

Judicial Candidate Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate's Committee Committee to Elect Percy Lynchard  
 Address P. O. Box 279 City/Zip Hernando, MS 38632  
 Telephone (Work) 662-469-8374 (Fax) \_\_\_\_\_  
 Contact Name Harvey G. Ferguson, Jr. Email Address pllynchard@bellsouth.net  
 Office Sought Supreme Court Justice

☐ Check here if above is different from previous report

**TYPE OF REPORT**

\_\_\_\_ May 8, 2020 Periodic Report (January 1, 2020 through April 30, 2020) .....Mandatory  
 \_\_\_\_ June 10, 2020 Periodic Report (May 1, 2020 through May 31, 2020) .....Mandatory  
 \_\_\_\_ July 10, 2020 Periodic Report (June 1, 2020 through June 30, 2020) .....Mandatory  
 ✓ \_\_\_\_ October 9, 2020 Periodic Report (July 1, 2020 through September 30, 2020) .....Mandatory  
 \_\_\_\_ October 27, 2020 Pre-Election Report (October 1, 2020 through October 24, 2020) .....Mandatory if Opposed  
 \_\_\_\_ November 17, 2020 Pre-Runoff Report (October 25, 2020 through November 14, 2020) .....Runoff Candidates Only  
 \_\_\_\_ January 8, 2021 Periodic Report (October 1, 2020 through December 31, 2020) .....Mandatory  
 \_\_\_\_ Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero cash on hand balance) .....Required to terminate reporting obligations

**IMPORTANT**

- (1) All Candidate Committees shall file periodic reports in the year in which the candidate is to be elected if a committee is formed to accept contributions.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the committee shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed.
- (3) Until a candidate files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

JAN. 1, 2020 CASH ON HAND BALANCE				\$ -0-
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 68,900.00	\$ 13,226.23	\$ 82,126.23	\$ 111,919.00
TOTAL AMT OF DISBURSEMENTS	\$ 307.78	\$ 51.60	\$ 359.38	\$ 6827.33
CASH ON HAND BALANCE				\$ 105,091.67

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

  
Signature of Director or Treasurer

October 9, 2020

Date

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

Penalties: A committee 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 submit required reports in accordance with applicable statutes may result in the imposition of civil penalties of \$50 per day for a maximum of ten (10) calendar days and/or prosecution. Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Candidates for Judicial Office file this Report with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email [CampaignFinance@sos.ms.gov](mailto:CampaignFinance@sos.ms.gov).

Name of Candidate or Committee Committee to Elect Percy L. Lynchard  
 Reporting period July 1, 2020 through September 30, 2020

# **IN-KIND** ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Daryl Lynchard</u>		<u>08</u> / <u>01</u> / <u>20</u>	\$ <u>5,000.00</u>
Mailing Address <u>10016 Navarre Parkway</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Navarre, FL 32566</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Ron the Sign Man</u>		___ / ___ / ___	\$
Occupation (Required) <u>Media Consultant</u>		Aggregate year-to-date	\$ <u>5,000.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ray Denison</u>		<u>07</u> / <u>17</u> / <u>20</u>	\$ <u>500.00</u>
Mailing Address <u>365 Losher Street</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Hernando, MS 38632</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>DeSoto County, MS</u>		___ / ___ / ___	\$
Occupation (Required) <u>Supervisor, District 3</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John &amp; Lee Caldwell</u>		<u>07</u> / <u>17</u> / <u>20</u>	\$ <u>500.00</u>
Mailing Address <u>365 Losher Street</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Hernando, MS 38632</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>State of MS / DeSoto County, MS</u>		___ / ___ / ___	\$
Occupation (Required) <u>Transportation Commissioner/Supervisor, Dist. 4</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mark Gardner</u>		<u>07</u> / <u>17</u> / <u>20</u>	\$ <u>500.00</u>
Mailing Address <u>365 Losher Street</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Hernando, MS 38632</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>DeSoto County, MS</u>		___ / ___ / ___	\$
Occupation (Required) <u>Supervisor, District 2</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020**IN-KIND** ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Jessie Medlin</u>		<u>07 / 17 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>365 Losher Street</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Hernando, MS 38632</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>DeSoto County, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Supervisor, District 1</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>Michael Lee</u>		<u>07 / 17 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>365 Losher Street</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Hernando, MS 38632</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>DeSoto County, MS</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Supervisor, District 5</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name George B. Ready		07 / 03 / 20	\$ 500.00
Mailing Address P. O. Box 127		___ / ___ / ___	\$
City, State, Zip Code Hernando, MS 38632		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name The Baptist Law Firm, PLLC		07 / 03 / 20	\$ 300.00
Mailing Address 1305 Church Road West		___ / ___ / ___	\$
City, State, Zip Code Southaven, MS 38671		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Law Firm		Aggregate year-to-date	\$ 300.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name John J. Crow, Jr.		07 / 03 / 20	\$ 500.00
Mailing Address 203 Wagner Street		___ / ___ / ___	\$
City, State, Zip Code Water Valley, MS 38965		___ / ___ / ___	\$
Name of Employer (Required) Crow Martin, PLLC		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kirk Brothers Properties, LLC		07 / 28 / 20	\$ 1,000.00
Mailing Address P. O. Box 670		___ / ___ / ___	\$
City, State, Zip Code Grenada, MS 38902		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Real Estate/Auto Sales		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Double S, Inc.</u>		<u>07 / 28 / 20</u>	\$ <u>1,000.00</u>
Mailing Address <u>200 Houston Road</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Grenada, MS 38901</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Construction</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lee Staten, Inc.</u>		<u>07 / 28 / 20</u>	\$ <u>1,000.00</u>
Mailing Address <u>2446 Sunset Drive</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Grenada, MS 38901</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Construction</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>TGS Contractors, LLC</u>		<u>07 / 28 / 20</u>	\$ <u>1,000.00</u>
Mailing Address <u>1525 Fairground Road</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Grenada, MS 38901</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Construction</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Frontier Contracting, LLC</u>		<u>07 / 28 / 20</u>	\$ <u>1,000.00</u>
Mailing Address <u>254 W. Papermill Road</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Grenada, MS 38901</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Construction</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Bell's Collision (Bobby Bell)</b>		<u>07 / 28 / 20</u>	\$ 400.00
Mailing Address <b>P. O. Box 716</b>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <b>Grenada MS 38902-0716</b>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <b>Self</b>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <b>Collision Repair</b>		Aggregate year-to-date	\$ 400.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Southern Auto Credit</b>		<u>07 / 28 / 20</u>	\$ 1,000.00
Mailing Address <b>2394 Sunset Drive</b>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <b>Grenada, MS 38901</b>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <b>Lender</b>		Aggregate year-to-date	\$ 1,000.00
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Ms. Mary's Little Learners, Inc.</b>		<u>07 / 28 / 20</u>	\$ 300.00
Mailing Address <b>2021 Borden Street</b>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <b>Grenada, MS 38901</b>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <b>Sales</b>		Aggregate year-to-date	\$ 300.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Robbie Willis Wilson</b>		<u>07 / 28 / 20</u>	\$ 500.00
Mailing Address <b>522 River Road</b>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <b>Grenada, MS 38901-8893</b>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <b>Self</b>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <b>Attorney</b>		Aggregate year-to-date	\$ 500.00



Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name James P. Vance		07 / 28 / 20	\$ 500.00
Mailing Address 391 Vance Road		___ / ___ / ___	\$
City, State, Zip Code Grenada, MS 38901		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 1,500.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Hankins Lumber Company, Inc.		07 / 28 / 20	\$ 2,000.00
Mailing Address P. O. Box 1397		___ / ___ / ___	\$
City, State, Zip Code Grenada, MS 38902-1397		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Timber and Lumber Sales		Aggregate year-to-date	\$ 2,000.00
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chatham Gilder Howell Pittman PLLC		07 / 28 / 20	\$ 1,000.00
Mailing Address 291 Loshier Street		___ / ___ / ___	\$
City, State, Zip Code Hernando, MS 38632		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Law Firm		Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Crymes G. Pittman		07 / 28 / 20	\$ 5,000.00
Mailing Address 410 S. President Street		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39201		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 5,000.00



Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Crymes M. Pittman</u>		<u>07 / 28 / 20</u>	\$ <u>1,000.00</u>
Mailing Address <u>2213 Heritage Hill Drive</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Jackson, MS 39211</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lance L. Stevens</u>		<u>07 / 28 / 20</u>	\$ <u>2,000.00</u>
Mailing Address <u>104 Keystone Place</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Brandon, MS 39042</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>2,000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>J. E. Roberts, Jr.</u>		<u>07 / 28 / 20</u>	\$ <u>1,000.00</u>
Mailing Address <u>410 S. President Street</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Jackson, MS 39201</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Pittman Roberts &amp; Welsh</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>C. Victor Welsh, III</u>		<u>07 / 28 / 20</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 22985</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Jackson, MS 39225-2985</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Pittman Roberts &amp; Welsh</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name David Clay Vanderburg		07 / 28 / 20	\$ 250.00
Mailing Address P. O. Box 523		___ / ___ / ___	\$
City, State, Zip Code Hernando, MS 38632		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name David H. Nutt		07 / 28 / 20	\$ 5,000.00
Mailing Address 605 Crescent Blvd., Suite 200		___ / ___ / ___	\$
City, State, Zip Code Ridgeland, MS 39157		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 5,000.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Sturgis & Mary Monteith		08 / 03 / 20	\$ 250.00
Mailing Address 8284 Star Landing Road		___ / ___ / ___	\$
City, State, Zip Code Lake Cormorant, MS 38641-9634		___ / ___ / ___	\$
Name of Employer (Required) Burch Realty Group / Austin Law Firm, PA		___ / ___ / ___	\$
Occupation (Required) Realtor / Attorney		Aggregate year-to-date	\$ 250.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Kimberly S. Jones		08 / 03 / 20	\$ 250.00
Mailing Address 1956 Bakersfield Dr., N.		___ / ___ / ___	\$
City, State, Zip Code Nesbit, MS 38651		___ / ___ / ___	\$
Name of Employer (Required) Austin Law Firm, PA		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Austin Law Firm, PA		08 / 03 / 20	\$ 500.00
Mailing Address 6928 Cobblestone Drive, Suite 100		___ / ___ / ___	\$
City, State, Zip Code Southaven, MS 38672		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Law Firm		Aggregate year-to-date	\$ 500.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joseph E. & Lea Carney		08 / 03 / 20	\$ 250.00
Mailing Address 2051 Wewoka Cove		09 / 17 / 20	\$ 150.00
City, State, Zip Code Hernando, MS 38632		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 400.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jim & Missy Flanagan		09 / 18 / 20	\$ 500.00
Mailing Address 8 Crockett Loop		___ / ___ / ___	\$
City, State, Zip Code Hernando, MS 38632		___ / ___ / ___	\$
Name of Employer (Required) DeSoto County Economic Development Co.		___ / ___ / ___	\$
Occupation (Required) President / CEO		Aggregate year-to-date	\$ 500.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Lenard Harris		09 / 18 / 20	\$ 5,000.00
Mailing Address 415 Country Club Drive		___ / ___ / ___	\$
City, State, Zip Code Hernando, MS 38632		___ / ___ / ___	\$
Name of Employer (Required) L & T Construction, Inc.		___ / ___ / ___	\$
Occupation (Required) Owner		Aggregate year-to-date	\$ 5,000.00

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Myers Law Group, PLLC		09 / 21 / 20	\$ 500.00
Mailing Address P. O. Box 876		___ / ___ / ___	\$
City, State, Zip Code Hernando, MS 38632		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Law Firm		Aggregate year-to-date	\$ 500.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name James & Elizabeth Treadway		09 / 21 / 20	\$ 300.00
Mailing Address 8186 Valley Ridge		___ / ___ / ___	\$
City, State, Zip Code Olive Branch, MS 38654		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Attorneys		Aggregate year-to-date	\$ 300.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jeff Martin		09 / 21 / 20	\$ 250.00
Mailing Address P. O. Box 115		___ / ___ / ___	\$
City, State, Zip Code Horn Lake, MS 38637-0115		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Construction		Aggregate year-to-date	\$ 250.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joyce G. & William J. Sims		09 / 21 / 20	\$ 250.00
Mailing Address 153 Cherry Tree Lane		___ / ___ / ___	\$
City, State, Zip Code Southaven, MS 38671		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Johnny & Shannon Williams Coleman		09 / 21 / 20	\$ 500.00
Mailing Address 3220 Point Hill Cove		___ / ___ / ___	\$
City, State, Zip Code Memphis, TN 38125-8890		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Builder / Attorney		Aggregate year-to-date	\$ 500.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name James B. Cashion		09 / 21 / 20	\$ 500.00
Mailing Address 811 Hwy 305 S.		___ / ___ / ___	\$
City, State, Zip Code Olive Branch, MS 38654		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Real Estate Developer		Aggregate year-to-date	\$ 500.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Hiten H. Patel		09 / 21 / 20	\$ 500.00
Mailing Address 3747 Bailey Lane		___ / ___ / ___	\$
City, State, Zip Code Southaven, MS 38672-0003		___ / ___ / ___	\$
Name of Employer (Required) Jacob Law Group, PLLC		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name J. Cal & Linda J. Wilkins		09 / 21 / 20	\$ 2,000.00
Mailing Address 230 Highway 51 South		___ / ___ / ___	\$
City, State, Zip Code Hernando, MS 38632		___ / ___ / ___	\$
Name of Employer (Required) Self		___ / ___ / ___	\$
Occupation (Required) Real Estate Developer		Aggregate year-to-date	\$ 2,000.00

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Taylor Buntin, III</u>		<u>09</u> / <u>21</u> / <u>20</u>	\$ 500.00
Mailing Address <u>1956 Hawthorne Drive</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Hernando, MS 38632</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Bridgforth Emerson &amp; Buntin PLLC</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 750.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Debra Pace Branan</u>		<u>09</u> / <u>21</u> / <u>20</u>	\$ 100.00
Mailing Address <u>2584 Highway 51, Suite 4</u>		<u>08</u> / <u>07</u> / <u>20</u>	\$ 250.00
City, State, Zip Code <u>Hernando, MS 38632</u>		<u>08</u> / <u>07</u> / <u>20</u>	\$ 1,000.00
Name of Employer (Required) <u>Self</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 1,350.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James E. &amp; Ginga Woods</u>		<u>09</u> / <u>21</u> / <u>20</u>	\$ 500.00
Mailing Address <u>P. O. Box 456</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Olive Branch, MS 38654</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ 500.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Roger A. Palmer, Sr.</u>		<u>09</u> / <u>21</u> / <u>20</u>	\$ 350.00
Mailing Address <u>P. O. Box 1176</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Olive Branch, MS 38654</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Self</u>		___ / ___ / ___	\$
Occupation (Required) <u>Real Estate Appraiser</u>		Aggregate year-to-date	\$ 350.00

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Armistead Law, PLLC</u>		<u>09 / 21 / 20</u>	\$ <u>1,000.00</u>
Mailing Address <u>6879 Crumpler Blvd., Suite 100</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Olive Branch, MS 38654</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Law Firm</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shannon H. Williams, P.C.</u>		<u>09 / 21 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>5960 Getwell Road, #212 B</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Southaven, MS 38672</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Law Firm</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Barry Bridgforth</u>		<u>09 / 21 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>3606 Bridgforth Road</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Olive Branch, MS 38654</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Real Estate Developer</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Martin Crump</u>		<u>07 / 14 / 20</u>	\$ <u>2,500.00</u>
Mailing Address <u>2601 14th Street</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Gulfport, MS 39501-1926</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Davis &amp; Crump, P.C.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>2,500.00</u>



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## ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Hodum Law Office, PLLC		08 / 07 / 20	\$ 250.00
Mailing Address 3725 Champion Hills Dr., Suite 1800		___ / ___ / ___	\$
City, State, Zip Code Memphis, TN 38125		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Law Firm		Aggregate year-to-date	\$ 250.00
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Stevens Law Group, PLLC		08 / 07 / 20	\$ 1,000.00
Mailing Address 190 Gateway Dr., Suite A		___ / ___ / ___	\$
City, State, Zip Code Brandon, MS 39042		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required) Law Firm		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name John L. Walker		08 / 07 / 20	\$ 500.00
Mailing Address 1410 Livingston Lane, Suite A		___ / ___ / ___	\$
City, State, Zip Code Jackson, MS 39213		___ / ___ / ___	\$
Name of Employer (Required) Walker Group, P. C.		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$ 500.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Josh Pounders		09 / 04 / 20	\$ 1,500.00
Mailing Address 1923 Fogg Road		___ / ___ / ___	\$
City, State, Zip Code Nesbit, MS 38651		___ / ___ / ___	\$
Name of Employer (Required) Pine Ridge Christmas Tree Farm/DeSoto Co.		___ / ___ / ___	\$
Occupation (Required) Owner / DeSoto County MS Coroner		Aggregate year-to-date	\$ 1,500.00

Name of Candidate or Committee Committee to Elect Percy L. Lynchard  
 Reporting period July 1, 2020 through September 30, 2020

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Joe Sam Owen</u>	<u>09 / 04 / 20</u>	\$ <u>1,500.00</u>
Mailing Address <u>P. O. Box 673</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Gulfport, MS 39502</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Owen &amp; Owen, PLLC</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>1,500.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>John R. &amp; Renee Grisham</u>	<u>08 / 24 / 20</u>	\$ <u>5,000.00</u>
Mailing Address <u>P. O. Box 2963</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Charlottesville, VA 22902</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Self</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Author / Attorney</u>	Aggregate year-to-date	\$ <u>5,000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>M. Darin Vance</u>	<u>08 / 28 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 953</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Hernando, MS 38632</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Self</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Alex Waldrup</u>	<u>08 / 28 / 20</u>	\$ <u>1,500.00</u>
Mailing Address <u>226 Morningside Lane</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Batesville, MS 38606</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Self</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Real Estate Developer</u>	Aggregate year-to-date	\$ <u>1,500.00</u>

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>W. E. "Sluggo" Davis</u>		<u>08 / 28 / 20</u>	\$ <u>1,000.00</u>
Mailing Address <u>2406 Holly Spring Road</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Hernando, MS 38632</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Larry K. Depriest</u>		<u>09 / 23 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>7240 Craft Goodman Road</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Olive Branch, MS 38654</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tracy Walsh</u>		<u>08 / 04 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>6831 Crumpler Blvd., Suite 200</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Olive Branch, MS 38654</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Walsh Law Firm, PLLC</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Attorney/Owner</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Paul Moore, Jr.</u>		<u>08 / 27 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Drawer 230</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Calhoun City, MS 38916-0230</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Self</u>		<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Elect Percy L. Lynchard  
 Reporting period July 1, 2020 through September 30, 2020

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Daniel Martin</u>	<u>08 / 24 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>203 Wagner Street</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Water Valley, MS 38965</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Crow Martin PLLC</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Taylor Webb</u>	<u>08 / 21 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>404 Cherokee Drive</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Oxford, MS 38655</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Tollison Law Firm</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Perry Griffin, PC</u>	<u>09 / 29 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>5699 Getwell Road, Bldg. G, Ste. 5</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Southaven, MS 38672</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Law Firm</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Keller's Pawn, Inc.</u>	<u>08 / 19 / 20</u>	\$ <u>300.00</u>
Mailing Address <u>1389 Hwy 61</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <u>Lake Cormorant, MS 38641</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) _____	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Pawnbroker</u>	Aggregate year-to-date	\$ <u>300.00</u>

Name of Candidate or Committee Committee to Elect Percy L. Lynchard  
 Reporting period July 1, 2020 through September 30, 2020

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Steve Pittman</b>	<u>07 / 28 / 20</u>	\$ 500.00
Mailing Address <b>291 Loshier Street</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <b>Hernando, MS 38632</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <b>Self</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <b>Attorney</b>	Aggregate year-to-date	\$ 500.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Scott and Cannon Kirk</b>	<u>07 / 28 / 20</u>	\$ 1,500.00
Mailing Address <b>P. O. Box 670</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <b>Grenada, MS 38902</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <b>Kirk Brothers Properties, LLC</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <b>Real Estate / Auto Sales</b>	Aggregate year-to-date	\$ 1,500.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Al Hankins</b>	<u>07 / 28 / 20</u>	\$ 1,000.00
Mailing Address <b>P. O. Box 1397</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <b>Grenada, MS</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <b>Self</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <b>Timber and Lumber Sales</b>	Aggregate year-to-date	\$ 1,000.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>Mr. &amp; Mrs. Richard T. Phillips</b>	<u>07 / 27 / 20</u>	\$ 500.00
Mailing Address <b>P. O. Box 1586</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code <b>Batesville, MS 38606</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <b>Self</b>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <b>Attorney</b>	Aggregate year-to-date	\$ 500.00

Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020**ITEMIZED RECEIPTS**

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Grady F. Tollison, Jr.</u>		<u>07 / 27 / 20</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 1216</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Oxford, MS 38655-1216</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Attorney</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BCS Rentals, Inc.</u>		<u>07 / 27 / 20</u>	\$ <u>300.00</u>
Mailing Address <u>6858 Swinnea Road, #5 Rutland Place</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Southaven, MS 38671</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Real Estate Rentals</u>		Aggregate year-to-date	\$ <u>300.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>The Diaz Law Firm, PLLC</u>		<u>08 / 18 / 20</u>	\$ <u>500.00</u>
Mailing Address <u>208 Waterford Square, Suite 300</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) _____		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Law Firm</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Paul and Susan Scott</u>		<u>08 / 18 / 20</u>	\$ <u>1,000.00</u>
Mailing Address <u>P. O. Box 346</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>Hernando, MS 38632</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>Self</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required) <u>Attorney / Nurse Practitioner</u>		Aggregate year-to-date	\$ <u>1,000.00</u>

Name of Candidate or Committee Committee to Elect Percy L. Lynchard  
 Reporting period July 1, 2020 through September 30, 2020

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leigh Ann Rutherford</u>	<u>09 / 21 / 20</u>	\$ <u>200.00</u> <sup>+</sup>
Mailing Address <u>P. O. Box 948</u>	<u>09 / 29 / 20</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Hernando, MS 38632</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required) <u>Self</u>	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required) <u>Attorney</u>	Aggregate year-to-date	\$ <u>400.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	<u>   </u> / <u>   </u> / <u>   </u>	\$
Mailing Address	<u>   </u> / <u>   </u> / <u>   </u>	\$
City, State, Zip Code	<u>   </u> / <u>   </u> / <u>   </u>	\$
Name of Employer (Required)	<u>   </u> / <u>   </u> / <u>   </u>	\$
Occupation (Required)	Aggregate year-to-date	\$



Name of Candidate or Committee Committee to Elect Percy L. LynchardReporting period July 1, 2020 through September 30, 2020**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☒ On or After January 1, 2018

<b>A. Full name</b> Constant Contact	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> Reservoir Place, 1601 Trapelo Road	09 / 28 / 20	\$ 208.65
<b>City, State, Zip Code</b> Waltham, MA 02451	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Email Marketing	<b>Aggregate</b> <b>Year-to-date</b>	\$ 208.65
<b>B. Full name</b> PayPal	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b> 2211 North First Street	07 / 15 / 20	\$ 99.13
<b>City, State, Zip Code</b> San Jose, CA 95131	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> Fees on Contributions made through PayPal	<b>Aggregate</b> <b>Year-to-date</b>	\$ 99.13
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$