2815		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$451.36
Full Name Shell Oil Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 700 Milam St	03/31/2023	\$58.86
City, State, Zip Code Houston, TX 77002-2815		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$451.36
Full Name Shell Oil Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 700 Milam St	04/06/2023	\$37.37
City, State, Zip Code Houston, TX 77002-2815		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$451.36
Full Name Shell Oil Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 700 Milam St	04/07/2023	\$88.26
City, State, Zip Code Houston, TX 77002-2815		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$451.36

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Shell Oil Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 700 Milam St	04/14/2023	\$60.00
City, State, Zip Code Houston, TX 77002-2815		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$451.36
Full Name Shell Oil Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 700 Milam St	04/19/2023	\$84.43
City, State, Zip Code Houston, TX 77002-2815		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$451.36
Full Name Shell Oil Co	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 700 Milam St	04/24/2023	\$40.00
City, State, Zip Code Houston, TX 77002-2815		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$451.36
Full Name Silly Sisters, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 310 County Road 640	02/06/2023	\$1,800.00
City, State, Zip Code Baldwyn, MS 38824-8680		
Purpose of Disbursement (Optional) Store Overhead	Aggregate year-to-date	\$1,800.00
Full Name Jacob Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4100 N Gloster St	03/15/2023	\$1,435.54
City, State, Zip Code Tupelo, MS 38804-7228		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$4,306.62

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Jacob Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4100 N Gloster St	03/31/2023	\$1,435.54
City, State, Zip Code Tupelo, MS 38804-7228		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$4,306.62
Full Name Jacob Smith	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4100 N Gloster St	04/14/2023	\$1,435.54
City, State, Zip Code Tupelo, MS 38804-7228		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$4,306.62
Full Name Shalonda Spencer	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1509 Hawthorne Pl	04/14/2023	\$2,811.60
City, State, Zip Code Clinton, MS 39056-3910		
Purpose of Disbursement (Optional) Salary	Aggregate year-to-date	\$2,811.60
Full Name State Farm Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1 State Farm Plz	02/06/2023	\$102.52
City, State, Zip Code Bloomington, IL 61710-0001		
Purpose of Disbursement (Optional) Insurance	Aggregate year-to-date	\$307.56
Full Name State Farm Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1 State Farm Plz	03/06/2023	\$102.52
City, State, Zip Code Bloomington, IL 61710-0001		
Purpose of Disbursement (Optional) Insurance	Aggregate year-to-date	\$307.56

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name State Farm Insurance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1 State Farm Plz	04/06/2023	\$102.52
City, State, Zip Code Bloomington, IL 61710-0001		
Purpose of Disbursement (Optional) Insurance	Aggregate year-to-date	\$307.56
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	02/06/2023	\$78.33
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	02/09/2023	\$35.16
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	02/10/2023	\$32.16
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	02/13/2023	\$9.43
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	02/15/2023	\$4.64
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	02/15/2023	\$9.53
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	02/16/2023	\$2.22
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	02/18/2023	\$14.86
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	02/24/2023	\$9.55
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	02/27/2023	\$10.95
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	02/28/2023	\$12.67
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/01/2023	\$6.53
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/02/2023	\$4.20
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/03/2023	\$0.64
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/04/2023	\$4.34
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/06/2023	\$3.04
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/07/2023	\$4.10
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/08/2023	\$7.63
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/09/2023	\$2.60
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/09/2023	\$5.25
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/11/2023	\$9.00
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/14/2023	\$0.55
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/17/2023	\$1.01
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/20/2023	\$1.56
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	03/27/2023	\$10.72
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	04/03/2023	\$27.03
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	04/10/2023	\$4.58
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	04/17/2023	\$19.50
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	04/20/2023	\$30.92
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Stripe	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3180 18th St	04/27/2023	\$10.23
City, State, Zip Code San Francisco, CA 94110-2042		
Purpose of Disbursement (Optional) Credit Card Processing	Aggregate year-to-date	\$372.93
Full Name Switchboard Public Benefit Corp.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 195 Binney St	03/20/2023	\$848.32
City, State, Zip Code Cambridge, MA 02142-1095		
Purpose of Disbursement (Optional) Digital Fundraising	Aggregate year-to-date	\$5,599.91
Full Name Switchboard Public Benefit Corp.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 195 Binney St	04/14/2023	\$4,751.59
City, State, Zip Code Cambridge, MA 02142-1095		
Purpose of Disbursement (Optional) Digital Fundraising	Aggregate year-to-date	\$5,599.91
Full Name Take 5 Oil Change	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 201 S GLOSTER St	03/20/2023	\$136.15
City, State, Zip Code Tupelo, MS 38804		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$272.30
Full Name Take 5 Oil Change	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 201 S GLOSTER St	04/18/2023	\$136.15
City, State, Zip Code Tupelo, MS 38804		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$272.30

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name The Baulch Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7095 Will Robbins Hwy	04/04/2023	\$500.00
City, State, Zip Code Nettleton, MS 38858-6062		
Purpose of Disbursement (Optional) Event Space Rental	Aggregate year-to-date	\$500.00
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	03/06/2023	\$68.08
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	03/16/2023	\$33.79
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	03/20/2023	\$79.14
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	03/20/2023	\$79.48
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	03/22/2023	\$62.88
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	03/27/2023	\$58.19
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	03/29/2023	\$74.13
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	04/03/2023	\$63.67
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	04/04/2023	\$67.69
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28

Name of Candidate or Committee Brandon PresleyReporting Period 1/1/2023 through 4/30/2023

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	04/13/2023	\$47.85
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	04/17/2023	\$80.81
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	04/18/2023	\$48.80
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	04/21/2023	\$66.18
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28
Full Name The Kroger Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1014 Vine St	04/27/2023	\$66.59
City, State, Zip Code Cincinnati, OH 45202-1141		
Purpose of Disbursement (Optional) Office Supplies	Aggregate year-to-date	\$897.28

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Tom Bigbee Fiber	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1346 Auburn Rd	04/18/2023	\$574.10
City, State, Zip Code Tupelo, MS 38804-8412		
Purpose of Disbursement (Optional) Utilities	Aggregate year-to-date	\$574.10
Full Name TVEyes, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1150 Post Rd	03/22/2023	\$600.00
City, State, Zip Code Fairfield, CT 06824-6006		
Purpose of Disbursement (Optional) Media Monitoring	Aggregate year-to-date	\$600.00
Full Name United Healthcare	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 94017	04/19/2023	\$7,053.10
City, State, Zip Code Palatine, IL 60094-4017		
Purpose of Disbursement (Optional) Health Insurance	Aggregate year-to-date	\$7,053.10
Full Name Vollor Law Firm PA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 127 E Main St	04/30/2023	\$1,500.00
City, State, Zip Code Starkville, MS 39759-2927		
Purpose of Disbursement (Optional) Contribution Refund	Aggregate year-to-date	\$1,500.00
Full Name Jason Wells	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2332 Robinhood St	04/25/2023	\$500.00
City, State, Zip Code Houston, TX 77005-2606		
Purpose of Disbursement (Optional) Contribution Refund	Aggregate year-to-date	\$500.00

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Westen Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 150 Beverly Rd NE	03/02/2023	\$13,770.00
City, State, Zip Code Atlanta, GA 30309-2656		
Purpose of Disbursement (Optional) Political Strategy Consultant	Aggregate year-to-date	\$13,770.00
Full Name Wix	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 500 Terry A Francois Blvd	04/03/2023	\$14.95
City, State, Zip Code San Francisco, CA 94158-2354		
Purpose of Disbursement (Optional) Software Subscription	Aggregate year-to-date	\$206.95
Full Name Wix	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 500 Terry A Francois Blvd	04/19/2023	\$192.00
City, State, Zip Code San Francisco, CA 94158-2354		
Purpose of Disbursement (Optional) Software Subscription	Aggregate year-to-date	\$206.95
Full Name Woodmont Public Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2018 Medical Center Pkwy	01/03/2023	\$3,185.78
City, State, Zip Code Murfreesboro, TN 37129-3265		
Purpose of Disbursement (Optional) Political Strategy Consultant	Aggregate year-to-date	\$11,188.70
Full Name Woodmont Public Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2018 Medical Center Pkwy	02/06/2023	\$3,612.43
City, State, Zip Code Murfreesboro, TN 37129-3265		
Purpose of Disbursement (Optional) Political Strategy Consultant	Aggregate year-to-date	\$11,188.70

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated

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

Full Name Woodmont Public Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2018 Medical Center Pkwy	03/08/2023	\$2,996.58
City, State, Zip Code Murfreesboro, TN 37129-3265		
Purpose of Disbursement (Optional) Political Strategy Consultant	Aggregate year-to-date	\$11,188.70
Full Name Woodmont Public Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2018 Medical Center Pkwy	03/08/2023	\$604.87
City, State, Zip Code Murfreesboro, TN 37129-3265		
Purpose of Disbursement (Optional) Political Strategy Consultant	Aggregate year-to-date	\$11,188.70
Full Name Woodmont Public Strategies, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2018 Medical Center Pkwy	03/08/2023	\$789.04
City, State, Zip Code Murfreesboro, TN 37129-3265		
Purpose of Disbursement (Optional) Political Strategy Consultant	Aggregate year-to-date	\$11,188.70
Full Name Wyndham Hotel Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 22 Sylvan Way	04/03/2023	\$546.97
City, State, Zip Code Parsippany, NJ 07054-3801		
Purpose of Disbursement (Optional) Travel	Aggregate year-to-date	\$546.97