Candidate's Committee REPORT OF RECEIPTS AND DISBURSEMENTS

2023 Election

Name of Candidate Tate for Governor	By Secretary of State Elections Division at 4:31 pm, Oct 10, 20
Address PO Box 24355	City/Zip Jackson 39225
Telephone (Work) (Fax)	
Treasurer Email Address	
Office Sought Party Affiliation	
Check here if above information is different from previous report	
TYPE OF REPORT	
May 10, 2023 Periodic Report (January 1, 2023, through April 30, 2023)	Mandatory
June 9, 2023 Periodic Report (May 1, 2023, through May 31, 2023)	Mandatory
July 10, 2023 Periodic Report (June 1, 2023, through June 30, 2023)	Mandatory
August 1, 2023 Primary Pre-Election Report (July 1, 2023, through July 29, 20	023) Mandatory
August 22, 2023 Primary Pre-Runoff Report (July 30, 2023, through August 19	9, 2023)Runoff Candidates Only
* October 10, 2023 Periodic Report (July 1, 2023, through September 30, 2023)	Mandatory
October 31, 2023 Pre-Election Report (October 1, 2023, through October 29, 2	2023) Mandatory
November 21, 2023 Pre-Runoff Report (October 30, 2023, through November	19, 2023)Runoff Candidates Only
January 10, 2024 Periodic Report (October 1, 2023, through December 31, 20	23) Mandatory
Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and a zero cash on hand balance)	Required to terminate reporting obligations
IMPORTANT	

- (1) All candidates for office, and their political committees if organized as such, shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the committee shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election reports are mandatory if the candidate is opposed.
- (3) Until a candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). SOS 10-2022

- (4) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline.

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

2022 CARLION HAND DALANCE

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

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

JAN. 1, 2023 CASH ON HAND BALANCE			\$5,899,590.03	
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$1,666,362.03	\$13,967.00	\$1,680,329.03	\$5,104,233.22
TOTAL AMT OF DISBURSEMENTS	\$5,184,499.10	\$5,614.45	\$5,190,113.55	\$6,851,633.50

\$4,152,189.75 CASH ON HAND BALANCE

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

10/9/2023

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

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov.

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

\$5,899,590.03

^{1.} Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

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Name	of	Candidate	or	Committee

Tate for Governor

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Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carolyn Boteler	09/12/2023	\$1,000.00
Mailing Address 1984 Cleary Rd	8	
City, State, Zip Code Florence, MS 39073-8843		
Name of Employer (Required) Temp Staff		
Occupation (Required) President	Aggregate Year-to-date	\$2,250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Carla F. Davis	09/24/2023	\$500.00
Mailing Address 246 CR 108		
City, State, Zip Code Abbeville, MS 38601-9608		
Name of Employer (Required) Hurricane Realty		
Occupation (Required) Realtor	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify) Full Name NRA- Political Victory Fund	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name NRA- Political Victory Fund Mailing Address 11250 Waples Mill Rd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name NRA- Political Victory Fund Mailing Address 11250 Waples Mill Rd City, State, Zip Code Fairfax, VA 22030-7550	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name NRA- Political Victory Fund Mailing Address 11250 Waples Mill Rd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name NRA- Political Victory Fund Mailing Address 11250 Waples Mill Rd City, State, Zip Code Fairfax, VA 22030-7550 Name of Employer (Required)	(Mo., Day, Year) 08/08/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name NRA- Political Victory Fund Mailing Address 11250 Waples Mill Rd City, State, Zip Code Fairfax, VA 22030-7550 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name NRA- Political Victory Fund Mailing Address 11250 Waples Mill Rd City, State, Zip Code Fairfax, VA 22030-7550 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan **Other (please specify) LLC	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name NRA- Political Victory Fund Mailing Address 11250 Waples Mill Rd City, State, Zip Code Fairfax, VA 22030-7550 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Address	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name NRA- Political Victory Fund Mailing Address 11250 Waples Mill Rd City, State, Zip Code Fairfax, VA 22030-7550 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name Advance Financial Administration, LLC Mailing Address 100 Oceanside Dr.	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca Combs-Dulaney	07/13/2023	\$1,000.00
Mailing Address 5601 10th Ave		
City, State, Zip Code Meridian, MS 39305-1925		
Name of Employer (Required) Structural Steel Services, Inc.		
Occupation (Required) Vice President for Community and Public Relations	Aggregate Year-to-date	\$11,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Fayard Jr.	08/08/2023	\$2,500.00
Mailing Address P.O. Box 2189		
City, State, Zip Code Gulfport, MS 39505-2189		
Name of Employer (Required) John Fayard Moving & Warehousing LLC		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
•		receipt
* Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Max Home, LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Max Home, LLC Mailing Address 101 Max Place	(Mo., Day, Year)	receipt this period
Tull Name Max Home, LLC Mailing Address 101 Max Place City, State, Zip Code Fulton, MS 38843-6611	(Mo., Day, Year)	receipt this period
Tull Name Max Home, LLC Mailing Address 101 Max Place City, State, Zip Code Fulton, MS 38843-6611 Name of Employer (Required)	(Mo., Day, Year) 08/01/2023 Aggregate	receipt this period \$250.00
Tother (please specify) Full Name Max Home, LLC Mailing Address 101 Max Place City, State, Zip Code Fulton, MS 38843-6611 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Tother (please specify) Full Name Max Home, LLC Mailing Address 101 Max Place City, State, Zip Code Fulton, MS 38843-6611 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Tother (please specify) Full Name Max Home, LLC Mailing Address 101 Max Place City, State, Zip Code Fulton, MS 38843-6611 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify) Full Name Tellus Operating Group LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Tother (please specify) Full Name Max Home, LLC Mailing Address 101 Max Place City, State, Zip Code Fulton, MS 38843-6611 Name of Employer (Required) Occupation (Required) Source: Other (please specify) Full Name Tellus Operating Group LLC Mailing Address 602 Crescent Place Suite 100	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Watco Companies LLC	09/08/2023	\$500.00
Mailing Address 315 W 3rd St.		
City, State, Zip Code Pittsburg, KS 66762-4706		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marcus J. Martin	07/13/2023	\$3,000.00
Mailing Address PO Box 303		
City, State, Zip Code Laurel, MS 39441-0303		
Name of Employer (Required) CRI		
Occupation (Required) CPA	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Newsom Jr. Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005 Name of Employer (Required) Somner Express	(Mo., Day, Year) 09/17/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005 Name of Employer (Required) Somner Express Occupation (Required) CEO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/17/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005 Name of Employer (Required) Somner Express Occupation (Required) CEO Source: Corporation PAC Individual Loan ** Other (please specify) LLC	(Mo., Day, Year) 09/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005 Name of Employer (Required) Somner Express Occupation (Required) CEO Source: Corporation PAC Individual Loan * Other (please specify) LLC Full Name 942 Beach Blvd LLC	(Mo., Day, Year) 09/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Larry Newsom Jr. Mailing Address PO Box 5 City, State, Zip Code Memphis, TN 38101-0005 Name of Employer (Required) Somner Express Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name 942 Beach Blvd LLC Mailing Address 199 Locust Drive	(Mo., Day, Year) 09/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate	or Committee
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Source: ☐ Corporation ☐ PAC Individual ☐ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tana C. Hanner III	08/04/2023	\$250.00
Iom C. Harvey III	06/04/2023	\$250.00
Mailing Address 38 Colonel Wink Drive		
City, State, Zip Code Gulfport, MS 39507-4203		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas Wesley Rouse Jr.	08/18/2023	\$200.00
Mailing Address 111 Bedford Rd		
City, State, Zip Code Hattiesburg, MS 39402-2302		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,700.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ralph Daniel Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ralph Daniel Mailing Address 138 Oakhurst Trail	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ralph Daniel Mailing Address 138 Oakhurst Trail City, State, Zip Code Ridgeland, MS 39157-8608	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ralph Daniel Mailing Address 138 Oakhurst Trail City, State, Zip Code Ridgeland, MS 39157-8608 Name of Employer (Required) UMC	(Mo., Day, Year) 07/26/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Ralph Daniel Mailing Address 138 Oakhurst Trail City, State, Zip Code Ridgeland, MS 39157-8608 Name of Employer (Required) UMC Occupation (Required) Physician Source: Corporation PAC * Individual Loan	(Mo., Day, Year) 07/26/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Ralph Daniel Mailing Address 138 Oakhurst Trail City, State, Zip Code Ridgeland, MS 39157-8608 Name of Employer (Required) UMC Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Ralph Daniel Mailing Address 138 Oakhurst Trail City, State, Zip Code Ridgeland, MS 39157-8608 Name of Employer (Required) UMC Occupation (Required) Physician Source: □ Corporation □ PAC ★ Individual □ Loan □ Other (please specify) Full Name Dwight Dyess	(Mo., Day, Year) 07/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Ralph Daniel Mailing Address 138 Oakhurst Trail City, State, Zip Code Ridgeland, MS 39157-8608 Name of Employer (Required) UMC Occupation (Required) Physician Source: □ Corporation □ PAC ★ Individual □ Loan □ Other (please specify) Full Name Dwight Dyess Mailing Address 26700 E Main Street	(Mo., Day, Year) 07/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Ralph Daniel Mailing Address 138 Oakhurst Trail City, State, Zip Code Ridgeland, MS 39157-8608 Name of Employer (Required) Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Dwight Dyess Mailing Address 26700 E Main Street City, State, Zip Code West Point, MS 39773-7545	(Mo., Day, Year) 07/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate	or Committee
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Tate for Governor 09/30/2023 _ through _

Source: Corporation PAC * Individual Coan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sean Akins	07/17/2023	\$500.00
Mailing Address 103 Forest Gate Road		
City, State, Zip Code Ripley, MS 38663-9050		
Name of Employer (Required) Akins & Adams, P.A.		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph Marshall	08/08/2023	\$3,000.00
Mailing Address 3407 Nighthawk Ct.		
City, State, Zip Code Tupelo, MS 38804-1004		
Name of Employer (Required) Self		
Occupation (Required) Automobile Dealer	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bricklee Miller	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bricklee Miller Mailing Address 1505 Watt Hill Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bricklee Miller Mailing Address 1505 Watt Hill Road City, State, Zip Code Starkville, MS 39759-0401	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bricklee Miller Mailing Address 1505 Watt Hill Road City, State, Zip Code Starkville, MS 39759-0401 Name of Employer (Required) Oktibbeha County	(Mo., Day, Year) 09/29/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Bricklee Miller Mailing Address 1505 Watt Hill Road City, State, Zip Code Starkville, MS 39759-0401 Name of Employer (Required) Oktibbeha County Occupation (Required) Supervisor Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Bricklee Miller Mailing Address 1505 Watt Hill Road City, State, Zip Code Starkville, MS 39759-0401 Name of Employer (Required) Oktibbeha County Occupation (Required) Supervisor Source: Corporation PAC Individual Loan **Other (please specify) LLC	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Bricklee Miller Mailing Address 1505 Watt Hill Road City, State, Zip Code Starkville, MS 39759-0401 Name of Employer (Required) Oktibbeha County Occupation (Required) Supervisor Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Southern Disaster Recovery LLC	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Bricklee Miller Mailing Address 1505 Watt Hill Road City, State, Zip Code Starkville, MS 39759-0401 Name of Employer (Required) Oktibbeha County Occupation (Required) Supervisor Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Southern Disaster Recovery LLC Mailing Address 109 White Oak Road	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Storey Charbonnet	08/02/2023	\$25,000.00
Mailing Address 639 Loyola Avenue Suite 2775		
City, State, Zip Code New Orleans, LA 70113-7115		
Name of Employer (Required) Johnson Rice & Company LLC		
Occupation (Required) Partner	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jamie Smith	08/04/2023	\$250.00
Mailing Address PO Box 381		
City, State, Zip Code Merigold, MS 38759-0381		
Name of Employer (Required) McCarty's		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u></u>		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name J. Paul Janoush Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name J. Paul Janoush Mailing Address PO Box 397	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name J. Paul Janoush Mailing Address PO Box 397 City, State, Zip Code Rosedale, MS 38769-0397	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name J. Paul Janoush Mailing Address PO Box 397 City, State, Zip Code Rosedale, MS 38769-0397 Name of Employer (Required) JANTRAN	(Mo., Day, Year) 08/18/2023 Aggregate	receipt this period \$2,000.00
Other (please specify) Full Name J. Paul Janoush Mailing Address PO Box 397 City, State, Zip Code Rosedale, MS 38769-0397 Name of Employer (Required) JANTRAN Occupation (Required) CFO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date	receipt this period \$2,000.00 \$2,000.00 Amount of each receipt
Other (please specify) Full Name J. Paul Janoush Mailing Address PO Box 397 City, State, Zip Code Rosedale, MS 38769-0397 Name of Employer (Required) JANTRAN Occupation (Required) CFO Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$2,000.00 Amount of each receipt this period
Other (please specify) Full Name J. Paul Janoush Mailing Address PO Box 397 City, State, Zip Code Rosedale, MS 38769-0397 Name of Employer (Required) JANTRAN Occupation (Required) CFO Source: Corporation PAC Individual Loan Other (please specify) Full Name Nick Ardillo	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$2,000.00 Amount of each receipt this period
Other (please specify) Full Name J. Paul Janoush Mailing Address PO Box 397 City, State, Zip Code Rosedale, MS 38769-0397 Name of Employer (Required) JANTRAN Occupation (Required) CFO Source: Corporation PAC Individual Loan Other (please specify) Full Name Nick Ardillo Mailing Address 273 Artesian Fields Lane	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$2,000.00 Amount of each receipt this period

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Reporting Period

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_ through _

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Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name C. Roberds General Contractors	08/16/2023	\$1,000.00
Mailing Address 2211 Government St.		
City, State, Zip Code Ocean Springs, MS 39564-3957		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John A. Maloney	09/15/2023	\$1,000.00
Mailing Address 505 Roses Bluff Drive		
City, State, Zip Code Madison, MS 39110-7545		
Name of Employer (Required) Cowboy Maloney		
Occupation (Required) Principal	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Double Composition** Description** Description** Description** Description** Description** Description** Description** Description* Description*	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
* Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Tull Name Helena Agri-Enterprises, LLC Mailing Address	(Mo., Day, Year)	receipt this period
** Other (please specify)LLC Full Name	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Helena Agri-Enterprises, LLC Mailing Address 225 Schilling Blvd STE 300 City, State, Zip Code Collierville, TN 38017-7177	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Helena Agri-Enterprises, LLC Mailing Address 225 Schilling Blvd STE 300 City, State, Zip Code Collierville, TN 38017-7177 Name of Employer (Required)	(Mo., Day, Year) 08/01/2023 Aggregate	receipt this period \$1,000.00
Tother (please specify) Full Name Helena Agri-Enterprises, LLC Mailing Address 225 Schilling Blvd STE 300 City, State, Zip Code Collierville, TN 38017-7177 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Tother (please specify) Full Name Helena Agri-Enterprises, LLC Mailing Address 225 Schilling Blvd STE 300 City, State, Zip Code Collierville, TN 38017-7177 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name Helena Agri-Enterprises, LLC Mailing Address 225 Schilling Blvd STE 300 City, State, Zip Code Collierville, TN 38017-7177 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Mike Staten	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify)LLC Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Heslep	08/21/2023	\$500.00
Mailing Address 204 S Fourth Avenue		
City, State, Zip Code Cleveland, MS 38732-3158		
Name of Employer (Required) Self		
Occupation (Required) Self Employed	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy S Oubre	07/18/2023	\$500.00
Mailing Address PO Box 464		
City, State, Zip Code Marion, MS 39342-0464		
Name of Employer (Required) Oubre Partners LP		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
	rear-to-date	
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation □ PAC □ Individual □ Loan	Date	receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name LMS, INC	Date (Mo., Day, Year)	receipt this period
Source: ** Corporation	Date (Mo., Day, Year)	receipt this period
Source: ** Corporation	Date (Mo., Day, Year)	receipt this period
Source: ** Corporation	Date (Mo., Day, Year) 08/17/2023 Aggregate	receipt this period \$500.00
Source: ** Corporation	Date (Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$1,500.00 Amount of each receipt
Source: ** Corporation	Date (Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation	Date (Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name LMS, INC Mailing Address 806 Washington Ave City, State, Zip Code Ocean Springs, MS 39564-4638 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name LMS, INC Mailing Address 806 Washington Ave	Date (Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Devon Valencia	08/10/2023	\$5,000.00
Mailing Address 230 South Main St.		
City, State, Zip Code Dayton, OH 45402-2408		
Name of Employer (Required) CS		
Occupation (Required) CIO	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MAE-PAC	07/01/2023	\$10,000.00
Mailing Address 1657 McFarland Blvd N Ste G3E		
City, State, Zip Code Tuscaloosa, AL 35406-2201		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Renna Fisher Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Renna Fisher Mailing Address P.O. Box 16592	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Renna Fisher Mailing Address P.O. Box 16592 City, State, Zip Code Jackson, MS 39236-6592	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Renna Fisher Mailing Address P.O. Box 16592 City, State, Zip Code Jackson, MS 39236-6592 Name of Employer (Required) Fisher Construction Inc.	(Mo., Day, Year) 09/26/2023 Aggregate	receipt this period \$5,000.00
City, State, Zip Code Jackson, MS 39236-6592 Name of Employer (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
City, State, Zip Code Jackson, MS 39236-6592 Name of Employer (Required) Fisher Construction Inc. Occupation (Required) Executive Source: Corporation PAC Individual Loan Trust	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
City, State, Zip Code Jackson, MS 39236-6592 Name of Employer (Required) Fisher Construction Inc. Occupation (Required) Executive Source: Corporation PAC Individual Loan Trust The George R Rea, Jr. Revocable Trust	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Renna Fisher Mailing Address P.O. Box 16592 City, State, Zip Code Jackson, MS 39236-6592 Name of Employer (Required) Fisher Construction Inc. Occupation (Required) Executive Source: Corporation PAC Individual Loan * Other (please specify) Trust Full Name The George R Rea, Jr. Revocable Trust Mailing Address 509 North Hills St.	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bryant Songy Snell LLC	07/24/2023	\$1,000.00
Mailing Address 300 Concourse Blvd #103		
City, State, Zip Code Ridgeland, MS 39157-2059		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Friends Of Josh Hawkins	08/27/2023	\$500.00
Mailing Address 385 Highway 51 N		
City, State, Zip Code Batesville, MS 38606-2352		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	1 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Gaines	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Gaines Mailing Address 425 Atherton Dr	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Gaines Mailing Address 425 Atherton Dr City, State, Zip Code Metairie, LA 70005-3809	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Gaines Mailing Address 425 Atherton Dr City, State, Zip Code Metairie, LA 70005-3809 Name of Employer (Required) Occupation (Required)	(Mo., Day, Year) 08/08/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name David Gaines Mailing Address 425 Atherton Dr City, State, Zip Code Metairie, LA 70005-3809 Name of Employer (Required) Ochsner Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name David Gaines Mailing Address 425 Atherton Dr City, State, Zip Code Metairie, LA 70005-3809 Name of Employer (Required) Ochsner Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name David Gaines Mailing Address 425 Atherton Dr City, State, Zip Code Metairie, LA 70005-3809 Name of Employer (Required) Ochsner Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Desoto Integrity In Government PAC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name David Gaines Mailing Address 425 Atherton Dr City, State, Zip Code Metairie, LA 70005-3809 Name of Employer (Required) Ochsner Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Desoto Integrity In Government PAC Mailing Address 1589 Johnston Rd	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Date (Mo., Day, Year)	Amount of each receipt this period
09/29/2023	\$1,000.00
Aggregate Year-to-date	\$1,000.00
Date (Mo., Day, Year)	Amount of each receipt this period
08/27/2023	\$250.00
Aggregate Year-to-date	\$250.00
	\$250.00 Amount of each receipt this period
Year-to-date Date	Amount of each receipt
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Year-to-date Date (Mo., Day, Year) 08/18/2023 Aggregate	Amount of each receipt this period
Pear-to-date Date (Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt
Pear-to-date Date (Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Pear-to-date Date (Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
Pear-to-date Date (Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period
	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chip Crane II	09/25/2023	\$2,500.00
Mailing Address	09/23/2023	Ψ2,500.00
PO Box 428		
City, State, Zip Code Fulton, MS 38843-0428		
Name of Employer (Required) F.L. Crane & Sons, Inc.		
Occupation (Required) CEO	Aggregate Year-to-date	\$4,500.00
Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Molina Healthcare Inc PAC	08/01/2023	\$4,000.00
Mailing Address 200 Oceangate Ste 100		
City, State, Zip Code Long Beach, CA 90802-4317		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
·		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Gother (please specify) Full Name Molina Healthcare Inc PAC	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Molina Healthcare Inc PAC Mailing Address 200 Oceangate Ste 100 City, State, Zip Code Long Beach, CA 90802-4317	(Mo., Day, Year)	receipt this period
City, State, Zip Code Long Beach, CA 90802-4317 Description: Control Other (please specify) Long Beach, CA 90802-4317 Description: Long Beach, CA 90802-4317 Long Beach, CA 90802-4317	(Mo., Day, Year) 09/29/2023 Aggregate	receipt this period \$6,000.00
Gity, State, Zip Code Long Beach, CA 90802-4317 Name of Employer (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date	receipt this period \$6,000.00 \$10,000.00 Amount of each receipt
Gity, State, Zip Code Long Beach, CA 90802-4317 Name of Employer (Required) Coccupation (Required) Cother (please specify) Cother (please specify) Cother (please specify) Cother (please specify)	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$6,000.00 \$10,000.00 Amount of each receipt this period
Tull Name Molina Healthcare Inc PAC Mailing Address 200 Oceangate Ste 100 City, State, Zip Code Long Beach, CA 90802-4317 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Duane Stevens	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$6,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name Molina Healthcare Inc PAC Mailing Address 200 Oceangate Ste 100 City, State, Zip Code Long Beach, CA 90802-4317 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Duane Stevens Mailing Address 106 Cherry Cv	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$6,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name Molina Healthcare Inc PAC Mailing Address 200 Oceangate Ste 100 City, State, Zip Code Long Beach, CA 90802-4317 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Duane Stevens Mailing Address 106 Cherry Cv City, State, Zip Code Madison, MS 39110-8557	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$6,000.0 \$10,000.0 Amount of each receipt this period

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Date (Mo., Day, Year)	Amount of each receipt this period
08/24/2023	\$2,500.00
Aggregate Year-to-date	\$2,500.00
Date (Mo., Day, Year)	Amount of each receipt this period
07/17/2023	\$1,000.00
Aggregate	\$2,000.00
Year-to-date	
Par-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Date	Amount of each receipt
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year)	Amount of each receipt this period
Date (Mo., Day, Year) 08/08/2023 Aggregate	Amount of each receipt this period
Date (Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date	Amount of each receipt this period \$100.00 \$500.00 Amount of each receipt
Date (Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$500.00 Amount of each receipt this period
Date (Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$500.00 Amount of each receipt this period
Date (Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$100.00 \$500.00 Amount of each receipt this period
	(Mo., Day, Year) 08/24/2023 Aggregate Year-to-date Date (Mo., Day, Year) 07/17/2023

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ITEMIZED RECEIPTS

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Source: Corporation PAC Tindividual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full Name Ed Trehern	08/29/2023	\$10,000.00
Mailing Address 205 Front Beach Dr.		
City, State, Zip Code Ocean Springs, MS 39564-4516		
Name of Employer (Required) Charter Bank		
Occupation (Required) Bank Director	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leigh G. Jaunsen	08/29/2023	\$10,000.00
Mailing Address 314 Bills Ave.		
City, State, Zip Code Ocean Springs, MS 39564-3951		
Name of Employer (Required) Dale Partners Architects		
Occupation (Required) Partner	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Wingfield Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Wingfield Mailing Address 915 E Scenic Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Wingfield Mailing Address 915 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571-4701	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Wingfield Mailing Address 915 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571-4701 Name of Employer (Required) The Dermatology Clinic	(Mo., Day, Year) 08/17/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name William Wingfield Mailing Address 915 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571-4701 Name of Employer (Required) The Dermatology Clinic Occupation (Required) CFO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,250.00 Amount of each receipt
Other (please specify) Full Name William Wingfield Mailing Address 915 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571-4701 Name of Employer (Required) The Dermatology Clinic Occupation (Required) CFO Source: Corporation PAC Individual Loan **Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,250.00 Amount of each receipt this period
Other (please specify) Full Name William Wingfield Mailing Address 915 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571-4701 Name of Employer (Required) The Dermatology Clinic Occupation (Required) CFO Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Fondren Construction LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,250.00 Amount of each receipt this period
Other (please specify) Full Name William Wingfield Mailing Address 915 E Scenic Drive City, State, Zip Code Pass Christian, MS 39571-4701 Name of Employer (Required) The Dermatology Clinic Occupation (Required) CFO Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name Fondren Construction LLC Mailing Address 1635 Lelia Dr. STE 102	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan * Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry Turner State Rep District 18 Campaign	07/04/2023	\$2,500.00
Mailing Address 1290 Carrollville Ave		
City, State, Zip Code Baldwyn, MS 38824-1109		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Machado	08/29/2023	\$5,000.00
Mailing Address 6 Povenir Pl.		
City, State, Zip Code Gulfport, MS 39507-4234		
Name of Employer (Required) Machado Patano		
Occupation (Required) Executive	Aggregate Year-to-date	\$10,000.00
Source: * Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Mississippi Association Of Health Plans Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name Mississippi Association Of Health Plans Mailing Address 200 North Congress St Ste 201	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Association Of Health Plans Mailing Address 200 North Congress St Ste 201 City, State, Zip Code Jackson, MS 39201	(Mo., Day, Year)	receipt this period
City, State, Zip Code Jackson, MS 39201 Other (please specify) Mississippi Association Of Health Plans 200 North Congress St Ste 201 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required)	(Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Name of Employer (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name Mississippi Association Of Health Plans Mailing Address 200 North Congress St Ste 201 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name William D. Dennis	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Mississippi Association Of Health Plans Mailing Address 200 North Congress St Ste 201 City, State, Zip Code Jackson, MS 39201 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name William D. Dennis Mailing Address P.O. Box 6181	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name	of	Candi	idate	or	Committee
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		Amount of each
Source: Corporation PAC * Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Samir Tomajian	08/17/2023	\$1,000.00
Mailing Address 10740 Plantation Ln		
City, State, Zip Code Gulfport, MS 39503-4058		
Name of Employer (Required) Physician		
Occupation (Required) Memorial Hospital	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marigny Capital Services LLC	08/01/2023	\$5,000.00
Mailing Address 909 Poydras St Ste 2230		
City, State, Zip Code New Orleans, LA 70112-4003		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan ** Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
* Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Simon P, LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Simon P, LLC Mailing Address 527 Chiswick Dr.	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Simon P, LLC Mailing Address 527 Chiswick Dr. City, State, Zip Code Ridgeland, MS 39157-4158	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Simon P, LLC Mailing Address 527 Chiswick Dr. City, State, Zip Code Ridgeland, MS 39157-4158 Name of Employer (Required)	(Mo., Day, Year) 09/15/2023 Aggregate	receipt this period \$500.00
Tother (please specify) Full Name Simon P, LLC Mailing Address 527 Chiswick Dr. City, State, Zip Code Ridgeland, MS 39157-4158 Name of Employer (Required) Occupation (Required) Source: ** Corporation	Aggregate Year-to-date	receipt this period \$500.00 \$500.00 Amount of each receipt
Tother (please specify) Full Name Simon P, LLC Mailing Address 527 Chiswick Dr. City, State, Zip Code Ridgeland, MS 39157-4158 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Tother (please specify) Full Name Simon P, LLC Mailing Address 527 Chiswick Dr. City, State, Zip Code Ridgeland, MS 39157-4158 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Pfizer, Inc.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Full Name Simon P, LLC Mailing Address 527 Chiswick Dr. City, State, Zip Code Ridgeland, MS 39157-4158 Name of Employer (Required) Occupation (Required) Source: ** Corporation	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Behavioral Health Services, LLC	07/10/2023	\$1,000.00
Mailing Address 1000 Chinaberry Dr. STE 900	0.110/2020	V ,,000.22
City, State, Zip Code Bossier City, LA 71111		
Name of Employer (Required)		
Occupation (Required)	Aggregate	
	Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Drew T. St. John II	09/29/2023	\$5,000.00
Mailing Address 104 Stonebridge Cove		
City, State, Zip Code Madison, MS 39110-6071		
Name of Employer (Required) Earthscape Supply		
Occupation (Required) President	Aggregate Year-to-date	\$10,000.00
	rear-to-date	
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name LKQ	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name LKQ Mailing Address 5846 Crossings Blvd	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name LKQ Mailing Address 5846 Crossings Blvd City, State, Zip Code Antioch, TN 37013-3129	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name LKQ Mailing Address 5846 Crossings Blvd City, State, Zip Code Antioch, TN 37013-3129 Name of Employer (Required)	Date (Mo., Day, Year) 08/10/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name LKQ Mailing Address 5846 Crossings Blvd City, State, Zip Code Antioch, TN 37013-3129 Name of Employer (Required) Occupation (Required) Source: Corporation PAC * Individual Loan	Date (Mo., Day, Year) 08/10/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name LKQ Mailing Address 5846 Crossings Blvd City, State, Zip Code Antioch, TN 37013-3129 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name LKQ Mailing Address 5846 Crossings Blvd City, State, Zip Code Antioch, TN 37013-3129 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary P. Hill	Date (Mo., Day, Year) 08/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name LKQ Mailing Address 5846 Crossings Blvd City, State, Zip Code Antioch, TN 37013-3129 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary P. Hill Mailing Address 1304 River Road	Date (Mo., Day, Year) 08/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Financial Service Centers of MS PAC	07/24/2023	\$1,000.00
Mailing Address 735 Shady Oaks Cir		
City, State, Zip Code Oxford, MS 38655-5450		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: ☐ Corporation ☐ PAC ♣ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Teresa Hubbard	09/26/2023	\$5,000.00
Mailing Address P.O. Box 5152		
City, State, Zip Code Holly Springs, MS 38634-5152		
Name of Employer (Required) Cite Armored Inc.		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan **Double Corporation LLC**	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
↑ Other (please specify) LLC	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Willys Investments LLC Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Willys Investments LLC Mailing Address 5420 Saratoga Dr. City, State, Zip Code Jackson, MS 39211-4138	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Willys Investments LLC Mailing Address 5420 Saratoga Dr. City State 7in Code	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Willys Investments LLC Mailing Address 5420 Saratoga Dr. City, State, Zip Code Jackson, MS 39211-4138 Name of Employer (Required)	Date (Mo., Day, Year) 08/18/2023 Aggregate	receipt this period \$2,500.00
Tother (please specify) Full Name Willys Investments LLC Mailing Address 5420 Saratoga Dr. City, State, Zip Code Jackson, MS 39211-4138 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Tother (please specify) LLC Full Name Willys Investments LLC Mailing Address 5420 Saratoga Dr. City, State, Zip Code Jackson, MS 39211-4138 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Tother (please specify) Full Name Willys Investments LLC Mailing Address 5420 Saratoga Dr. City, State, Zip Code Jackson, MS 39211-4138 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name NextEra Energy PAC	Date (Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Tother (please specify) Full Name Willys Investments LLC Mailing Address 5420 Saratoga Dr. City, State, Zip Code Jackson, MS 39211-4138 Name of Employer (Required) Occupation (Required) Source: Other (please specify) Full Name NextEra Energy PAC Mailing Address 700 Universe Blvd	Date (Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Jennifere M. Simmons	08/03/2023	\$5,000.00
Mailing Address PO Box 206		
City, State, Zip Code Lake, MS 39092-0206		
Name of Employer (Required) Simmons Erosion Control, Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$13,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James H. Ivy	09/28/2023	\$500.00
Mailing Address 166 County Road 1350		
City, State, Zip Code Tupelo, MS 38801-8967		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$500.00
Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Copart Inc. PAC	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Copart Inc. PAC Mailing Address 4665 Business Center Dr	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Copart Inc. PAC Mailing Address 4665 Business Center Dr City, State, Zip Code Fairfield, CA 94534-1675	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Copart Inc. PAC Mailing Address 4665 Business Center Dr City, State, Zip Code Fairfield, CA 94534-1675 Name of Employer (Required)	(Mo., Day, Year) 08/01/2023 Aggregate	receipt this period \$9,000.00
Other (please specify) Full Name Copart Inc. PAC Mailing Address 4665 Business Center Dr City, State, Zip Code Fairfield, CA 94534-1675 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date	receipt this period \$9,000.00 \$9,000.00 Amount of each receipt
Other (please specify) Full Name Copart Inc. PAC Mailing Address 4665 Business Center Dr City, State, Zip Code Fairfield, CA 94534-1675 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan **Other (please specify) LLP	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$9,000.00 \$9,000.00 Amount of each receipt this period
Other (please specify) Full Name Copart Inc. PAC Mailing Address 4665 Business Center Dr City, State, Zip Code Fairfield, CA 94534-1675 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify) Full Name Jones Walker, LLP	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$9,000.00 \$9,000.00 Amount of each receipt this period
Other (please specify) Full Name Copart Inc. PAC Mailing Address 4665 Business Center Dr City, State, Zip Code Fairfield, CA 94534-1675 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan * Other (please specify) LLP Full Name Jones Walker, LLP Mailing Address PO Box 427	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$9,000.00 \$9,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Connect Strategy LLC	08/30/2023	\$10,000.00
Mailing Address 7009 Green Oak Dr.		
City, State, Zip Code Mc Lean, VA 22101-1551		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Health Care Association PAC, LLC	08/18/2023	\$25,000.00
Mailing Address 303 Brame Rd		
City, State, Zip Code Ridgeland, MS 39157-9423		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$75,000.00
Source: Corporation PAC * Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott Carmichael Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott Carmichael Mailing Address PO Box 8	(Mo., Day, Year)	receipt this period
City, State, Zip Code Meridian, MS 39302-0008 Maria of Employer (Required)	(Mo., Day, Year)	receipt this period
City, State, Zip Code Meridian, MS 39302-0008 Name of Employer (Required) Missouth Construction Occupation (Required)	(Mo., Day, Year) 07/13/2023 Aggregate	receipt this period \$500.00
City, State, Zip Code Meridian, MS 39302-0008 Name of Employer (Required) Missouth Construction Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
City, State, Zip Code Meridian, MS 39302-0008 Name of Employer (Required) Missouth Construction Occupation (Required) Owner Source: Corporation PAC Individual Loan **Other (please specify) LLC	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Tull Name Scott Carmichael Mailing Address PO Box 8 City, State, Zip Code Meridian, MS 39302-0008 Name of Employer (Required) Missouth Construction Occupation (Required) Owner Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name NWCARR Investments LLC	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Tull Name Scott Carmichael Mailing Address PO Box 8 City, State, Zip Code Meridian, MS 39302-0008 Name of Employer (Required) Missouth Construction Occupation (Required) Owner Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name NWCARR Investments LLC Mailing Address 19000 Pine Forrest Road	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan * Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gail Mcinnis Productions LLC	08/18/2023	\$1,000.00
Mailing Address 115 Lake Estates Dr.		
City, State, Zip Code Hattiesburg, MS 39402-9688		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wood Oilfield Services	07/24/2023	\$100.00
Mailing Address 61 Magee Hill Road		1
City, State, Zip Code Tylertown, MS 39667-5031		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Terry W. Green Mailing Address	(Mo., Day, Year)	receipt this period
Terry W. Green Mailing Address 29 Windermere Ln	(Mo., Day, Year)	receipt this period
Terry W. Green Mailing Address 29 Windermere Ln City, State, Zip Code Houston, TX 77063-1409	(Mo., Day, Year)	receipt this period
Terry W. Green Mailing Address 29 Windermere Ln City, State, Zip Code Houston, TX 77063-1409 Name of Employer (Required) Island View Casino Resort	(Mo., Day, Year) 08/10/2023 Aggregate	receipt this period \$5,000.00
Terry W. Green Mailing Address 29 Windermere Ln City, State, Zip Code Houston, TX 77063-1409 Name of Employer (Required) Island View Casino Resort Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/10/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$17,500.00 Amount of each receipt
Terry W. Green Mailing Address 29 Windermere Ln City, State, Zip Code Houston, TX 77063-1409 Name of Employer (Required) Island View Casino Resort Occupation (Required) Owner Source: Corporation PAC Individual Loan * Other (please specify) LLC	Aggregate Year-to-date (Mo., Day, Year) Aggregate (Mo., Day, Year)	receipt this period \$5,000.00 \$17,500.00 Amount of each receipt this period
Terry W. Green Mailing Address 29 Windermere Ln City, State, Zip Code Houston, TX 77063-1409 Name of Employer (Required) Island View Casino Resort Occupation (Required) Owner Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Denmiss LLC	Aggregate Year-to-date (Mo., Day, Year) Aggregate (Mo., Day, Year)	receipt this period \$5,000.00 \$17,500.00 Amount of each receipt this period
Terry W. Green Mailing Address 29 Windermere Ln City, State, Zip Code Houston, TX 77063-1409 Name of Employer (Required) Island View Casino Resort Occupation (Required) Owner Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name Denmiss LLC Mailing Address 1368 Old Fannin Road, Suite 100	Aggregate Year-to-date (Mo., Day, Year) Aggregate (Mo., Day, Year)	receipt this period \$5,000.00 \$17,500.00 Amount of each receipt this period

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Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Capitol Resources PAC	09/15/2023	\$7,500.00
Mailing Address 200 N Congress St Ste 500		ı
City, State, Zip Code Jackson, MS 39201-1917		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$7,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ralph Morgan	07/13/2023	\$500.00
Mailing Address 3714 Lauderdale Road		
City, State, Zip Code Lauderdale, MS 39335-9632		
Name of Employer (Required) Ralph Morgan Logging		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Harry S Mayer	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Harry S Mayer Mailing Address 7641 Woodridge Circle	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Harry S Mayer Mailing Address 7641 Woodridge Circle City, State, Zip Code Meridian, MS 39305-9477	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Harry S Mayer Mailing Address 7641 Woodridge Circle City, State, Zip Code Meridian, MS 39305-9477 Name of Employer (Required) Harry Mayer Clothiers Occupation (Required)	(Mo., Day, Year) 07/13/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Harry S Mayer Mailing Address 7641 Woodridge Circle City, State, Zip Code Meridian, MS 39305-9477 Name of Employer (Required) Harry Mayer Clothiers Occupation (Required) owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Harry S Mayer Mailing Address 7641 Woodridge Circle City, State, Zip Code Meridian, MS 39305-9477 Name of Employer (Required) Harry Mayer Clothiers Occupation (Required) owner Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Harry S Mayer Mailing Address 7641 Woodridge Circle City, State, Zip Code Meridian, MS 39305-9477 Name of Employer (Required) Harry Mayer Clothiers Occupation (Required) owner Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Creekmore	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Harry S Mayer Mailing Address 7641 Woodridge Circle City, State, Zip Code Meridian, MS 39305-9477 Name of Employer (Required) Harry Mayer Clothiers Occupation (Required) owner Source: Corporation PAC Individual Loan Other (please specify) Full Name James H. Creekmore Mailing Address 1308 N Lamar Blvd STE 5	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Penn Entertainment, Inc.	07/28/2023	\$1,000.00
Mailing Address 825 Berkshire Blvd STE 200		
City, State, Zip Code Reading, PA 19610-1247		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Optometry For Progress	08/08/2023	\$25,000.00
Mailing Address 141 Executive Drive Suite 5		
City, State, Zip Code Madison, MS 39110-8457		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jonathan Walker Jones Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jonathan Walker Jones Mailing Address 605 Rue Maupesant	(Mo., Day, Year)	receipt this period
City, State, Zip Code Ocean Springs, MS 39564-3065 Other (please specify) Jonathan Walker Jones Mailing Address 605 Rue Maupesant Ocean Springs, MS 39564-3065	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Jonathan Walker Jones Mailing Address 605 Rue Maupesant City, State, Zip Code Ocean Springs, MS 39564-3065 Name of Employer (Required) Sr. VP & GM Occupation (Required)	(Mo., Day, Year) 08/16/2023 Aggregate	receipt this period \$250.00
City, State, Zip Code Ocean Springs, MS 39564-3065 Name of Employer (Required) Caesars Entertainment Caesars Entertainment Caesars Entertainment	(Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
City, State, Zip Code Ocean Springs, MS 39564-3065 Name of Employer (Required) Caesars Entertainment Coupation (Required) Caesars Entertainment Coupation Coupation PAC Coupation PAC Coupation Coupation PAC Coupation PA	(Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Tother (please specify) Full Name Jonathan Walker Jones Mailing Address 605 Rue Maupesant City, State, Zip Code Ocean Springs, MS 39564-3065 Name of Employer (Required) Sr. VP & GM Occupation (Required) Caesars Entertainment Source: Corporation PAC Individual Loan Other (please specify) Full Name William Simmons	(Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
□ Other (please specify) Full Name	(Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rehab Services Of CENLA, LLC	07/10/2023	\$1,000.00
Mailing Address 1000 Chinaberry Dr. STE 900		
City, State, Zip Code Bossier City, LA 71111-2455		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Medical PAC -State	09/11/2023	\$25,000.00
Mailing Address PO Box 2548		
City, State, Zip Code Ridgeland, MS 39158-2548		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
	Tear-to-date	
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u></u>	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marshall Bennett	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marshall Bennett Mailing Address 1803 Howard St.	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marshall Bennett Mailing Address 1803 Howard St. City, State, Zip Code Jackson, MS 39202-1326	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marshall Bennett Mailing Address 1803 Howard St. City, State, Zip Code Jackson, MS 39202-1326 Name of Employer (Required) Wolf Popper LLP	Date (Mo., Day, Year) 07/20/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Marshall Bennett Mailing Address 1803 Howard St. City, State, Zip Code Jackson, MS 39202-1326 Name of Employer (Required) Wolf Popper LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$2,000.00 Amount of each receipt
Other (please specify) Full Name Marshall Bennett Mailing Address 1803 Howard St. City, State, Zip Code Jackson, MS 39202-1326 Name of Employer (Required) Wolf Popper LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period
Other (please specify) Full Name Marshall Bennett Mailing Address 1803 Howard St. City, State, Zip Code Jackson, MS 39202-1326 Name of Employer (Required) Wolf Popper LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Andrew Taggart	Date (Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period
Other (please specify) Full Name Marshall Bennett Mailing Address 1803 Howard St. City, State, Zip Code Jackson, MS 39202-1326 Name of Employer (Required) Wolf Popper LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Andrew Taggart Mailing Address 1212 Harbor Road	Date (Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$2,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jon D. Stevenson	09/27/2023	\$2,500.00
Mailing Address 1589 Johnston Road		
City, State, Zip Code Hernando, MS 38632-9269		
Name of Employer (Required) Self		
Occupation (Required) Builder	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joey Fillingane	08/18/2023	\$500.00
Mailing Address 8 Westbrook Drive		
City, State, Zip Code Sumrall, MS 39482-7903		
Name of Employer (Required) Fillingane Law Firm		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott Lemon	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott Lemon Mailing Address 126 Holcomb Blvd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott Lemon Mailing Address 126 Holcomb Blvd City, State, Zip Code Ocean Springs, MS 39564-5030	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott Lemon Mailing Address 126 Holcomb Blvd City, State, Zip Code Ocean Springs, MS 39564-5030 Name of Employer (Required) Lemon-Mohler Insurance Agency Occupation (Required)	(Mo., Day, Year) 08/17/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Scott Lemon Mailing Address 126 Holcomb Blvd City, State, Zip Code Ocean Springs, MS 39564-5030 Name of Employer (Required) Lemon-Mohler Insurance Agency Occupation (Required) Partner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Scott Lemon Mailing Address 126 Holcomb Blvd City, State, Zip Code Ocean Springs, MS 39564-5030 Name of Employer (Required) Lemon-Mohler Insurance Agency Occupation (Required) Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name Seth Hunter Mailing Address PO Box 1111	(Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Equifax Inc PAC	08/11/2023	\$1,000.00
Mailing Address 1550 Peachtree St NW		
City, State, Zip Code Atlanta, GA 30309-2402		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Luke Montgomery	09/27/2023	\$1,000.00
Mailing Address PO Box 37		
City, State, Zip Code Fulton, MS 38843-0037		
Name of Employer (Required) Montgomery Enterprises, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hastings Puckett Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hastings Puckett Mailing Address 362 Lake Castle Rd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hastings Puckett Mailing Address 362 Lake Castle Rd City, State, Zip Code Madison, MS 39110-8603	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hastings Puckett Mailing Address 362 Lake Castle Rd City, State, Zip Code Madison, MS 39110-8603 Name of Employer (Required) Puckett Machinery Company	(Mo., Day, Year) 08/03/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name Hastings Puckett Mailing Address 362 Lake Castle Rd City, State, Zip Code Madison, MS 39110-8603 Name of Employer (Required) Puckett Machinery Company Occupation (Required) Owner/Manager Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name Hastings Puckett Mailing Address 362 Lake Castle Rd City, State, Zip Code Madison, MS 39110-8603 Name of Employer (Required) Puckett Machinery Company Occupation (Required) Owner/Manager Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Hastings Puckett Mailing Address 362 Lake Castle Rd City, State, Zip Code Madison, MS 39110-8603 Name of Employer (Required) Puckett Machinery Company Occupation (Required) Owner/Manager Source: Corporation PAC Individual Loan Other (please specify) Full Name Tracey Schiro	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Hastings Puckett Mailing Address 362 Lake Castle Rd City, State, Zip Code Madison, MS 39110-8603 Name of Employer (Required) Puckett Machinery Company Occupation (Required) Owner/Manager Source: Corporation PAC Individual Loan Other (please specify) Full Name Tracey Schiro Mailing Address 9029 Jefferson Hwy	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Hastings Puckett Mailing Address 362 Lake Castle Rd City, State, Zip Code Madison, MS 39110-8603 Name of Employer (Required) Puckett Machinery Company Occupation (Required) Owner/Manager Source: Corporation PAC Individual Loan Other (please specify) Full Name Tracey Schiro Mailing Address 9029 Jefferson Hwy City, State, Zip Code New Orleans, LA 70123-3500	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Grantham	07/02/2023	\$1,000.00
Mailing Address P.O. Box 13021		
City, State, Zip Code Jackson, MS 39236-3021		
Name of Employer (Required) J&R Restaurant Group		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Aaron Carlton	08/01/2023	\$1,000.00
Mailing Address 1503 Riverwood Dr.		
City, State, Zip Code Jackson, MS 39211-4748		
Name of Employer (Required) MEA		
Occupation (Required) Physican	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ryan Scott Zingery Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ryan Scott Zingery Mailing Address 105 Millwood Dr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ryan Scott Zingery Mailing Address 105 Millwood Dr. City, State, Zip Code Fort Mill, SC 29715-8356	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ryan Scott Zingery Mailing Address 105 Millwood Dr. City, State, Zip Code Fort Mill, SC 29715-8356 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 07/20/2023 Aggregate	receipt this period \$20,000.00
Other (please specify) Full Name Ryan Scott Zingery Mailing Address 105 Millwood Dr. City, State, Zip Code Fort Mill, SC 29715-8356 Name of Employer (Required) Self Occupation (Required) Business Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date	receipt this period \$20,000.00 \$20,000.00 Amount of each receipt
Other (please specify) Full Name Ryan Scott Zingery Mailing Address 105 Millwood Dr. City, State, Zip Code Fort Mill, SC 29715-8356 Name of Employer (Required) Self Occupation (Required) Business Source: Corporation PAC Individual Loan The Other (please specify) Candidate Campaign Committee	(Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$20,000.00 \$20,000.00 Amount of each receipt this period
Other (please specify) Full Name Ryan Scott Zingery Mailing Address 105 Millwood Dr. City, State, Zip Code Fort Mill, SC 29715-8356 Name of Employer (Required) Self Occupation (Required) Business Source: Corporation PAC Individual Loan ** Other (please specify) Candidate Campaign Committee Full Name Committee To Elect Joseph Phillip Tubb	(Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$20,000.00 \$20,000.00 Amount of each receipt this period
Other (please specify) Full Name Ryan Scott Zingery Mailing Address 105 Millwood Dr. City, State, Zip Code Fort Mill, SC 29715-8356 Name of Employer (Required) Self Occupation (Required) Business Source: Corporation PAC Individual Loan Other (please specify) Candidate Campaign Committee Full Name Committee To Elect Joseph Phillip Tubb Mailing Address 30 Pin Oak Ln	(Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$20,000.00 \$20,000.00 Amount of each receipt this period

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Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bank Of Kilmichael	09/09/2023	\$250.00
Mailing Address PO Box 187		
City, State, Zip Code Kilmichael, MS 39747-0187		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Tindividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Barry W. Bridgforth	09/27/2023	\$1,000.00
Mailing Address 3606 Bridgeforth Road		
City, State, Zip Code Olive Branch, MS 38654-6924		
Name of Employer (Required) Bridgforth Realty, Inc.		
Occupation (Required) President, Director	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael L. Hatcher	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael L. Hatcher Mailing Address 12841 Old Country Cove	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael L. Hatcher Mailing Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael L. Hatcher Mailing Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200 Name of Employer (Required) Michael Hatcher & Associates, Inc.	(Mo., Day, Year) 09/27/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Michael L. Hatcher Mailing Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200 Name of Employer (Required) Michael Hatcher & Associates, Inc. Occupation (Required) President Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/27/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Michael L. Hatcher Mailing Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200 Name of Employer (Required) Michael Hatcher & Associates, Inc. Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Michael L. Hatcher Mailing Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200 Name of Employer (Required) Michael Hatcher & Associates, Inc. Occupation (Required) President Source: □ Corporation ★ PAC □ Individual □ Loan □ Other (please specify) ■ Full Name Mississippi Associated Builders and Contractors PAC	(Mo., Day, Year) 09/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Michael L. Hatcher Mailing Address 12841 Old Country Cove City, State, Zip Code Olive Branch, MS 38654-6200 Name of Employer (Required) Michael Hatcher & Associates, Inc. Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Associated Builders and Contractors PAC Mailing Address PO Box 16522	(Mo., Day, Year) 09/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Mays	07/03/2023	\$250.00
Mailing Address PO Box 248		
City, State, Zip Code Ripley, MS 38663-0248		
Name of Employer (Required) Ripley Drug Co		
Occupation (Required) Pharmacist	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Aviation Group Of Mississippi LLC	08/08/2023	\$200.00
Mailing Address 143A Lefleurs Square		
City, State, Zip Code Jackson, MS 39211-5525		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$400,00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Chip Reno & Associates, LLC Mailing Address	Date (Mo., Day, Year)	receipt this period
Tull Name Chip Reno & Associates, LLC Mailing Address 747 Arlington St.	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Chip Reno & Associates, LLC Mailing Address 747 Arlington St. City, State, Zip Code Jackson, MS 39202-1617	Date (Mo., Day, Year)	receipt this period
Tull Name Chip Reno & Associates, LLC Mailing Address 747 Arlington St. City, State, Zip Code Jackson, MS 39202-1617 Name of Employer (Required)	Date (Mo., Day, Year) 07/13/2023 Aggregate	receipt this period \$5,000.00
Tother (please specify) Full Name Chip Reno & Associates, LLC Mailing Address 747 Arlington St. City, State, Zip Code Jackson, MS 39202-1617 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$10,000.00 Amount of each receipt
Tother (please specify) Full Name Chip Reno & Associates, LLC Mailing Address 747 Arlington St. City, State, Zip Code Jackson, MS 39202-1617 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan **Other (please specify)	Date (Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$10,000.00 Amount of each receipt this period
Tother (please specify) Full Name Chip Reno & Associates, LLC Mailing Address 747 Arlington St. City, State, Zip Code Jackson, MS 39202-1617 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) Full Name Casino Vicksburg LLC	Date (Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$10,000.00 Amount of each receipt this period
Tother (please specify) Full Name Chip Reno & Associates, LLC Mailing Address 747 Arlington St. City, State, Zip Code Jackson, MS 39202-1617 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Casino Vicksburg LLC Mailing Address PO Box 820668	Date (Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$10,000.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W. A. Taylor III	09/29/2023	\$500.00
Mailing Address 15322 West Main St		,
City, State, Zip Code Louisville, MS 39339-6894		
Name of Employer (Required) Taylor Machine Works		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan ** Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lodging & Leisure Investments LLC	08/16/2023	\$10,000.00
Mailing Address 660 Bay Cove dr		
City, State, Zip Code Biloxi, MS 39532-5546		
Name of Employer (Required)		\
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan **Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
* Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Dynasty Construction Services LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Dynasty Construction Services LLC Mailing Address PO Box 299	(Mo., Day, Year)	receipt this period
Tull Name Dynasty Construction Services LLC Mailing Address PO Box 299 City, State, Zip Code Newton, MS 39345-0299	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Dynasty Construction Services LLC Mailing Address PO Box 299 City, State, Zip Code Newton, MS 39345-0299 Name of Employer (Required)	(Mo., Day, Year) 08/03/2023 Aggregate	receipt this period \$5,000.00
Tother (please specify) Full Name Dynasty Construction Services LLC Mailing Address PO Box 299 City, State, Zip Code Newton, MS 39345-0299 Name of Employer (Required) Occupation (Required) Source: ** Corporation PAC Individual Loan	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Tother (please specify) Full Name Dynasty Construction Services LLC Mailing Address PO Box 299 City, State, Zip Code Newton, MS 39345-0299 Name of Employer (Required) Occupation (Required) Source: ** Corporation PAC Individual Loan Loan Cother (please specify) Cother (please specify)	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) Full Name Dynasty Construction Services LLC Mailing Address PO Box 299 City, State, Zip Code Newton, MS 39345-0299 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Brentwood Behavioral Healthcare Of MS	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) Full Name Dynasty Construction Services LLC Mailing Address PO Box 299 City, State, Zip Code Newton, MS 39345-0299 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Brentwood Behavioral Healthcare Of MS Mailing Address 3531 Lakeland Drive	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Seetala W. Woods	08/27/2023	\$250.00
Mailing Address 1323 Crockett Cv		
City, State, Zip Code Hernando, MS 38632-6541		
Name of Employer (Required) Self		
Occupation (Required) Dentist	Aggregate Year-to-date	\$250.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Activehours Inc.	08/18/2023	\$1,000.00
Mailing Address 200 Portage Ave		
City, State, Zip Code Palo Alto, CA 94306-2242		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Tull Name Corbitt Public Adjusting LLC Mailing Address	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Corbitt Public Adjusting LLC Mailing Address 114 Main St. STE 107 City, State, Zip Code Bay Saint Louis, MS 39520-4526	Date (Mo., Day, Year)	receipt this period
Tull Name Corbitt Public Adjusting LLC Mailing Address 114 Main St. STE 107	Date (Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Corbitt Public Adjusting LLC Mailing Address 114 Main St. STE 107 City, State, Zip Code Bay Saint Louis, MS 39520-4526 Name of Employer (Required)	Date (Mo., Day, Year) 07/21/2023 Aggregate	receipt this period \$250.00
Tother (please specify) Full Name Corbitt Public Adjusting LLC Mailing Address 114 Main St. STE 107 City, State, Zip Code Bay Saint Louis, MS 39520-4526 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/21/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$11,250.00 Amount of each receipt
Tother (please specify) Full Name Corbitt Public Adjusting LLC Mailing Address 114 Main St. STE 107 City, State, Zip Code Bay Saint Louis, MS 39520-4526 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Date (Mo., Day, Year) 07/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$11,250.00 Amount of each receipt this period
Tother (please specify) Full Name Corbitt Public Adjusting LLC Mailing Address 114 Main St. STE 107 City, State, Zip Code Bay Saint Louis, MS 39520-4526 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Corbitt Public Adjusting LLC	Date (Mo., Day, Year) 07/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$11,250.00 Amount of each receipt this period
Tother (please specify) Full Name Corbitt Public Adjusting LLC Mailing Address 114 Main St. STE 107 City, State, Zip Code Bay Saint Louis, MS 39520-4526 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Corbitt Public Adjusting LLC Mailing Address 114 Main St. STE 107	Date (Mo., Day, Year) 07/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$11,250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Data	Amount of each
	Date (Mo., Day, Year)	receipt
* Other (please specify)LLC		this period
Tanglewood Plantation LLC	08/03/2023	\$5,000.00
Mailing Address PO Box 1255		
City, State, Zip Code Brandon, MS 39043-1255		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan * Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends of Kevin Blackwell	09/22/2023	\$1,000.00
Mailing Address 4105 Jessica Dr		
City, State, Zip Code Southaven, MS 38672-6676		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	· ·	receipt
* Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Altria Client Services, LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Altria Client Services, LLC Mailing Address P.O. Box 85088 City, State, Zip Code Richmond, VA 23285-5088	(Mo., Day, Year)	receipt this period
Tull Name Altria Client Services, LLC Mailing Address P.O. Box 85088 City State Zip Code	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Altria Client Services, LLC Mailing Address P.O. Box 85088 City, State, Zip Code Richmond, VA 23285-5088 Name of Employer (Required)	(Mo., Day, Year) 07/24/2023 Aggregate	receipt this period \$1,000.00
Tother (please specify) Full Name Altria Client Services, LLC Mailing Address P.O. Box 85088 City, State, Zip Code Richmond, VA 23285-5088 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/24/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Tother (please specify) Full Name Altria Client Services, LLC Mailing Address P.O. Box 85088 City, State, Zip Code Richmond, VA 23285-5088 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/24/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name Altria Client Services, LLC Mailing Address P.O. Box 85088 City, State, Zip Code Richmond, VA 23285-5088 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name James F. Hardin Jr.	(Mo., Day, Year) 07/24/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name Altria Client Services, LLC Mailing Address P.O. Box 85088 City, State, Zip Code Richmond, VA 23285-5088 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name James F. Hardin Jr. Mailing Address 2330 Beau Chene Dr	(Mo., Day, Year) 07/24/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Leasing ServicesLLC	08/18/2023	\$5,000.00
Mailing Address 193 North St.		
City, State, Zip Code Sebastopol, MS 39359-6600		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chandeleur Island Brewing Co	08/16/2023	\$1,000.00
Mailing Address 2711 14th St.		
City, State, Zip Code Gulfport, MS 39501-1928		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC ** Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name B.J. Canup	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name B.J. Canup Mailing Address 102 Francis Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name B.J. Canup Mailing Address 102 Francis Drive City, State, Zip Code Fulton, MS 38843-8434	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name B.J. Canup Mailing Address 102 Francis Drive City, State, Zip Code Fulton, MS 38843-8434 Name of Employer (Required) Tremont Floral Occupation (Required)	(Mo., Day, Year) 09/27/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name B.J. Canup Mailing Address 102 Francis Drive City, State, Zip Code Fulton, MS 38843-8434 Name of Employer (Required) Tremont Floral Occupation (Required) President Source: ** Corporation PAC Individual Loan	(Mo., Day, Year) 09/27/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$800.00 Amount of each receipt
Other (please specify) Full Name B.J. Canup Mailing Address 102 Francis Drive City, State, Zip Code Fulton, MS 38843-8434 Name of Employer (Required) Tremont Floral Occupation (Required) President Source: ** Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$800.00 Amount of each receipt this period
Other (please specify) Full Name B.J. Canup Mailing Address 102 Francis Drive City, State, Zip Code Fulton, MS 38843-8434 Name of Employer (Required) Tremont Floral Occupation (Required) President Source: ** Corporation PAC Individual Loan Other (please specify) Full Name Norfolk Southern Corporation	Aggregate Year-to-date Date (Mo., Day, Year)	\$800.00 Amount of each receipt this period
Other (please specify) Full Name B.J. Canup Mailing Address 102 Francis Drive City, State, Zip Code Fulton, MS 38843-8434 Name of Employer (Required) Tremont Floral Occupation (Required) President Source: ** Corporation PAC Individual Loan Other (please specify) Full Name Norfolk Southern Corporation Mailing Address 650 W. Peachtree St. NW	Aggregate Year-to-date Date (Mo., Day, Year)	\$800.00 Amount of each receipt this period

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		Amount of soch
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name	_	
Charles W. Rigdon	09/12/2023	\$1,000.00
Mailing Address PO Box 2182		
City, State, Zip Code Columbus, MS 39704-2182		
Name of Employer (Required) Columbus Nissan		
Occupation (Required) Owner	Aggregate Year-to-date	\$3,000.00
Source: ☐ Corporation ★ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi AGC-PAC	09/20/2023	\$25,000.00
Mailing Address PO Box 12615		
City, State, Zip Code Jackson, MS 39236-2615		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$30,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bassam Baroudi	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bassam Baroudi Mailing Address 9122 Victoria Circle	(Mo., Day, Year)	receipt this period
City, State, Zip Code Gulfport, MS 39503-6140	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bassam Baroudi Mailing Address 9122 Victoria Circle City, State, Zip Code Gulfport, MS 39503-6140 Name of Employer (Required) Gulfport Memorial Hospital	(Mo., Day, Year) 08/17/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Bassam Baroudi Mailing Address 9122 Victoria Circle City, State, Zip Code Gulfport, MS 39503-6140 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan	Aggregate Year-to-date (Mo., Day, Year) 08/17/2023	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Bassam Baroudi Mailing Address 9122 Victoria Circle City, State, Zip Code Gulfport, MS 39503-6140 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Bassam Baroudi Mailing Address 9122 Victoria Circle City, State, Zip Code Gulfport, MS 39503-6140 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Jerry Wilburn	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tull Name Bassam Baroudi Mailing Address 9122 Victoria Circle City, State, Zip Code Gulfport, MS 39503-6140 Name of Employer (Required) Gulfport Memorial Hospital Occupation (Required) Cardiologist Source: Corporation PAC Individual Loan Other (please specify) Full Name Jerry Wilburn Mailing Address 4605 Hwy 363	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Stroud Agency Inc	07/10/2023	\$250.00
Mailing Address 213 Hwy 30 W		
City, State, Zip Code New Albany, MS 38652-3111		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bradley P. Patano	08/16/2023	\$250.00
Mailing Address 147 Pittman Road		
City, State, Zip Code Ocean Springs, MS 39564-1003		
Name of Employer (Required) Machado Patano		
Occupation (Required) Principal	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name J. Mack Varner	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name J. Mack Varner Mailing Address 1110 Jackson St.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name J. Mack Varner Mailing Address 1110 Jackson St. City, State, Zip Code Vicksburg, MS 39183-2538	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name J. Mack Varner Mailing Address 1110 Jackson St. City, State, Zip Code Vicksburg, MS 39183-2538 Name of Employer (Required) Self Employed	(Mo., Day, Year) 07/18/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name J. Mack Varner Mailing Address 1110 Jackson St. City, State, Zip Code Vicksburg, MS 39183-2538 Name of Employer (Required) Self Employed Occupation (Required) Attorney Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name J. Mack Varner Mailing Address 1110 Jackson St. City, State, Zip Code Vicksburg, MS 39183-2538 Name of Employer (Required) Self Employed Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name J. Mack Varner Mailing Address 1110 Jackson St. City, State, Zip Code Vicksburg, MS 39183-2538 Name of Employer (Required) Self Employed Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny W. Cordell II	(Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name J. Mack Varner Mailing Address 1110 Jackson St. City, State, Zip Code Vicksburg, MS 39183-2538 Name of Employer (Required) Self Employed Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny W. Cordell II Mailing Address 206 Commissary Dr.	(Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		tilla period
Full Name Danny W. Cordell II	08/27/2023	\$2,500.00
Mailing Address 206 Commissary Dr.	i i	
City, State, Zip Code Olive Branch, MS 38654-7338		
Name of Employer (Required) Civil-Link LLC		
Occupation (Required) Principal	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Laura McMaster	07/17/2023	\$250.00
Mailing Address 113 Oakhurst Trail		
City, State, Zip Code Ridgeland, MS 39157		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Committee For Clean Environment and Fair Taxation Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Committee For Clean Environment and Fair Taxation Mailing Address 3000B N State St	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Committee For Clean Environment and Fair Taxation Mailing Address 3000B N State St City, State, Zip Code Jackson, MS 39216-4203	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Committee For Clean Environment and Fair Taxation Mailing Address 3000B N State St City, State, Zip Code Jackson, MS 39216-4203 Name of Employer (Required)	(Mo., Day, Year) 09/26/2023 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Committee For Clean Environment and Fair Taxation Mailing Address 3000B N State St City, State, Zip Code Jackson, MS 39216-4203 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$7,500.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$7,500.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$7,500.00 Amount of each receipt this period
Other (please specify) Full Name Committee For Clean Environment and Fair Taxation Mailing Address 3000B N State St City, State, Zip Code Jackson, MS 39216-4203 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Marie Sanderson Mailing Address 115 Surgeres Place	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$7,500.00 Amount of each receipt this period

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Source: Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cornerstone Government Affairs, Inc.	07/10/2023	\$1,000.00
Mailing Address 800 Maine Avenue SW, 7th Floor		
City, State, Zip Code Washington, DC 20024-2805		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Old Branch Agriculture LLC	08/03/2023	\$5,000.00
Mailing Address PO Box 622		
City, State, Zip Code Pelahatchie, MS 39145-0622		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
	rear-to-date	
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ediz Z. Tasan	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ediz Z. Tasan Mailing Address 204 Halstead Road Lot E	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ediz Z. Tasan Mailing Address 204 Halstead Road Lot E City, State, Zip Code Ocean Springs, MS 39564-5224	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ediz Z. Tasan Mailing Address 204 Halstead Road Lot E City, State, Zip Code Ocean Springs, MS 39564-5224 Name of Employer (Required) SR Hospital	Date (Mo., Day, Year) 08/16/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Ediz Z. Tasan Mailing Address 204 Halstead Road Lot E City, State, Zip Code Ocean Springs, MS 39564-5224 Name of Employer (Required) SR Hospital Occupation (Required) Physician Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Ediz Z. Tasan Mailing Address 204 Halstead Road Lot E City, State, Zip Code Ocean Springs, MS 39564-5224 Name of Employer (Required) SR Hospital Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name	Date (Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Ediz Z. Tasan Mailing Address 204 Halstead Road Lot E City, State, Zip Code Ocean Springs, MS 39564-5224 Name of Employer (Required) SR Hospital Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Stan Roberts Mailing Address 4 Sheffield Ct.	Date (Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christopher D Caughman Campaign Account	09/23/2023	\$1,000.00
Mailing Address 2656 Simpson Highway 13		
City, State, Zip Code Mendenhall, MS 39114		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wade Ward	08/18/2023	\$1,500.00
Mailing Address PO Box 13189		
City, State, Zip Code Jackson, MS 39236-3189		
Name of Employer (Required) MD Medical Services		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Louis Zemek	(Mo., Day, Year)	receipt this period
City State Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Bruce, MS 38915-9744	(Mo., Day, Year)	receipt this period
City, State, Zip Code Bruce, MS 38915-9744 Name of Employer (Required) N/A Cother (please specify) Louis Zemek 418 County Road 177 Bruce, MS 38915-9744 N/A	(Mo., Day, Year) 07/01/2023 Aggregate	receipt this period \$150.00
Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177 City, State, Zip Code Bruce, MS 38915-9744 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/01/2023 Aggregate Year-to-date Date	receipt this period \$150.00 \$1,500.00 Amount of each receipt
Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177 City, State, Zip Code Bruce, MS 38915-9744 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,500.00 Amount of each receipt this period
Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177 City, State, Zip Code Bruce, MS 38915-9744 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Louis Zemek	(Mo., Day, Year) 07/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,500.00 Amount of each receipt this period
Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177 City, State, Zip Code Bruce, MS 38915-9744 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177	(Mo., Day, Year) 07/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Louis Zemek	08/06/2023	\$150.00
Mailing Address 418 County Road 177		
City, State, Zip Code Bruce, MS 38915-9744		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lawrence Smart	08/10/2023	\$5,000.00
Mailing Address 2357 Willowgrove Ave		
City, State, Zip Code Dunedin, FL 34698		
Name of Employer (Required) CS		
Occupation (Required) CFO	Aggregate Year-to-date	\$5,000.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Oceans Acquisition Inc.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249 City, State, Zip Code Plano, TX 75025-0840	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249 City, State, Zip Code Plano, TX 75025-0840 Name of Employer (Required)	(Mo., Day, Year) 07/28/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249 City, State, Zip Code Plano, TX 75025-0840 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/28/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249 City, State, Zip Code Plano, TX 75025-0840 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249 City, State, Zip Code Plano, TX 75025-0840 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John M Luckett	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Oceans Acquisition Inc. Mailing Address 3905 Hedgcoxe Road #250249 City, State, Zip Code Plano, TX 75025-0840 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John M Luckett Mailing Address 502 Brame Road	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Boothby	08/16/2023	\$500.00
Mailing Address PO Box 7503		
City, State, Zip Code Gulfport, MS 39506-7503		
Name of Employer (Required) Apple Construction Co		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James R Stroo	08/18/2023	\$250.00
Mailing Address 4 Clermont Pt		
City, State, Zip Code Hattiesburg, MS 39402-9566		
Name of Employer (Required) Realty Executives		
Occupation (Required) Realtor	Aggregate Year-to-date	\$350.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Daniel N Holland Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Daniel N Holland Mailing Address 244 Kempdale Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Daniel N Holland Mailing Address 244 Kempdale Road City, State, Zip Code Daleville, MS 39326-9624	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Daniel N Holland Mailing Address 244 Kempdale Road City, State, Zip Code Daleville, MS 39326-9624 Name of Employer (Required) Clearspan Components, Inc.	(Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Daniel N Holland Mailing Address 244 Kempdale Road City, State, Zip Code Daleville, MS 39326-9624 Name of Employer (Required) Clearspan Components, Inc. Occupation (Required) Executive Source: Corporation PAC * Individual Loan	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Daniel N Holland Mailing Address 244 Kempdale Road City, State, Zip Code Daleville, MS 39326-9624 Name of Employer (Required) Clearspan Components, Inc. Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Daniel N Holland Mailing Address 244 Kempdale Road City, State, Zip Code Daleville, MS 39326-9624 Name of Employer (Required) Clearspan Components, Inc. Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Dale Cline	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Daniel N Holland Mailing Address 244 Kempdale Road City, State, Zip Code Daleville, MS 39326-9624 Name of Employer (Required) Clearspan Components, Inc. Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Dale Cline Mailing Address 870 18th Ave CT NW	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Limited Partnership	(WO., Day, Teat)	this period
Full Name Kickapoo Properties LP	08/01/2023	\$500,00
Mailing Address 52 Lifer Road		
City, State, Zip Code Clinton, MS 39056-9550		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regions Financial Corporation PAC	08/27/2023	\$10,000.00
Mailing Address 1015 15th St NW Suite 920		
City, State, Zip Code Washington, DC 20005-2623		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
		4
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify) Full Name William Kloss	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name William Kloss Mailing Address 453 Saylor Drive	(Mo., Day, Year)	receipt this period
City, State, Zip Code Biloxi, MS 39531-2225	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name William Kloss Mailing Address 453 Saylor Drive City, State, Zip Code Biloxi, MS 39531-2225 Name of Employer (Required) Occupation (Required)	(Mo., Day, Year) 07/15/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name William Kloss Mailing Address 453 Saylor Drive City, State, Zip Code Biloxi, MS 39531-2225 Name of Employer (Required) retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/15/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$500.00 Amount of each receipt
City, State, Zip Code Biloxi, MS 39531-2225 Name of Employer (Required) retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period
City, State, Zip Code Biloxi, MS 39531-2225 Name of Employer (Required) retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Lucius M. Lampton	(Mo., Day, Year) 07/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name William Kloss Mailing Address 453 Saylor Drive City, State, Zip Code Biloxi, MS 39531-2225 Name of Employer (Required) retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Lucius M. Lampton Mailing Address 111 Magnolia Street	(Mo., Day, Year) 07/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period

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Name of Candidate	or Committee
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	W.	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ray C. Dillon	08/08/2023	\$250.00
Mailing Address 57 Sologne Circle		
City, State, Zip Code Little Rock, AR 72223-8913		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$5,750.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ray C. Dillon	09/29/2023	\$500.00
Mailing Address 57 Sologne Circle		
City, State, Zip Code Little Rock, AR 72223-8913		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$5,750.00
	(I	
Source: Corporation PAC Individual Loan **Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify) Candidate Campaign Committee	(Mo., Day, Year)	receipt this period
Tother (please specify) Candidate Campaign Committee Full Name Committee To Elect Trey Baxter Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) Candidate Campaign Committee Full Name Committee To Elect Trey Baxter Mailing Address 122 Northlake Drive	(Mo., Day, Year)	receipt this period
Committee To Elect Trey Baxter Mailing Address 122 Northlake Drive City, State, Zip Code Madison, MS 39110	(Mo., Day, Year)	receipt this period
Committee To Elect Trey Baxter Mailing Address 122 Northlake Drive City, State, Zip Code Madison, MS 39110 Name of Employer (Required)	(Mo., Day, Year) 08/01/2023 Aggregate	receipt this period \$1,000.00
Tother (please specify) Candidate Campaign Committee Full Name Committee To Elect Trey Baxter Mailing Address 122 Northlake Drive City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Tother (please specify) Candidate Campaign Committee Full Name Committee To Elect Trey Baxter Mailing Address 122 Northlake Drive City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify)Candidate Campaign Committee Full Name	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Candidate Campaign Committee Full Name Committee To Elect Trey Baxter Mailing Address 122 Northlake Drive City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Truck Market, LLC Mailing Address 8680 W. Sandidge Road	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Candidate Campaign Committee Full Name Committee To Elect Trey Baxter Mailing Address 122 Northlake Drive City, State, Zip Code Madison, MS 39110 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Truck Market, LLC Mailing Address 8680 W. Sandidge Road City, State, Zip Code Olive Branch, MS 38654-3410	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ☐ Corporation	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
The Cigna Group Employee PAC	08/15/2023	\$1,000.00
Mailing Address 1601 Chestnut St TL16B		
City, State, Zip Code Philadelphia, PA 19192-0002		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Desoto County Family Dentistry	09/27/2023	\$250.00
Mailing Address PO Box 524		
City, State, Zip Code Hernando, MS 38632-0524		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Coan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Johnny L. Crane Jr.	(Mo., Day, Year)	receipt this period
Tull Name Johnny L. Crane Jr. Mailing Address 116 Francis Dr.	(Mo., Day, Year)	receipt this period
Tull Name Johnny L. Crane Jr. Mailing Address 116 Francis Dr. City, State, Zip Code Fulton, MS 38843-8434	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Johnny L. Crane Jr. Mailing Address 116 Francis Dr. City, State, Zip Code Fulton, MS 38843-8434 Name of Employer (Required) F.L. Crane and Sons Construction	(Mo., Day, Year) 09/26/2023 Aggregate	receipt this period \$2,000.00
Tull Name Johnny L. Crane Jr. Mailing Address 116 Francis Dr. City, State, Zip Code Fulton, MS 38843-8434 Name of Employer (Required) F.L. Crane and Sons Construction Occupation (Required) President Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date	receipt this period \$2,000.00 \$7,000.00 Amount of each receipt
Other (please specify) Full Name Johnny L. Crane Jr. Mailing Address 116 Francis Dr. City, State, Zip Code Fulton, MS 38843-8434 Name of Employer (Required) F.L. Crane and Sons Construction Occupation (Required) President Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$7,000.00 Amount of each receipt this period
Gity, State, Zip Code Fulton, MS 38843-8434 Name of Employer (Required) F.L. Crane and Sons Construction Occupation (Required) President Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Signature Holdings LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$7,000.00 Amount of each receipt this period
Tull Name Johnny L. Crane Jr. Mailing Address 116 Francis Dr. City, State, Zip Code Fulton, MS 38843-8434 Name of Employer (Required) F.L. Crane and Sons Construction Occupation (Required) President Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Signature Holdings LLC Mailing Address 927 Montrose Dr.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$7,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sapphire Companies LLC	09/22/2023	\$10,000.00
Mailing Address PO Box 1909		
City, State, Zip Code Biloxi, MS 39533-1909		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$20,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clarke Reed	07/18/2023	\$500.00
Mailing Address PO Box 894		
City, State, Zip Code Greenville, MS 38702-0894		
Name of Employer (Required) Reed & Joseph		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC * Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Otis Johnson Jr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Otis Johnson Jr. Mailing Address 104 Park Garden Ter	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Otis Johnson Jr. Mailing Address 104 Park Garden Ter City, State, Zip Code Madison, MS 39110-7636	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Otis Johnson Jr. Mailing Address 104 Park Garden Ter City, State, Zip Code Madison, MS 39110-7636 Name of Employer (Required) Biggs, Ingram & Solop, PLLC	(Mo., Day, Year) 09/13/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Otis Johnson Jr. Mailing Address 104 Park Garden Ter City, State, Zip Code Madison, MS 39110-7636 Name of Employer (Required) Biggs, Ingram & Solop, PLLC Occupation (Required) Attorney Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/13/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$375.00 Amount of each receipt
Other (please specify) Full Name Otis Johnson Jr. Mailing Address 104 Park Garden Ter City, State, Zip Code Madison, MS 39110-7636 Name of Employer (Required) Biggs, Ingram & Solop, PLLC Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$375.00 Amount of each receipt this period
Other (please specify) Full Name Otis Johnson Jr. Mailing Address 104 Park Garden Ter City, State, Zip Code Madison, MS 39110-7636 Name of Employer (Required) Biggs, Ingram & Solop, PLLC Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Matthew Carroll	(Mo., Day, Year) 09/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$375.00 Amount of each receipt this period
Other (please specify) Full Name Otis Johnson Jr. Mailing Address 104 Park Garden Ter City, State, Zip Code Madison, MS 39110-7636 Name of Employer (Required) Biggs, Ingram & Solop, PLLC Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Matthew Carroll Mailing Address 114 Seaside Drive	(Mo., Day, Year) 09/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$375.00 Amount of each receipt this period

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Name of Candidate	or Committee
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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Judy W. Wilson	08/08/2023	\$250.00
Mailing Address 453 Carmargue Lane		
City, State, Zip Code Biloxi, MS 39531-2252		
Name of Employer (Required) Dept of Veterans Affairs		
Occupation (Required) Dietitian	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name JW Chain Contractors, LLC	09/05/2023	\$2,500.00
Mailing Address PO Box 16837		
City, State, Zip Code Hattiesburg, MS 39404-6837		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan **Other (please specify)LLC	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
* Other (please specify)LLC	(Mo., Day, Year)	receipt this period
The Chemours Company FC, LLC Mailing Address	(Mo., Day, Year)	receipt this period
The Chemours Company FC, LLC Mailing Address 1007 Market St., D8037	(Mo., Day, Year)	receipt this period
The Chemours Company FC, LLC Mailing Address 1007 Market St., D8037 City, State, Zip Code Wilmington, DE 19898-1100	(Mo., Day, Year)	receipt this period
The Chemours Company FC, LLC Mailing Address 1007 Market St., D8037 City, State, Zip Code Wilmington, DE 19898-1100 Name of Employer (Required)	(Mo., Day, Year) 08/04/2023 Aggregate	receipt this period \$1,000.00
The Chemours Company FC, LLC Mailing Address 1007 Market St., D8037 City, State, Zip Code Wilmington, DE 19898-1100 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/04/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
The Chemours Company FC, LLC Mailing Address 1007 Market St., D8037 City, State, Zip Code Wilmington, DE 19898-1100 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/04/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
The Chemours Company FC, LLC Mailing Address 1007 Market St., D8037 City, State, Zip Code Wilmington, DE 19898-1100 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary J Herring	(Mo., Day, Year) 08/04/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
The Chemours Company FC, LLC Mailing Address 1007 Market St., D8037 City, State, Zip Code Wilmington, DE 19898-1100 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Gary J Herring Mailing Address 184 Dogwood Place	(Mo., Day, Year) 08/04/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Copart	08/01/2023	\$1,000.00
Mailing Address 4610 WestAmerica Drive		
City, State, Zip Code Fairfield, CA 94534-4186		1
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas L. Phillips	09/12/2023	\$1,000.00
Mailing Address PO Box 2069		
City, State, Zip Code Columbus, MS 39704-2069		
Name of Employer (Required) Phillips Contracting Company Inc.		
Occupation (Required) Officer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
— — — — — — — — — — — — — — — — — — —		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Anna Marie Barnes	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Anna Marie Barnes Mailing Address 3980 Council Circle	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Anna Marie Barnes Mailing Address 3980 Council Circle City, State, Zip Code Jackson, MS 39206-5811	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Anna Marie Barnes Mailing Address 3980 Council Circle City, State, Zip Code Jackson, MS 39206-5811 Name of Employer (Required) Retired	(Mo., Day, Year) 09/14/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name	(Mo., Day, Year) 09/14/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$705.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 09/14/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$705.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 09/14/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$705.00 Amount of each receipt this period
Other (please specify) Full Name Anna Marie Barnes Mailing Address 3980 Council Circle City, State, Zip Code Jackson, MS 39206-5811 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Hulefeld Mailing Address 26 Newcomb Blvd	(Mo., Day, Year) 09/14/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$705.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Daniel A. Lyle	08/03/2023	\$5,000.00
Mailing Address 214 HIDDEN OAKS DR		
City, State, Zip Code Ridgeland, MS 39157-7000		
Name of Employer (Required) Lyle Machinery		
Occupation (Required) Executive Vice President	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC 🕏 Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Yukio Tashiro	07/17/2023	\$100.00
Mailing Address 208 Crowe Lane		
City, State, Zip Code Nicholasville, KY 40356-3009		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$240.00
	rear-to-date	
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Paul Beck	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Paul Beck Mailing Address 106 Seventeen Place	Date (Mo., Day, Year)	receipt this period
Tull Name Paul Beck Mailing Address 106 Seventeen Place City, State, Zip Code Hattiesburg, MS 39402-3605	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Paul Beck Mailing Address 106 Seventeen Place City, State, Zip Code Hattiesburg, MS 39402-3605 Name of Employer (Required) USM Occupation (Required)	Date (Mo., Day, Year) 08/28/2023 Aggregate	receipt this period \$255.00
Other (please specify) Full Name Paul Beck Mailing Address 106 Seventeen Place City, State, Zip Code Hattiesburg, MS 39402-3605 Name of Employer (Required) Occupation (Required) Professor Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/28/2023 Aggregate Year-to-date Date	receipt this period \$255.00 \$505.00 Amount of each receipt
Other (please specify) Full Name Paul Beck Mailing Address 106 Seventeen Place City, State, Zip Code Hattiesburg, MS 39402-3605 Name of Employer (Required) Occupation (Required) Professor Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/28/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$255.00 \$505.00 Amount of each receipt this period
City, State, Zip Code Hattiesburg, MS 39402-3605 Name of Employer (Required) Occupation (Required) Professor Source: Corporation PAC Individual Loan Other (please specify) Full Name Xan Robertson	Date (Mo., Day, Year) 08/28/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$255.00 \$505.00 Amount of each receipt this period
□ Other (please specify) Full Name Paul Beck Mailing Address 106 Seventeen Place City, State, Zip Code Hattiesburg, MS 39402-3605 Name of Employer (Required) USM Occupation (Required) Professor Source: □ Corporation □ PAC ★ Individual □ Loan □ Other (please specify) Full Name Xan Robertson Mailing Address 3305 Old Highway 61 S	Date (Mo., Day, Year) 08/28/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$255.00 \$505.00 Amount of each receipt this period

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Name	of	Candidate	or	Committee

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Other (please specify) Moo, Day, Year) receipt this period			
Full Name Stuart P. Vance	_		receipt
City, State, Zip Code Starkville, MS 39760-0733 Name of Employer (Required) N/A Cocupation (Required) Retired Retired Pac Individual Loan Date (Mo., Day, Year) Amount of each receipt this period Pac Individual Loan Pac Source: Corporation PAC Source: Starkville, MS 39232-9781 Name of Employer (Required) Required) Pac Individual Loan Pac Source: Corporation PAC Individual Date (Mo., Day, Year) Source: Corporation PAC Individual PAC Source: Corporation PAC Source: Corporation PAC Individual PAC Source: PAC Source: Source: Corporation PAC Individual PAC Source: PAC Source: PAC Source: PAC Source: PAC Individual PAC Individual PAC Source: PAC Source: PAC Source: PAC Individual	Cull Nama	09/11/2023	
Name of Employer (Required) N/A Decupation (Required) Retired	Mailing Address PO Box 733		
Aggregate \$250.00	City, State, Zip Code Starkville, MS 39760-0733		
Retired Section Section Pac Individual Loan Date (Mo., Day, Year)	Name of Employer (Required) N/A		
Other (please specify)	Occupation (Required) Retired		\$250.00
Mailing Address 4398 Katherine Drive City, State, Zip Code Flowood, MS 39232-9781 Name of Employer (Required) City State, Zip Code Flowood, MS 39232-9781 Aggregate Year-to-date S5,000.00 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Coupation (Required) David Divine David Divine David Divine Southern Farm Bureau Life Insurance Company Cocupation (Required) Docupation (Required) Portfolio Manager Aggregate Year-to-date S400.00 Amount of each receipt This period Aggregate Year-to-date S400.00 Aggregate (Mo., Day, Year) Cocupation (Required) Portfolio Manager Seption Date (Mo., Day, Year) Cocupation (Required) Southern Farm Bureau Life Insurance Company Docupation (Required) Portfolio Manager Seption Sep	_		receipt
City, State, Zip Code Flowcod, MS 39232-9781 Name of Employer (Required) Cocupation (Required) Cocupation (Required) Cocupation (Please specify) Cother (please specify) City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Cocupation (Required)	Full Name Mississippi Dental PAC	09/29/2023	\$5,000.00
Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Source: Corporation PAC Individual Loan Mailing Address Source: Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Mailing Address Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Mailing Address Source: Corporation PAC Individual Date Moliphia Particular Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Source: Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Docupation (Required) Southern Farm Bureau Life Insurance Company Docupation (Required) Southern Farm Bureau Life Insurance Company Docupation (Required) Southern Farm Bureau Life Insurance Company	Mailing Address 439B Katherine Drive		
Aggregate \$5,000.00	City, State, Zip Code Flowood, MS 39232-9781		
Year-to-date Sp.000.00 Year-to-date Sp.000.00 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) This period Pacific Manager Pacific Mana	Name of Employer (Required)		
Coupation (Required) Other (please specify) Other (please specify) Other (please specify) Og/19/2023 \$100.00 \$100.00 Southern Farm Bureau Life Insurance Company Occupation (Required) Other (please specify) Full Name David Divine David Divine Other (please specify) Other (please specify) Southern Farm Bureau Life Insurance Company Original Loan Date (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) This period Other (please specify) Southern Farm Bureau Life Insurance Company Original Name David Divine Original Name Or	Occupation (Required)		\$5,000.00
Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Occupation (Required) Portfolio Manager Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Cource: Other (please specify) This period Full Name David Divine Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Occupation (Required) Portfolio Managers Aggregate \$400.00 Aggregate \$400.00			
City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Decupation (Required) Portfolio Manager Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name David Divine Date (Mo., Day, Year) Full Name David Divine O7/19/2023 \$100.00 Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Decupation (Required) Partfolio Managers Aggregate \$400.00			receipt
Name of Employer (Required) Southern Farm Bureau Life Insurance Company Cocupation (Required) Portfolio Manager Portfolio Manager Portfolio Manager Portfolio Manager Pac Individual Loan Date (Mo., Day, Year) Cother (please specify) Full Name David Divine David Divine O7/19/2023 \$100.00 Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Decupation (Required) Partfolio Manager Aggregate \$400.00	Other (please specify)	(Mo., Day, Year)	receipt this period
Aggregate Year-to-date Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Full Name David Divine David Divine David Divine O7/19/2023 \$100.00 Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Aggregate \$400.00	Full Name David Divine Mailing Address	(Mo., Day, Year)	receipt this period
Portfolio Manager Year-to-date Source: Corporation PAC Individual Loan Other (please specify) Full Name David Divine David Divine Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Decupation (Required) Portfolio Manager Amount of each receipt this period 707/19/2023 \$100.00 Amount of each receipt this period Full Name O7/19/2023 \$100.00	Other (please specify) Full Name David Divine Mailing Address 959 Lake Harbour Drive Apt. 505	(Mo., Day, Year)	receipt this period
Date (Mo., Day, Year) Other (please specify) Full Name David Divine Date (Mo., Day, Year) O7/19/2023 \$100.00 Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Occupation (Required) Date (Mo., Day, Year) This period Appreciate receipt (Mo., Day, Year) Polymonth of this period Appreciate receipt (Mo., Day, Year) Polymonth of this period Appreciate states of this period Appreciate	Other (please specify) Full Name David Divine Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068	(Mo., Day, Year)	receipt this period
Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Occupation (Required) Aggregate \$400.00	Other (please specify) Full Name David Divine Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company	(Mo., Day, Year) 09/19/2023 Aggregate	receipt this period \$100.00
City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Occupation (Required) Aggregate \$400.00	Other (please specify) Full Name David Divine Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Occupation (Required) Portfolio Manager Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/19/2023 Aggregate Year-to-date Date	receipt this period \$100.00 \$400.00 Amount of each receipt
Name of Employer (Required) Southern Farm Bureau Life Insurance Company Occupation (Required) Aggregate \$400.00	Other (please specify) Full Name David Divine Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Occupation (Required) Portfolio Manager Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$400.00 Amount of each receipt this period
Occupation (Required) Registration Manager Southern Farm Bureau Life Insurance Company Aggregate \$400.00	Tother (please specify) Full Name David Divine Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Occupation (Required) Portfolio Manager Source: Corporation PAC Individual Loan Other (please specify) Full Name David Divine	(Mo., Day, Year) 09/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$400.00 Amount of each receipt this period
Dottfolio Managar	Gity, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Occupation (Required) Portfolio Manager Source: Corporation PAC Individual Loan Other (please specify) Full Name David Divine Mailing Address 959 Lake Harbour Drive Apt. 505	(Mo., Day, Year) 09/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$400.00 Amount of each receipt this period
	Other (please specify) Full Name David Divine Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068 Name of Employer (Required) Southern Farm Bureau Life Insurance Company Occupation (Required) Portfolio Manager Source: Corporation PAC Individual Loan Other (please specify) Full Name David Divine Mailing Address 959 Lake Harbour Drive Apt. 505 City, State, Zip Code Ridgeland, MS 39157-1068	(Mo., Day, Year) 09/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$400.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James W. Rawlings	07/15/2023	\$250.00
Mailing Address 1078 Daffodil Lane		
City, State, Zip Code Summit, MS 39666-7985		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael B. Wood	09/05/2023	\$250.00
Mailing Address 85 Acadian Circle		
City, State, Zip Code Hattiesburg, MS 39402-7928		
Name of Employer (Required) Topp McWhorter Harvey LLC		
Occupation (Required) CPA	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joshua Mcpherson Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joshua Mcpherson Mailing Address 20 Josie Lane	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joshua Mcpherson Mailing Address 20 Josie Lane City, State, Zip Code Cleveland, MS 38732-9540	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joshua Mcpherson Mailing Address 20 Josie Lane City, State, Zip Code Cleveland, MS 38732-9540 Name of Employer (Required) Eley McPherson Engineering	Date (Mo., Day, Year) 08/21/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Joshua Mcpherson Mailing Address 20 Josie Lane City, State, Zip Code Cleveland, MS 38732-9540 Name of Employer (Required) Eley McPherson Engineering Occupation (Required) Engineer Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/21/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Joshua Mcpherson Mailing Address 20 Josie Lane City, State, Zip Code Cleveland, MS 38732-9540 Name of Employer (Required) Eley McPherson Engineering Occupation (Required) Engineer Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Joshua Mcpherson Mailing Address 20 Josie Lane City, State, Zip Code Cleveland, MS 38732-9540 Name of Employer (Required) Eley McPherson Engineering Occupation (Required) Engineer Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Janoush	Date (Mo., Day, Year) 08/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Joshua Mcpherson Mailing Address 20 Josie Lane City, State, Zip Code Cleveland, MS 38732-9540 Name of Employer (Required) Eley McPherson Engineering Occupation (Required) Engineer Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe Janoush Mailing Address PO Box 640	Date (Mo., Day, Year) 08/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alan K. Sudduth	08/23/2023	\$500.00
Mailing Address 3011 Delwood Dr		
City, State, Zip Code Pascagoula, MS 39567-7525		
Name of Employer (Required) Chevron Corporation		
Occupation (Required) government relations	Aggregate Year-to-date	\$500.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mitchell Metal Products Inc.	07/20/2023	\$1,000.00
Mailing Address PO Box 789		
City, State, Zip Code Kosciusko, MS 39090-0789		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy L. Pierce	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362 Name of Employer (Required) Retired Occupation (Required)	(Mo., Day, Year) 07/08/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/08/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$650.00 Amount of each receipt
Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$650.00 Amount of each receipt this period
□ Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362 Name of Employer (Required) Retired Occupation (Required) Retired Source: □ Corporation □ PAC ★ Individual □ Loan □ Other (please specify) Full Name Larry Montgomery	(Mo., Day, Year) 07/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$650.00 Amount of each receipt this period
Other (please specify) Full Name Billy L. Pierce Mailing Address 4037 Old Highway 15 City, State, Zip Code Decatur, MS 39327-9362 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Larry Montgomery Mailing Address 101 Francis Dr	(Mo., Day, Year) 07/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$650.00 Amount of each receipt this period

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Source: Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elliott Law Firm	09/22/2023	\$1,000.00
Mailing Address PO Box 2605		
City, State, Zip Code Madison, MS 39130-2605		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ben H. Stone	08/17/2023	\$1,000.00
Mailing Address PO Box 130		
City, State, Zip Code Gulfport, MS 39502-0130		
Name of Employer (Required) Balch & Bingham LLP		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC * Individual Loan Other (please specify) Full Name Buford Blount	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Buford Blount	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Buford Blount Mailing Address 11 Saint Martin Road	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Buford Blount Mailing Address 11 Saint Martin Road City, State, Zip Code Hattiesburg, MS 39402-8712	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Buford Blount Mailing Address 11 Saint Martin Road City, State, Zip Code Hattiesburg, MS 39402-8712 Name of Employer (Required) TSG Global Holdings	Date (Mo., Day, Year) 09/01/2023 Aggregate	receipt this period \$255.00
Other (please specify) Full Name Buford Blount Mailing Address 11 Saint Martin Road City, State, Zip Code Hattiesburg, MS 39402-8712 Name of Employer (Required) TSG Global Holdings Occupation (Required) COO Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09/01/2023 Aggregate Year-to-date Date	receipt this period \$255.00 \$255.00 Amount of each receipt
Other (please specify) Full Name Buford Blount Mailing Address 11 Saint Martin Road City, State, Zip Code Hattiesburg, MS 39402-8712 Name of Employer (Required) TSG Global Holdings Occupation (Required) COO Source: Corporation PAC Individual Loan Tother (please specify) General Partnership	Date (Mo., Day, Year) 09/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$255.00 \$255.00 Amount of each receipt this period
Other (please specify) Full Name Buford Blount Mailing Address 11 Saint Martin Road City, State, Zip Code Hattiesburg, MS 39402-8712 Name of Employer (Required) TSG Global Holdings Occupation (Required) COO Source: Corporation PAC Individual Loan * Other (please specify) General Partnership Full Name Pennabaker Conservation	Date (Mo., Day, Year) 09/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$255.00 \$255.00 Amount of each receipt this period
Other (please specify) Full Name Buford Blount Mailing Address 11 Saint Martin Road City, State, Zip Code Hattiesburg, MS 39402-8712 Name of Employer (Required) TSG Global Holdings Occupation (Required) COO Source: Corporation PAC Individual Loan **Other (please specify) General Partnership Full Name Pennabaker Conservation Mailing Address PO Box 207	Date (Mo., Day, Year) 09/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$255.00 \$255.00 Amount of each receipt this period

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Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bradford - O'Keefe Funeral Home Inc	08/17/2023	\$1,000,00
Mailing Address PO Box 677		
City, State, Zip Code Ocean Springs, MS 39566-0677		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca Kincaid	07/25/2023	\$500.00
Mailing Address 107 Vick Drive		
City, State, Zip Code Madison, MS 39110-7698		
Name of Employer (Required) Meadowbrook Preschool		
Occupation (Required) Teacher	Aggregate	\$500.00
10401151	Year-to-date	
Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Comcast Corporation & NBCUniversal PAC	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Comcast Corporation & NBCUniversal PAC Mailing Address 1 Comcast Ctr 1701 JFK Boulevard	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Comcast Corporation & NBCUniversal PAC Mailing Address 1 Comcast Ctr 1701 JFK Boulevard City, State, Zip Code Philadelphia, PA 19103-2838	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Comcast Corporation & NBCUniversal PAC Mailing Address 1 Comcast Ctr 1701 JFK Boulevard City, State, Zip Code Philadelphia, PA 19103-2838 Name of Employer (Required)	Date (Mo., Day, Year) 08/08/2023 Aggregate	receipt this period \$5,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Comcast Corporation & NBCUniversal PAC Mailing Address 1 Comcast Ctr 1701 JFK Boulevard City, State, Zip Code Philadelphia, PA 19103-2838 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$10,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Comcast Corporation & NBCUniversal PAC Mailing Address 1 Comcast Ctr 1701 JFK Boulevard City, State, Zip Code Philadelphia, PA 19103-2838 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$10,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Comcast Corporation & NBCUniversal PAC Mailing Address 1 Comcast Ctr 1701 JFK Boulevard City, State, Zip Code Philadelphia, PA 19103-2838 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Justus	Date (Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$10,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Comcast Corporation & NBCUniversal PAC Mailing Address 1 Comcast Ctr 1701 JFK Boulevard City, State, Zip Code Philadelphia, PA 19103-2838 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Justus Mailing Address 1411 23rd Ave	Date (Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$10,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Joseph Krongard	09/23/2023	\$5,000.00
Mailing Address 2124 Southwest 43rd Ter		
City, State, Zip Code Cape Coral, FL 33914-6109		
Name of Employer (Required) Self		
Occupation (Required) Developer	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Teresa R. Bell	09/05/2023	\$250.00
Mailing Address 65 Waterford Dr.		
City, State, Zip Code Hattiesburg, MS 39402-2925		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Brown	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Brown Mailing Address 4163 U.S. 51	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Brown Mailing Address 4163 U.S. 51 City, State, Zip Code Canton, MS 39046	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Larry Brown Mailing Address 4163 U.S. 51 City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Mark Gary Flying Service	(Mo., Day, Year) 09/01/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Larry Brown Mailing Address 4163 U.S. 51 City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Mark Gary Flying Service Occupation (Required) Office Manager Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/01/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$700.00 Amount of each receipt
Other (please specify) Full Name Larry Brown Mailing Address 4163 U.S. 51 City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Mark Gary Flying Service Occupation (Required) Office Manager Source: Corporation PAC Individual Loan * Other (please specify) Candidate Campaign Committee	(Mo., Day, Year) 09/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$700.00 Amount of each receipt this period
Other (please specify) Full Name Larry Brown Mailing Address 4163 U.S. 51 City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Mark Gary Flying Service Occupation (Required) Office Manager Source: Corporation PAC Individual Loan Tother (please specify) Candidate Campaign Committee Full Name Friends Of Billy Hewes	(Mo., Day, Year) 09/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$700.00 Amount of each receipt this period
Other (please specify) Full Name Larry Brown Mailing Address 4163 U.S. 51 City, State, Zip Code Canton, MS 39046 Name of Employer (Required) Mark Gary Flying Service Occupation (Required) Office Manager Source: Corporation PAC Individual Loan Tother (please specify) Candidate Campaign Committee Full Name Friends Of Billy Hewes Mailing Address P.O. Box 1842	(Mo., Day, Year) 09/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$700.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan * Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael W. Mclendon Senate Campaign Committee	08/27/2023	\$250.00
Mailing Address 2245 Memphis St		
City, State, Zip Code Hernando, MS 38632-1743		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Joseph Hardy	07/10/2023	\$1,000.00
Mailing Address 1091 Tommy Munro Drive		
City, State, Zip Code Biloxi, MS 39532-2100		
Name of Employer (Required) Eley Guild Hardy Architects PA		
Occupation (Required) Architect	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles Robert Ridgway IV	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles Robert Ridgway IV Mailing Address 4662 Trawick Dr	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles Robert Ridgway IV Mailing Address 4662 Trawick Dr City, State, Zip Code Jackson, MS 39211-5834	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles Robert Ridgway IV Mailing Address 4662 Trawick Dr City, State, Zip Code Jackson, MS 39211-5834 Name of Employer (Required) Ridgway Realty, Inc.	(Mo., Day, Year) - 09/19/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Charles Robert Ridgway IV Mailing Address 4662 Trawick Dr City, State, Zip Code Jackson, MS 39211-5834 Name of Employer (Required) Ridgway Realty, Inc. Occupation (Required) Realtor Source: Corporation PAC Individual Loan	Aggregate Year-to-date (Mo., Day, Year)	receipt this period \$250.00 \$400.00 Amount of each receipt
Other (please specify) Full Name Charles Robert Ridgway IV Mailing Address 4662 Trawick Dr City, State, Zip Code Jackson, MS 39211-5834 Name of Employer (Required) Ridgway Realty, Inc. Occupation (Required) Realtor Source: Corporation PAC Individual Loan **Other (please specify) LLC	(Mo., Day, Year) 09/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$400.00 Amount of each receipt this period
Other (please specify) Full Name Charles Robert Ridgway IV Mailing Address 4662 Trawick Dr City, State, Zip Code Jackson, MS 39211-5834 Name of Employer (Required) Ridgway Realty, Inc. Occupation (Required) Realtor Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Eagle Express LLC	(Mo., Day, Year) 09/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$400.00 Amount of each receipt this period
Tull Name Charles Robert Ridgway IV Mailing Address 4662 Trawick Dr City, State, Zip Code Jackson, MS 39211-5834 Name of Employer (Required) Ridgway Realty, Inc. Occupation (Required) Realtor Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Eagle Express LLC Mailing Address 6819 Washington Ave, Suite D	(Mo., Day, Year) 09/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$400.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eagle Express LLC	08/04/2023	\$250.00
Mailing Address 6819 Washington Ave, Suite D		
City, State, Zip Code Ocean Springs, MS 39564-2181		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$350.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kimberly Remak	09/26/2023	\$250.00
Mailing Address 5240 Wedgewood Drive		
City, State, Zip Code Olive Branch, MS 38654-6617		
Name of Employer (Required) The Arc of Northwest Mississippi		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC * Individual Loan Other (please specify) Full Name Hayes Dent		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hayes Dent	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hayes Dent Mailing Address 975 North Street STE 206	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hayes Dent Mailing Address 975 North Street STE 206 City, State, Zip Code Jackson, MS 39202-2639	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Hayes Dent Mailing Address 975 North Street STE 206 City, State, Zip Code Jackson, MS 39202-2639 Name of Employer (Required) Hayes Dent Public Strategies	(Mo., Day, Year) 07/20/2023 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Hayes Dent Mailing Address 975 North Street STE 206 City, State, Zip Code Jackson, MS 39202-2639 Name of Employer (Required) Hayes Dent Public Strategies Occupation (Required) Lobbyist Source: Corporation PAC * Individual Loan	(Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Hayes Dent Mailing Address 975 North Street STE 206 City, State, Zip Code Jackson, MS 39202-2639 Name of Employer (Required) Hayes Dent Public Strategies Occupation (Required) Lobbyist Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Hayes Dent Mailing Address 975 North Street STE 206 City, State, Zip Code Jackson, MS 39202-2639 Name of Employer (Required) Hayes Dent Public Strategies Occupation (Required) Lobbyist Source: Corporation PAC Individual Loan Other (please specify) Full Name Edwin Nordan	(Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Hayes Dent Mailing Address 975 North Street STE 206 City, State, Zip Code Jackson, MS 39202-2639 Name of Employer (Required) Hayes Dent Public Strategies Occupation (Required) Lobbyist Source: Corporation PAC Individual Loan Other (please specify) Full Name Edwin Nordan Mailing Address 186 Oak Drive	(Mo., Day, Year) 07/20/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ricky Caplin	07/20/2023	\$2,500.00
Mailing Address 6440 Southpoint Parkway STE 300		
City, State, Zip Code Jacksonville, FL 32216-8003		
Name of Employer (Required) Caplin Family Offices		
Occupation (Required) CEO	Aggregate Year-to-date	\$2,500.00
Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hiren Patel	08/29/2023	\$15,000.00
Mailing Address 114 Bridgewater Xing		
City, State, Zip Code Ridgeland, MS 39157-8603		
Name of Employer (Required) Heritage Hospitality Group		
Occupation (Required) CEO	Aggregate Year-to-date	\$15,000.00
	rear-to-date	
Source: Corporation PAC ** Individual Coan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jenny Michael Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jenny Michael Mailing Address 12425 Manning	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Germantown, OH 45327-9546 Control of Employer (Required)	Date (Mo., Day, Year)	receipt this period
Tull Name Jenny Michael Mailing Address 12425 Manning City, State, Zip Code Germantown, OH 45327-9546 Name of Employer (Required) CareSource	Date (Mo., Day, Year) 08/17/2023	receipt this period \$1,000.00
☐ Other (please specify) Full Name Jenny Michael Mailing Address 12425 Manning City, State, Zip Code Germantown, OH 45327-9546 Name of Employer (Required) CareSource Occupation (Required) SVP Comms Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan	Date (Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
City, State, Zip Code Germantown, OH 45327-9546 Name of Employer (Required) SVP Comms Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Germantown, OH 45327-9546 Name of Employer (Required) CareSource Occupation (Required) SVP Comms Source: Corporation PAC Individual Loan Other (please specify) Full Name J. Walt Starr	Date (Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Tull Name Jenny Michael Mailing Address 12425 Manning City, State, Zip Code Germantown, OH 45327-9546 Name of Employer (Required) CareSource Occupation (Required) SVP Comms Source: Corporation PAC Individual Loan Other (please specify) Full Name J. Walt Starr Mailing Address 3019 MS Highway 182	Date (Mo., Day, Year) 08/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Employer (Required) Name of Employer (Required) President and CEO Source: Corporation PAC Individual Loan Bate (Mo., Day, Year) Problem PAC Date (Mo., Day, Year) Problem PAC City, State, Zip Code Problem PAC Individual Loan PAC Date (Mo., Day, Year) Problem PAC PAC PAC PACE Problem PACE Problem PAC PACE Problem PACE Problem PAC PACE Problem PACE PACE Problem PACE PACE Problem PACE PACE PACE PACE PACE PACE PACE PROBLEM PACE PACE PACE PACE PACE PACE PACE PACE			
Full Name Francis C. Lee 09/29/2023 \$25,000.00 Mailing Address 402 Daniel Dr. City, State, Zip Code Brandon, MS 39047-7396 Name of Employer (Required) First Tower Corp. Occupation (Required) President and CEO Aggregate S50,000.00 Coupation (Required) PAC Individual Loan Date Receipt Full Name Lesiey Davis Coy/28/2023 S2,500.00 Mailing Address 200 Bent Tree Cv Coty, State, Zip Code Flowood, MS 39232-8689 Name of Employer (Required) Executive Aggregate S10,000.00 Cocupation (Required) Executive Aggregate S10,000.00 Cocupation (Required) Corporation PAC Individual Loan Date Receipt Cocupation (Required) Charmaine Kromer 08/08/2023 \$1,000.00 Mailing Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Youth Villages Aggregate \$1,000.00 Source: Corporation PAC Individual Loan Date Required S1,000.00 Mailing Address 2422 Adelaide Dr. Coty, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Youth Villages Aggregate \$1,000.00 Source: Corporation PAC Individual Loan Date Required S1,000.00 Mailing Address 10580 Road 537 S5,000.00 Mailing Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self S6,000.00 Aggregate S6,000.00 S6,	_		receipt
Aggregate Source: Corporation PAC Individual Loan Date (Mo., Day, Year)	Full Name	09/29/2023	\$25,000.00
Name of Employer (Required) President and CEO Pr	Mailing Address 402 Daniel Dr.		
Occupation (Required) President and CEO Source: Corporation PAC Individual Loan Other (please specify) Mailing Address 200 Bent Tree Cv City, State, Zip Code Paramaine Kromer Mailing Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Cocupation (Required)	City, State, Zip Code Brandon, MS 39047-7396		
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Guther (please specify) Mailing Address 200 Bent Tree Cv City, State, Zip Code Flowood, MS 39232-8689 Mame of Employer (Required) Guther (please specify) Executive MCPP Cocupation (Required) Cother (please specify) MCPP Aggregate Year-to-date (Mo., Day, Year) Amount of each receipt this period Amount of each receipt (Mo., Day, Year) This period Amount of each receipt (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) This period Amount of each receipt (Mo., Day, Year) City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Cocupation (Required) Coo Year-to-date S1,000.00 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Aggregate S1,000.00 Aggregate S1,000.00 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Aggregate S1,000.00 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Aggregate S1,000.00 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Aggregate S1,000.00 Source: Corporation PAC Individual S5,000.00 Mailing Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Cocupation (Required) Cocupation (Required) Cocupation (Required) Self Cocupation (Required) Cocupation (Required) Source: Corporation PAC Individual S6,000.00	Name of Employer (Required) First Tower Corp.		
Other (please specify) Cother (please sp	Occupation (Required) President and CEO		
Mailing Address 200 Bent Tree Cv City, State, Zip Code Flowcod, MS 39232-8689 Name of Employer (Required) MCPP Occupation (Required) Executive Flowcod, MS 39232-8689 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) This period Full Name Charmaine Kromer O8/08/2023 \$1,000.00 Mailing Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Youth Villages Occupation (Required) COO Aggregate Year-to-date S1,000.00 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) This period Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Source: Corporation PAC Individual Date (Mo., Day, Year) Source: Corporation PAC Individual Date (Mo., Day, Year) Source: Corporation PAC Individual Date (Mo., Day, Year) Source: Corporation PAC So	_	1	receipt
City, State, Zip Code Flowcod, MS 39232-8689 Name of Employer (Required) MCPP Cocupation (Required) Executive Aggregate Year-to-date Source: Corporation PAC Individual Loan Date (Mo., Day, Year) this period Full Name Charmaine Kromer 08/08/2023 \$1,000.00 Mailing Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Youth Villages Cocupation (Required) COO Aggregate Year-to-date (Mo., Day, Year) This period Full Name Tim Breland 09/29/2023 \$5,000.00 Mailing Address 300 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Cocupation (Required) Self Cocupation (Required) Self	Full Name Lesley Davis	09/28/2023	\$2,500.00
Name of Employer (Required) Source: Corporation PAC Individual Loan Source: Charmaine Kromer Maling Address 2422 Adelaide Dr. City, State, Zip Code Corporation PAC Individual Loan Maling Address Cocupation (Required) Coo Aggregate Year-to-date Moo, Day, Year) Amount of each receipt this period 81,000.00 Maling Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Coo Aggregate Year-to-date Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Amount of each receipt this period Maling Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Occupation (Required) Self Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate Source: Aggregate	Mailing Address 200 Bent Tree Cv		
Coccupation (Required) Executive Executive S10,000.00	City, State, Zip Code Flowood, MS 39232-8689		
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Charmaine Kromer 08/08/2023 \$1,000.00 Mailing Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Youth Villages Occupation (Required) COO Aggregate (Mo., Day, Year) Cother (please specify) Amount of each receipt this period Aggregate Year-to-date \$1,000.00 Aggregate (Mo., Day, Year) Cother (please specify) Amount of each receipt this period Full Name Tim Breland 09/29/2023 \$5,000.00 Mailing Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Occupation (Required) Self	Name of Employer (Required) MCPP		
Tother (please specify) City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Other (please specify) Youth Villages Cocupation (Required) Other (please specify) Toth Mailing Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) COO Aggregate Year-to-date \$1,000.00 Aggregate (Mo., Day, Year) Tother (please specify) Full Name Tim Breland Og/29/2023 \$5,000.00 Mailing Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Occupation (Required) Aggregate \$5,000.00 Aggregate \$5,000.00	Occupation (Required) Executive		\$10,000.00
Mailing Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Youth Villages Occupation (Required) COO Aggregate Year-to-date Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Tim Breland O9/29/2023 \$5,000.00 Mailing Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Occupation (Required) Self Occupation (Required) Aggregate \$5,000.00			
City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Youth Villages Occupation (Required) COO Aggregate Year-to-date Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Tim Breland O9/29/2023 \$5,000.00 Mailing Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Occupation (Required) Self	_		receipt
Name of Employer (Required) COO Aggregate Year-to-date Source: Corporation PAC Individual Loan Other (please specify) Full Name Tim Breland Mailing Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Occupation (Required) Aggregate \$1,000.00 Amount of each receipt (Mo., Day, Year) This period \$5,000.00 Aggregate \$5,000.00 Aggregate \$5,000.00	Other (please specify)	(Mo., Day, Year)	receipt this period
Aggregate Year-to-date Source: Corporation PAC Individual Loan Other (please specify) Full Name Tim Breland Mailing Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Occupation (Required) Self Aggregate \$1,000.00 Amount of each receipt (Mo., Day, Year) Individual Loan Og/29/2023 \$5,000.00 Aggregate \$1,000.00	Charmaine Kromer Mailing Address	(Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify)	Other (please specify) Full Name Charmaine Kromer Mailing Address 2422 Adelaide Dr.	(Mo., Day, Year)	receipt this period
Source: Corporation FAC Intervitudal Loan Date receipt (Mo., Day, Year) Other (please specify) Full Name Tim Breland O9/29/2023 \$5,000.00 Mailing Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Occupation (Required) Aggregate \$5,000.00	City, State, Zip Code Thompsons Station, TN 37179-9746 City State of Employer (Required)	(Mo., Day, Year)	receipt this period
Mailing Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Occupation (Required) Aggregate \$5,000.00	Other (please specify) Full Name Charmaine Kromer Mailing Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Youth Villages	(Mo., Day, Year) 08/08/2023 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required) Self Occupation (Required) Aggregate \$5,000,00	Other (please specify) Full Name Charmaine Kromer Mailing Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Youth Villages Occupation (Required) COO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Name of Employer (Required) Self Occupation (Required) Aggregate \$5,000,00	City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) COO Source: Corporation PAC Individual Coan City, Name of Employer (Please specify) COO Source: Corporation PAC Individual Coan Comparison Coan Comparison Coan Comparison Coan C	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Occupation (Required) Aggregate \$5,000,00	Charmaine Kromer Mailing Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Youth Villages Occupation (Required) COO Source: Corporation PAC Individual Loan Other (please specify) Full Name Tim Breland	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
1 55 UIIIIII	Other (please specify) Full Name Charmaine Kromer Mailing Address 2422 Adelaide Dr. City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Youth Villages Occupation (Required) COO Source: Corporation PAC Individual Loan Other (please specify) Full Name Tim Breland Mailing Address 10580 Road 537	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
	City, State, Zip Code Thompsons Station, TN 37179-9746 Name of Employer (Required) Cother (please specify) Cother (please specify) Full Name Tim Breland Mailing Address 10580 Road 537 City, State, Zip Code Philadelphia, MS 39350-5811 Name of Employer (Required)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeffrey B. Olson	07/10/2023	\$250.00
Mailing Address 401 Adams Ave.		
City, State, Zip Code New Albany, MS 38652-4006		
Name of Employer (Required) City		
Occupation (Required) Alderman	Aggregate Year-to-date	\$250.00
Source: ☐ Corporation ★ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tourism Mississippi PAC	07/10/2023	\$5,000.00
Mailing Address PO Box 2745		
City, State, Zip Code Madison, MS 39130-2745		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$5,000,00
	Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Max A Phillips Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Max A Phillips Mailing Address 1207 Scr 8	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Max A Phillips Mailing Address 1207 Scr 8 City, State, Zip Code Taylorsville, MS 39168-5153	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Max A Phillips Mailing Address 1207 Scr 8 City, State, Zip Code Taylorsville, MS 39168-5153 Name of Employer (Required) N/A	Date (Mo., Day, Year) 07/21/2023 Aggregate	Amount of each receipt this period \$500.00
Other (please specify) Full Name Max A Phillips Mailing Address 1207 Scr 8 City, State, Zip Code Taylorsville, MS 39168-5153 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/21/2023 Aggregate Year-to-date Date	Amount of each receipt this period \$500.00 \$700.00 Amount of each receipt
Other (please specify) Full Name Max A Phillips Mailing Address 1207 Scr 8 City, State, Zip Code Taylorsville, MS 39168-5153 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Date (Mo., Day, Year) 07/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$700.00 Amount of each receipt this period
Other (please specify) Full Name Max A Phillips Mailing Address 1207 Scr 8 City, State, Zip Code Taylorsville, MS 39168-5153 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name Vick Etheridge Enterprises LLC	Date (Mo., Day, Year) 07/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$700.00 Amount of each receipt this period
Other (please specify) Full Name Max A Phillips Mailing Address 1207 Scr 8 City, State, Zip Code Taylorsville, MS 39168-5153 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan *Other (please specify) LLC Full Name Vick Etheridge Enterprises LLC Mailing Address 4212 North Harper Road	Date (Mo., Day, Year) 07/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$700.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Donald Flynt	08/18/2023	\$1,000.00
Mailing Address 240 Birch Lane		
City, State, Zip Code Flowood, MS 39232-8003		
Name of Employer (Required) City Of Flowood		
Occupation (Required) Alderman	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Bryan	08/28/2023	\$10,000.00
Mailing Address 197 Rolling Meadows Road		
City, State, Zip Code Ridgeland, MS 39157-9488		
Name of Employer (Required) Self		
Occupation (Required) Developer	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify) Full Name Kelli Berry	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kelli Berry Mailing Address 818 Greenbriar Drive	(Mo., Day, Year)	receipt this period
City, State, Zip Code Columbus, MS 39705-1462	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kelli Berry Mailing Address 818 Greenbriar Drive City, State, Zip Code Columbus, MS 39705-1462 Name of Employer (Required) JTB Furniture Occupation (Required)	(Mo., Day, Year) 09/07/2023 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Columbus, MS 39705-1462 Name of Employer (Required) Executive City Corporation PAC Individual Loan	(Mo., Day, Year) 09/07/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
City, State, Zip Code Columbus, MS 39705-1462 Name of Employer (Required) Executive Coccupation (Required) Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/07/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Kelli Berry Mailing Address 818 Greenbriar Drive City, State, Zip Code Columbus, MS 39705-1462 Name of Employer (Required) Doccupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Jared A. Waldrop	(Mo., Day, Year) 09/07/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Kelli Berry Mailing Address 818 Greenbriar Drive City, State, Zip Code Columbus, MS 39705-1462 Name of Employer (Required) JTB Furniture Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Jared A. Waldrop Mailing Address 26 Avery Knoll	(Mo., Day, Year) 09/07/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name William T. Kelly	08/18/2023	\$500.00
Mailing Address PO Box 15099		
City, State, Zip Code Hattiesburg, MS 39404-5099		
Name of Employer (Required)		
Occupation (Required) CPA	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Zac Davidi	08/11/2023	\$2,500.00
Mailing Address 4294 Gerbera Lane D.		
City, State, Zip Code Bellbrook, OH 45305		
Name of Employer (Required) CareSource		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — 170 — marvidud — 200		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Christa Alexander	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Christa Alexander Mailing Address P.O. Box 922	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Christa Alexander Mailing Address P.O. Box 922 City, State, Zip Code Bay Springs, MS 39422-0922	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Christa Alexander Mailing Address P.O. Box 922 City, State, Zip Code Bay Springs, MS 39422-0922 Name of Employer (Required) Fail Communications	(Mo., Day, Year) 08/16/2023 Aggregate	receipt this period \$7,500.00
Other (please specify) Full Name Christa Alexander Mailing Address P.O. Box 922 City, State, Zip Code Bay Springs, MS 39422-0922 Name of Employer (Required) Fail Communications Occupation (Required) CEO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date	receipt this period \$7,500.00 \$7,500.00 Amount of each receipt
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$7,500.00 \$7,500.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$7,500.00 \$7,500.00 Amount of each receipt this period
Other (please specify) Full Name Christa Alexander Mailing Address P.O. Box 922 City, State, Zip Code Bay Springs, MS 39422-0922 Name of Employer (Required) Fail Communications Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Todd H. Mixon Mailing Address 1177 Old Hwy 24	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$7,500.00 \$7,500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Colin Maloney	08/18/2023	\$1,000.00
Mailing Address PO Box 1366		
City, State, Zip Code Tupelo, MS 38802-1366		
Name of Employer (Required) Maloney Glass/Century Construction & Realty		
Occupation (Required) Owner	Aggregate Year-to-date	\$11,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Henry Barbour	08/08/2023	\$2,500.00
Mailing Address 685 Woodland Drive		
City, State, Zip Code Yazoo City, MS 39194-9710		
Name of Employer (Required) Capitol Resources		
Occupation (Required) Partner	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Edward Harrison	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Edward Harrison Mailing Address 6223 Hwy 21	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Edward Harrison Mailing Address 6223 Hwy 21 City, State, Zip Code Forest, MS 39074-9593	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Edward Harrison Mailing Address 6223 Hwy 21 City, State, Zip Code Forest, MS 39074-9593 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 08/03/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name Edward Harrison Mailing Address 6223 Hwy 21 City, State, Zip Code Forest, MS 39074-9593 Name of Employer (Required) Self Occupation (Required) Business Source: ** Corporation PAC Individual Loan	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name Edward Harrison Mailing Address 6223 Hwy 21 City, State, Zip Code Forest, MS 39074-9593 Name of Employer (Required) Self Occupation (Required) Business Source: ** Corporation PAC Individual Loan Cother (please specify) County Count	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Edward Harrison Mailing Address 6223 Hwy 21 City, State, Zip Code Forest, MS 39074-9593 Name of Employer (Required) Self Occupation (Required) Business Source: ** Corporation PAC Individual Loan Other (please specify) Full Name Chevron Policy Govt & Public Affairs	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Edward Harrison Mailing Address 6223 Hwy 21 City, State, Zip Code Forest, MS 39074-9593 Name of Employer (Required) Self Occupation (Required) Business Source: ** Corporation PAC Individual Loan Other (please specify) Full Name Chevron Policy Govt & Public Affairs Mailing Address PO Box 6042	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Reporting Period

Tate for Governor 07/01/2023

_ through

09/30/2023

Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Waggoner Engineering, Inc.	08/08/2023	\$200,00
Mailing Address P.O. Box 12227		
City, State, Zip Code Jackson, MS 39236-2227		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$400.00
Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Caterpillar Inc PAC	07/17/2023	\$10,000.00
Mailing Address 5205 N O Connor Blvd Ste 100		
City, State, Zip Code Irving, TX 75039-3712		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Bogue	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Bogue Mailing Address 433 Greenbriar Dr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Bogue Mailing Address 433 Greenbriar Dr. City, State, Zip Code Columbus, MS 39705-1451	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Bogue Mailing Address 433 Greenbriar Dr. City, State, Zip Code Columbus, MS 39705-1451 Name of Employer (Required) Allegro Family Clinic Occupation (Required)	(Mo., Day, Year) 09/05/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Amy Bogue Mailing Address 433 Greenbriar Dr. City, State, Zip Code Columbus, MS 39705-1451 Name of Employer (Required) Allegro Family Clinic Occupation (Required) CEO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/05/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Amy Bogue Mailing Address 433 Greenbriar Dr. City, State, Zip Code Columbus, MS 39705-1451 Name of Employer (Required) Allegro Family Clinic Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/05/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Tother (please specify) Full Name Amy Bogue Mailing Address 433 Greenbriar Dr. City, State, Zip Code Columbus, MS 39705-1451 Name of Employer (Required) Allegro Family Clinic Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Wade Creekmore Jr.	(Mo., Day, Year) 09/05/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Amy Bogue Mailing Address 433 Greenbriar Dr. City, State, Zip Code Columbus, MS 39705-1451 Name of Employer (Required) Allegro Family Clinic Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Wade Creekmore Jr. Mailing Address 2137 Heritage Hill Dr	(Mo., Day, Year) 09/05/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Tate for Governor

09/30/2023 through _

Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jetson G Hollingsworth	09/26/2023	\$250.00
Mailing Address 3826 REDBUD RD		
City, State, Zip Code Jackson, MS 39211-6711		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,250.00
Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hite M. Lane	07/18/2023	\$1,000.00
Mailing Address 108 Kathryn Drive		
City, State, Zip Code Brandon, MS 39042-9625		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Weiskopf Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Weiskopf Mailing Address 1305 Nottingham Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Weiskopf Mailing Address 1305 Nottingham Road City, State, Zip Code Starkville, MS 39759-4023	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Weiskopf Mailing Address 1305 Nottingham Road City, State, Zip Code Starkville, MS 39759-4023 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 09/29/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Amy Weiskopf Mailing Address 1305 Nottingham Road City, State, Zip Code Starkville, MS 39759-4023 Name of Employer (Required) Self Occupation (Required) Dietitian Source: Corporation PAC * Individual Loan	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date	\$1,000.00 Amount of each receipt
Other (please specify) Full Name Amy Weiskopf Mailing Address 1305 Nottingham Road City, State, Zip Code Starkville, MS 39759-4023 Name of Employer (Required) Self Occupation (Required) Dietitian Source: Corporation PAC * Individual Loan Other (please specify)	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Amy Weiskopf Mailing Address 1305 Nottingham Road City, State, Zip Code Starkville, MS 39759-4023 Name of Employer (Required) Self Occupation (Required) Dietitian Source: □ Corporation □ PAC ★ Individual □ Loan □ Other (please specify) Full Name Thomas Harris	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Amy Weiskopf Mailing Address 1305 Nottingham Road City, State, Zip Code Starkville, MS 39759-4023 Name of Employer (Required) Self Occupation (Required) Dietitian Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas Harris Mailing Address PO Box 320248	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Reporting Period __

Tate for Governor

_ through

09/30/2023

Corporation PAC Individual Loan Date (Mo., Day, Year) PAC (Mo., Day, Year) PA		5 4:	
Other (please specify)	_	Date	
Full Name		(Mo., Day, Year)	· ·
Mailing Address 8400 Arkabutla Dam Road City, State, Zip Code Robinsonville, MS 38664-9729 Name of Employer (Required) Self Cocupation (Required) Farmer Source: Corporation PAC Individual Loan Date receipt this period Full Name Rhea Tannehill Roame of Employer (Required) Self Cocupation (Required) Tannehill, Carmean, and McKenzie PLLC Cocupation (Required) Self Source: Corporation PAC Individual Loan Aggregate S1,000.00 Mailing Address 1407 Greenway CV City, State, Zip Code Oxford, MS 38655-9710 Name of Employer (Required) Tannehill, Carmean, and McKenzie PLLC Cocupation (Required) Self Source: Corporation PAC Individual Loan Date receipt this period Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Cocupation PAC Individual Loan Date (Mo., Day, Year) Cocupation (Required) Cocupation (Required) Cocupation PAC Individual Loan Date (Mo., Day, Year) Cocupation (Required) Cocupation PAC Individual Con Date (Mo., Day, Year) Cocupation (Required) Sajasse	Other (please specify)		this period
City, State, Zip Code Robinsonville, MS 38684-9729	Full Name Lori Berry	07/11/2023	\$1,000.00
Name of Employer (Required) Self Cocupation (Required) Farmer	Mailing Address 8400 Arkabutla Dam Road		
Occupation (Required) Farmer Aggregate Year-to-date \$1,000.00	City, State, Zip Code Robinsonville, MS 38664-9729		
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Teaceipt this period	Name of Employer (Required) Self		
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) This period Full Name Rhea Tannehill 08/08/2023 \$1,000.00 Mailing Address 1407 Greenway Cv	Occupation (Required) Farmer		\$1,000.00
Other (please specify) Mo., Day, Year) This period	Source: Corneration DBAC * Individual D Loan		Amount of each
Other (please specify)	Source: Corporation C PAC C Individual Coan		receipt
Mailing Address 1407 Greenway Cv City, State, Zip Code Oxford, MS 38655-9710 Name of Employer (Required) Tannehill, Carmean, and McKenzie PLLC Occupation (Required) self Aggregate Year-to-date Source: Corporation PAC Individual Loan Date (Mo., Day, Year) This period Full Name Byram Rentals LLC 08/03/2023 \$5,000.00 Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required) Aggregate Year-to-date S5,000.00 Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Occupation (Required) Aggregate S1,000.00 Aggregate Year-to-date S5,000.00 Aggregate Year-to-date S5,000.00 Anount of each receipt this period S6,000.00 All Name MS Pawnbrokers PAC 08/01/2023 \$1,000.00 Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required)	Other (please specify)	(Mo., Day, Year)	this period
City, State, Zip Code Oxford, MS 38655-9710 Name of Employer (Required) Tannehill, Carmean, and McKenzie PLLC Occupation (Required) Self Year-to-date \$1,000.00 Source: Corporation PAC Individual Loan Date (Mo., Day, Year) this period Full Name Byram Rentals LLC 08/03/2023 \$5,000.00 Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required) Aggregate Year-to-date \$5,000.00 Full Name MS Pawnbrokers PAC 08/01/2023 \$1,000.00 Aggregate Year-to-date \$6,000.00 Amailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Occupation (Required) 4Aggregate S1,000.00	Full Name Rhea Tannehill	08/08/2023	\$1,000.00
Name of Employer (Required) Self Tannehill, Carmean, and McKenzie PLLC Occupation (Required) Self Self Aggregate Year-to-date St,000.00 Source: Corporation PAC Individual Loan Syram Rentals LLC Self Name Byram Rentals LLC Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required) Occupation (Required) Occupation (Required) Occupation (Required) Full Name MS Pawnbrokers PAC Sebastopol, MS 39204-3130 Name of Employer (Required) Occupation (Required) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each receipt this period Self Name Aggregate Amount of each receipt this period Self Name Aggregate Amount of each receipt this period Self Name Aggregate Amount of each receipt this period	Mailing Address 1407 Greenway Cv		
Cocupation (Required) Self Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Tother (please specify) LLC Other (please specify) Self Sebastopol, MS 39359 Name of Employer (Required) Full Name MS Pawnbrokers PAC Occupation (Required) Full Name MS Pawnbrokers PAC Occupation (Required) Aggregate (Mo., Day, Year) Source: Corporation PAC Individual Loan Date (Mo., Day, Year) City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Occupation (Required) Aggregate (Mo., Day, Year)	City, State, Zip Code Oxford, MS 38655-9710		
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Byram Rentals LLC Gity, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Cocupation (Required) Full Name MS Pawnbrokers PAC Gity, State, Zip Code Sebastopol, MS 39359 Source: Corporation PAC Individual Loan Other (please specify) Full Name MS Pawnbrokers PAC Gity, State, Zip Code Sebastopol, MS 393004-3130 Mailing Address Amount of each receipt (Mo., Day, Year) This period Source: MS Pawnbrokers PAC Gity, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Occupation (Required) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) This period Aggregate (Mo., Day, Year) Aggregate S1,000.00	Name of Employer (Required)		
Source: Copporation PAC Individual Countries Tother (please specify) LLC Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Cocupation (Required) Aggregate Year-to-date Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name MS Pawnbrokers PAC MS Pawnbrokers PAC MS Pawnbrokers PAC MS Pakson, MS 39204-3130 Name of Employer (Required) City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Aggregate Year-to-date MS Pawnbrokers PAC MS Pawnbrokers PAC Aggregate S1 000 00 Aggregate S1 000 00	fametill, Camean, and Workenzie i EEG		
Tother (please specify) LLC Solution (Required) Full Name Byram Rentals LLC Solution (Required) Solution (Required) Full Name Byram Rentals LLC Solution (Required) Solution (Required) Full Name MS Pawnbrokers PAC Solution (Required) Solution (Required) Full Name MS Pawnbrokers PAC Solution (Required)	Occupation (Required)		\$1,000.00
Full Name Byram Rentals LLC 08/03/2023 \$5,000.00 Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Coan Date (Mo., Day, Year) Other (please specify) Full Name MS Pawnbrokers PAC Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Occupation (Required) Aggregate \$1,000.00 Aggregate (Mo., Day, Year) Amount of each receipt this period PAC O8/01/2023 \$1,000.00 Aggregate S1,000.00	Occupation (Required) self	Year-to-date	
Full Name Byram Rentals LLC 08/03/2023 \$5,000.00 Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) MS Pawnbrokers PAC 08/01/2023 \$1,000.00 Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Aggregate \$1,000.00 Aggregate \$1,000.00	Occupation (Required) self	Year-to-date Date	Amount of each
Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name MS Pawnbrokers PAC Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Aggregate \$5,000.00 Aggregate (Mo., Day, Year) Amount of each receipt this period \$1,000.00	Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date	Amount of each receipt
City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Date receipt (Mo., Day, Year) Full Name MS Pawnbrokers PAC Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Occupation (Required) Aggregate \$5,000.00 Aggregate (Mo., Day, Year) Solution (Mo., Day, Year) Aggregate \$1,000.00	Occupation (Required) Self Source: Corporation PAC Individual Loan * Other (please specify) LLC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name MS Pawnbrokers PAC Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Aggregate \$5,000.00 Amount of each receipt this period 8/01/2023 \$1,000.00	Occupation (Required) Self Source: Corporation PAC Individual Loan ** Other (please specify) Full Name Byram Rentals LLC	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Aggregate Year-to-date Source: Corporation PAC Individual Loan Other (please specify) Full Name MS Pawnbrokers PAC MS Pa	Occupation (Required) Self Source: Corporation PAC Individual Loan ** Other (please specify) Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name MS Pawnbrokers PAC Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Amount of each receipt this period 81,000.00 \$1,000.00	Occupation (Required) Self Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Intuition Control PAC Composition Control PAC CONTROL	Occupation (Required) Self Source: Corporation PAC Individual Loan ** Other (please specify) Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name MS Pawnbrokers PAC Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Aggregate receipt this period 81,000.00 Aggregate \$1,000.00	Occupation (Required) Self Source: Corporation PAC Individual Loan ** Other (please specify) Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required)	Year-to-date Date (Mo., Day, Year) 08/03/2023 Aggregate	Amount of each receipt this period \$5,000.00
Full Name MS Pawnbrokers PAC 08/01/2023 \$1,000.00 Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Occupation (Required) Aggregate \$1,000.00	Occupation (Required) Self Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required)	Year-to-date Date (Mo., Day, Year) 08/03/2023 Aggregate Year-to-date	Amount of each receipt this period \$5,000.00
Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Occupation (Required) Aggregate \$1,000.00	Occupation (Required) Self Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required)	Year-to-date Date (Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date	Amount of each receipt this period \$5,000.00 \$5,000.00
City, State, Zip Code Jackson, MS 39204-3130 Name of Employer (Required) Occupation (Required) Aggregate \$1,000.00	Occupation (Required) Self Source: Corporation PAC Individual Loan Tother (please specify) Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Year-to-date Date (Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Name of Employer (Required) Occupation (Required) Aggregate \$1,000.00	Occupation (Required) self Source: Corporation PAC Individual Loan Tother (please specify) Eull Name Byram Rentals LLC Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Pear-to-date Date (Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Occupation (Required) Aggregate \$1,000,000	Occupation (Required) self Source: Corporation PAC Individual Loan **Other (please specify) Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name MS Pawnbrokers PAC	Pear-to-date Date (Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
	Occupation (Required) Self Source: Corporation PAC Individual Loan Tother (please specify) Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name MS Pawnbrokers PAC Mailing Address 1425 University Blvd	Pear-to-date Date (Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
lear-to-date	Occupation (Required) self Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Byram Rentals LLC Mailing Address 585 Hwy 492 East City, State, Zip Code Sebastopol, MS 39359 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name MS Pawnbrokers PAC Mailing Address 1425 University Blvd City, State, Zip Code Jackson, MS 39204-3130	Pear-to-date Date (Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Tate for Governor

09/30/2023 through

Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cheryl Sudduth	08/24/2023	\$500.00
Mailing Address 134 W Commerce Street		
City, State, Zip Code Hernando, MS 38632-2240		
Name of Employer (Required) Funderburk's Pharmacy		
Occupation (Required) Pharmacist	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Welch	09/26/2023	\$250.00
Mailing Address 128 Hickory Glen		
City, State, Zip Code Madison, MS 39110-7605		
Name of Employer (Required) State of Mississippi		
Occupation (Required) DFA	Aggregate	\$650.00
DIA	Year-to-date	
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC * Individual C Loan	Date	Amount of each receipt
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Trey Lamar	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Trey Lamar Mailing Address 214 South Ward St.	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Trey Lamar Mailing Address 214 South Ward St. City, State, Zip Code Senatobia, MS 38668-2615	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Trey Lamar Mailing Address 214 South Ward St. City, State, Zip Code Senatobia, MS 38668-2615 Name of Employer (Required) Self	Date (Mo., Day, Year) 08/27/2023 Aggregate	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Trey Lamar Mailing Address 214 South Ward St. City, State, Zip Code Senatobia, MS 38668-2615 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/27/2023 Aggregate Year-to-date Date	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Trey Lamar Mailing Address 214 South Ward St. City, State, Zip Code Senatobia, MS 38668-2615 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Tother (please specify) LLC	Date (Mo., Day, Year) 08/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Trey Lamar Mailing Address 214 South Ward St. City, State, Zip Code Senatobia, MS 38668-2615 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Merck Sharp & Dohme LLC	Date (Mo., Day, Year) 08/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Trey Lamar Mailing Address 214 South Ward St. City, State, Zip Code Senatobia, MS 38668-2615 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Merck Sharp & Dohme LLC Mailing Address PO Box 2000	Date (Mo., Day, Year) 08/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Glynn Hughes	09/26/2023	\$250.00
Mailing Address Po Box 1506		
City, State, Zip Code Jackson, MS 39215-1506		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shirley L. Eaves	08/15/2023	\$50.00
Mailing Address 223 Livingston Ln.		
City, State, Zip Code Columbus, MS 39702-9455		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$225.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Alliance Health Center	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301 Name of Employer (Required)	(Mo., Day, Year) 08/08/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301 Name of Employer (Required) Occupation (Required) Source: ** Corporation PAC Individual Loan	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301 Name of Employer (Required) Occupation (Required) Source: ** Corporation	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301 Name of Employer (Required) Occupation (Required) Source: ** Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Coalition Of Appraisers	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Alliance Health Center Mailing Address 50000 Highway 39 North City, State, Zip Code Meridian, MS 39301 Name of Employer (Required) Occupation (Required) Source: Corporation □ PAC □ Individual □ Loan □ Other (please specify) Full Name Mississippi Coalition Of Appraisers Mailing Address PO Box 2874	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cable PAC MCTA	08/01/2023	\$3,500.00
Mailing Address PO Box 55867		
City, State, Zip Code Jackson, MS 39296-5867		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$3,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name BNSF Railway Company	09/15/2023	\$1,000.00
Mailing Address 2500 Lou Menk Drive AOB-2		
City, State, Zip Code Fort Worth, TX 76131-2828		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — 170 — marriada. — 204.11		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Robert E. Luke	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Robert E. Luke Mailing Address 1862 Hunters Run	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Robert E. Luke Mailing Address 1862 Hunters Run City, State, Zip Code Meridian, MS 39305-9335	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Robert E. Luke Mailing Address 1862 Hunters Run City, State, Zip Code Meridian, MS 39305-9335 Name of Employer (Required) LPK Architects	(Mo., Day, Year) 07/13/2023 Aggregate	receipt this period \$10,000.00
Other (please specify) Full Name Robert E. Luke Mailing Address 1862 Hunters Run City, State, Zip Code Meridian, MS 39305-9335 Name of Employer (Required) LPK Architects Occupation (Required) Principal Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt
Other (please specify) Full Name Robert E. Luke Mailing Address 1862 Hunters Run City, State, Zip Code Meridian, MS 39305-9335 Name of Employer (Required) LPK Architects Occupation (Required) Principal Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name Robert E. Luke Mailing Address 1862 Hunters Run City, State, Zip Code Meridian, MS 39305-9335 Name of Employer (Required) LPK Architects Occupation (Required) Principal Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Seemann Composites, LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name Robert E. Luke Mailing Address 1862 Hunters Run City, State, Zip Code Meridian, MS 39305-9335 Name of Employer (Required) LPK Architects Occupation (Required) Principal Source: Corporation PAC Individual Loan * Other (please specify) LLC Full Name Seemann Composites, LLC Mailing Address PO Box 3449	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC Individual ☐ Loan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(WIO., Day, Teat)	this period
Full Name Michael K. Graves	09/27/2023	\$250.00
Mailing Address 1818 Danas Cove		
City, State, Zip Code Hernando, MS 38632-8828		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steve Bolin	07/13/2023	\$2,500.00
Mailing Address 530 Highway 15		
City, State, Zip Code Blue Mountain, MS 38610-9720		
Name of Employer (Required) JNS Biofuel, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Walker Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Walker Mailing Address 112 Lineage Lane	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Walker Mailing Address 112 Lineage Lane City, State, Zip Code Flowood, MS 39232-8105	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Amy Walker Mailing Address 112 Lineage Lane City, State, Zip Code Flowood, MS 39232-8105 Name of Employer (Required) Ergon Occupation (Required)	(Mo., Day, Year) 09/26/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Amy Walker Mailing Address 112 Lineage Lane City, State, Zip Code Flowood, MS 39232-8105 Name of Employer (Required) Ergon Occupation (Required) Sales Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Amy Walker Mailing Address 112 Lineage Lane City, State, Zip Code Flowood, MS 39232-8105 Name of Employer (Required) Ergon Occupation (Required) Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Rex Gillis	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Amy Walker Mailing Address 112 Lineage Lane City, State, Zip Code Flowood, MS 39232-8105 Name of Employer (Required) Ergon Occupation (Required) Sales Source: Corporation PAC Individual Loan Other (please specify) Full Name Rex Gillis Mailing Address PO Box 5051	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Russell	09/15/2023	\$1,000.00
Mailing Address PO Box 9180		
City, State, Zip Code Columbus, MS 39705-0016		
Name of Employer (Required) Bill Russell Ford		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bill Russell	09/29/2023	\$1,000.00
Mailing Address PO Box 9180		
City, State, Zip Code Columbus, MS 39705-0016		
Name of Employer (Required) Bill Russell Ford		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,250.00
Source: Corporation PAC Individual Loan **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
* Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Tull Name Plum Creek Environmental Technologies LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tull Name Plum Creek Environmental Technologies LLC Mailing Address 1302 Industrial Access Road City State Zin Code	(Mo., Day, Year)	receipt this period
Tull Name Plum Creek Environmental Technologies LLC Mailing Address 1302 Industrial Access Road City, State, Zip Code West Point, MS 39773-2385	(Mo., Day, Year)	receipt this period
Tull Name Plum Creek Environmental Technologies LLC Mailing Address 1302 Industrial Access Road City, State, Zip Code West Point, MS 39773-2385 Name of Employer (Required)	(Mo., Day, Year) 08/30/2023 Aggregate	receipt this period \$5,000.00
Tull Name Plum Creek Environmental Technologies LLC Mailing Address 1302 Industrial Access Road City, State, Zip Code West Point, MS 39773-2385 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Tull Name Plum Creek Environmental Technologies LLC Mailing Address 1302 Industrial Access Road City, State, Zip Code West Point, MS 39773-2385 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) Full Name Plum Creek Environmental Technologies LLC Mailing Address 1302 Industrial Access Road City, State, Zip Code West Point, MS 39773-2385 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Victor Walsh	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Full Name Plum Creek Environmental Technologies LLC Mailing Address 1302 Industrial Access Road City, State, Zip Code West Point, MS 39773-2385 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Victor Walsh Mailing Address 4619 Main Street Suite A	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victor Walsh	08/18/2023	\$100.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code Moss Point, MS 39563-3939		
Name of Employer (Required) Millette Administrators		
Occupation (Required) TPA	Aggregate Year-to-date	\$1,100.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles A Younger	07/28/2023	\$25.00
Mailing Address 1213 Younger Road		
City, State, Zip Code Columbus, MS 39701-8503		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$450.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles A Younger	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles A Younger Mailing Address 1213 Younger Road	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles A Younger Mailing Address 1213 Younger Road City, State, Zip Code Columbus, MS 39701-8503	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles A Younger Mailing Address 1213 Younger Road City, State, Zip Code Columbus, MS 39701-8503 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 08/27/2023 Aggregate	receipt this period \$25,00
Other (please specify) Full Name Charles A Younger Mailing Address 1213 Younger Road City, State, Zip Code Columbus, MS 39701-8503 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/27/2023 Aggregate Year-to-date Date	receipt this period \$25.00 \$450.00 Amount of each receipt
Other (please specify) Full Name Charles A Younger Mailing Address 1213 Younger Road City, State, Zip Code Columbus, MS 39701-8503 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25.00 \$450.00 Amount of each receipt this period
Charles A Younger Mailing Address 1213 Younger Road City, State, Zip Code Columbus, MS 39701-8503 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas Dews	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25.00 \$450.00 Amount of each receipt this period
Other (please specify) Full Name Charles A Younger Mailing Address 1213 Younger Road City, State, Zip Code Columbus, MS 39701-8503 Name of Employer (Required) Self Occupation (Required) Farmer Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas Dews Mailing Address 1515 S 40th Ave	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25.00 \$450.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(MO., Day, Teal)	this period
Full Name Smith Stoner	07/29/2023	\$1,000.00
Mailing Address PO Box 11		
City, State, Zip Code Holly Bluff, MS 39088-0011		
Name of Employer (Required) Stoner Farms		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Morris	07/10/2023	\$500.00
Mailing Address PO Box 994		
City, State, Zip Code New Albany, MS 38652-0994		
Name of Employer (Required) Morris Family Ltd Partnership		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Connie King	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Connie King Mailing Address 155 Skyline Dr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Connie King Mailing Address 155 Skyline Dr. City, State, Zip Code Collins, MS 39428-6382	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Connie King Mailing Address 155 Skyline Dr. City, State, Zip Code Collins, MS 39428-6382 Name of Employer (Required) N/A	(Mo., Day, Year) 09/05/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Connie King Mailing Address 155 Skyline Dr. City, State, Zip Code Collins, MS 39428-6382 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/05/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Connie King Mailing Address 155 Skyline Dr. City, State, Zip Code Collins, MS 39428-6382 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Connie King Mailing Address 155 Skyline Dr. City, State, Zip Code Collins, MS 39428-6382 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name John R. McCartney	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Connie King Mailing Address 155 Skyline Dr. City, State, Zip Code Collins, MS 39428-6382 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name John R. McCartney Mailing Address 100 Laurel West Cv	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Renita Bolen	08/27/2023	\$500.00
Mailing Address 100 Taylor Dr.		
City, State, Zip Code Senatobia, MS 38668-6541		
Name of Employer (Required) Bolen Distributing LLC		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: ☐ Corporation ★ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi CPAs PAC	08/01/2023	\$2,500.00
Mailing Address 306 Southhampton Row		
City, State, Zip Code Ridgeland, MS 39157-2042		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph A. Simpson Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph A. Simpson Mailing Address 4141 Crane Blvd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph A. Simpson Mailing Address 4141 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph A. Simpson Mailing Address 4141 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406 Name of Employer (Required) Self	(Mo., Day, Year) 07/31/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Joseph A. Simpson Mailing Address 4141 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406 Name of Employer (Required) Self Occupation (Required) Developer Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/31/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Joseph A. Simpson Mailing Address 4141 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406 Name of Employer (Required) Self Occupation (Required) Developer Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/31/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
City, State, Zip Code Jackson, MS 39216-3406 Name of Employer (Required) Self Occupation (Required) Developer Source: Corporation PAC Individual Loan Conduent Incorporated PAC	(Mo., Day, Year) 07/31/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Joseph A. Simpson Mailing Address 4141 Crane Blvd City, State, Zip Code Jackson, MS 39216-3406 Name of Employer (Required) Self Occupation (Required) Developer Source: Corporation PAC Individual Loan Other (please specify) Full Name Conduent Incorporated PAC Mailing Address 750 1st St NE Ste 1020	(Mo., Day, Year) 07/31/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC 🗡 Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benjamin J Spraggins	08/06/2023	\$250.00
Mailing Address 12114 Kent Avenue		
City, State, Zip Code Gulfport, MS 39503-2604		
Name of Employer (Required) Mississippi Department of Marine Resources		
Occupation (Required)	Aggregate	\$750.00
Executive Director	Year-to-date	\$150.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Benjamin J Spraggins	09/21/2023	\$250.00
Mailing Address 12114 Kent Avenue		
City, State, Zip Code Gulfport, MS 39503-2604		
Name of Employer (Required) Mississippi Department of Marine Resources		
Occupation (Required) Executive Director	Aggregate Year-to-date	\$750.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — corporation — 170 — marriada. — 2001.		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kristy Nichols Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kristy Nichols Mailing Address 1219 Eleonore	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kristy Nichols Mailing Address 1219 Eleonore City, State, Zip Code New Orleans, LA 70115-4309	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kristy Nichols Mailing Address 1219 Eleonore City, State, Zip Code New Orleans, LA 70115-4309 Name of Employer (Required) Occupation (Required)	(Mo., Day, Year) 08/06/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Kristy Nichols Mailing Address 1219 Eleonore City, State, Zip Code New Orleans, LA 70115-4309 Name of Employer (Required) Ochsner Health Occupation (Required) Healthcare Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/06/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Kristy Nichols Mailing Address 1219 Eleonore City, State, Zip Code New Orleans, LA 70115-4309 Name of Employer (Required) Ochsner Health Occupation (Required) Healthcare Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/06/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Kristy Nichols Mailing Address 1219 Eleonore City, State, Zip Code New Orleans, LA 70115-4309 Name of Employer (Required) Ochsner Health Occupation (Required) Healthcare Source: Corporation PAC Individual Loan Other (please specify) Full Name John Griffith	(Mo., Day, Year) 08/06/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Kristy Nichols Mailing Address 1219 Eleonore City, State, Zip Code New Orleans, LA 70115-4309 Name of Employer (Required) Ochsner Health Occupation (Required) Healthcare Source: Corporation PAC Individual Loan Other (please specify) Full Name John Griffith Mailing Address 15 Magnolia Lndg	(Mo., Day, Year) 08/06/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Vector Victory PAC	08/01/2023	\$2,000.00
Mailing Address PO Box 750		
City, State, Zip Code Southaven, MS 38671-0008		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph O. Gaul	07/24/2023	\$100.00
Mailing Address 3916 NE 59th St		
City, State, Zip Code Gladstone, MO 64119-2202		
Name of Employer (Required) Retired FAA Instpector		
Occupation (Required) US DOT	Aggregate Year-to-date	\$850.00
Source: Corporation PAC **Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Harold Hunter White III Mailing Address 500 Canal St.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Harold Hunter White III Mailing Address 500 Canal St. City, State, Zip Code Metairie, LA 70005-3602	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Harold Hunter White III Mailing Address 500 Canal St. City, State, Zip Code Metairie, LA 70005-3602	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Harold Hunter White III Mailing Address 500 Canal St. City, State, Zip Code Metairie, LA 70005-3602 Name of Employer (Required) Self Occupation (Required) Investor	(Mo., Day, Year) 09/28/2023 Aggregate	receipt this period \$20,010.00
Other (please specify) Full Name Harold Hunter White III Mailing Address 500 Canal St. City, State, Zip Code Metairie, LA 70005-3602 Name of Employer (Required) Self Occupation (Required) Investor Source: ** Corporation PAC Individual Loan	(Mo., Day, Year)09/28/2023 Aggregate Year-to-date Date	receipt this period \$20,010.00 \$20,010.00 Amount of each receipt
Other (please specify) Full Name Harold Hunter White III Mailing Address 500 Canal St. City, State, Zip Code Metairie, LA 70005-3602 Name of Employer (Required) Self Occupation (Required) Investor Source: ** Corporation PAC Individual Loan Other (please specify) Full Name Parkwood BHS	(Mo., Day, Year) 09/28/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$20,010.00 \$20,010.00 \$20,010.00 Amount of each receipt this period
Other (please specify) Full Name Harold Hunter White III Mailing Address 500 Canal St. City, State, Zip Code Metairie, LA 70005-3602 Name of Employer (Required) Self Occupation (Required) Investor Source: Corporation PAC Individual Loan Other (please specify) Full Name Parkwood BHS	(Mo., Day, Year) 09/28/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$20,010.00 \$20,010.00 \$20,010.00 Amount of each receipt this period
Tull Name Harold Hunter White III Mailing Address 500 Canal St. City, State, Zip Code Metairie, LA 70005-3602 Name of Employer (Required) Self Occupation (Required) Investor Source: Corporation PAC Individual Loan Other (please specify) Full Name Parkwood BHS Mailing Address 8135 Goodman Road	(Mo., Day, Year) 09/28/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$20,010.00 \$20,010.00 \$20,010.00 Amount of each receipt this period

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		Amount of each
Source: Corporation PAC * Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
-		
Theo P. Costas Jr.	08/03/2023	\$5,000.00
Mailing Address 1939 Davis Johnson Dr.		
City, State, Zip Code Richland, MS 39218-8406		
Name of Employer (Required) Southern Beverage		
Occupation (Required) CEO	Aggregate Year-to-date	\$5,000.00
Source: ** Corporation	Data	Amount of each
Source. — Sorporation — The — Internetial — Local	Date (Mo., Day, Year)	receipt
Other (please specify)	(MO., Day, Teal)	this period
Full Name Molina Healthcare, Inc.	08/01/2023	\$1,000.00
Mailing Address PO Box 22819		
City, State, Zip Code Long Beach, CA 90801-5819		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: ** Corporation	Data	Amount of each
Source: Corporation PAC Individual Loan	Date (Mo. Day Year)	receipt
Source: ** Corporation	Date (Mo., Day, Year)	
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name The Friedkin Group Inc	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name The Friedkin Group Inc Mailing Address P.O. Box 441887	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name The Friedkin Group Inc Mailing Address P.O. Box 441887 City, State, Zip Code Houston, TX 77244-1887	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name The Friedkin Group Inc Mailing Address P.O. Box 441887 City, State, Zip Code Houston, TX 77244-1887 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/08/2023 Aggregate	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name The Friedkin Group Inc Mailing Address P.O. Box 441887 City, State, Zip Code Houston, TX 77244-1887 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each
Other (please specify) Full Name The Friedkin Group Inc Mailing Address P.O. Box 441887 City, State, Zip Code Houston, TX 77244-1887 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas M. Duff	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name The Friedkin Group Inc Mailing Address P.O. Box 441887 City, State, Zip Code Houston, TX 77244-1887 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas M. Duff Mailing Address 73 Tidewater Rd	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name The Friedkin Group Inc Mailing Address P.O. Box 441887 City, State, Zip Code Houston, TX 77244-1887 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas M. Duff Mailing Address 73 Tidewater Rd City, State, Zip Code Hattiesburg, MS 39402-9780	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name The Friedkin Group Inc Mailing Address P.O. Box 441887 City, State, Zip Code Houston, TX 77244-1887 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas M. Duff Mailing Address 73 Tidewater Rd	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of	Candidate	or Co	mmittee
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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Richard Kirksey Heard	09/29/2023	\$250.00
Mailing Address 986 Prairie Waters Dr.		
City, State, Zip Code Columbus, MS 39701-8001		
Name of Employer (Required) Gastroenterology Associates		
Occupation (Required) Physician	Aggregate Year-to-date	\$250,00
Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Whistlestop LLC	07/10/2023	\$250.00
Mailing Address 130 W Bankhead St. STE E		
City, State, Zip Code New Albany, MS 38652-3333		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	1	receipt
* Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Barden Mississippi Gaming LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) Eull Name Barden Mississippi Gaming LLC Mailing Address PO Box 327	(Mo., Day, Year)	receipt this period
Tull Name Barden Mississippi Gaming LLC Mailing Address PO Box 327 City, State, Zip Code Robinsonville, MS 38664-0327	(Mo., Day, Year)	receipt this period
Tother (please specify) ELLC Full Name Barden Mississippi Gaming LLC Mailing Address PO Box 327 City, State, Zip Code Robinsonville, MS 38664-0327 Name of Employer (Required)	(Mo., Day, Year) 07/17/2023 Aggregate	receipt this period \$5,000.00
** Other (please specify)	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Tother (please specify) Full Name Barden Mississippi Gaming LLC Mailing Address PO Box 327 City, State, Zip Code Robinsonville, MS 38664-0327 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) Full Name Barden Mississippi Gaming LLC Mailing Address PO Box 327 City, State, Zip Code Robinsonville, MS 38664-0327 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John T. Bean III	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) Full Name Barden Mississippi Gaming LLC Mailing Address PO Box 327 City, State, Zip Code Robinsonville, MS 38664-0327 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John T. Bean III Mailing Address 515 Greenbriar Drive	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert J. Knesal	08/16/2023	\$1,000.00
Mailing Address 28 56th St		
City, State, Zip Code Gulfport, MS 39507-4617		
Name of Employer (Required) Right Down Town Properties		
Occupation (Required) Member	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name McGraw Gotta Go LLC	09/09/2023	\$1,500.00
Mailing Address PO Box 267		
City, State, Zip Code Flora, MS 39071-0267		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — TAC — marriada — Louis		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name James P. Owen	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name James P. Owen Mailing Address P.O. Box 843	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name James P. Owen Mailing Address P.O. Box 843 City, State, Zip Code New Albany, MS 38652-0843	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name James P. Owen Mailing Address P.O. Box 843 City, State, Zip Code New Albany, MS 38652-0843 Name of Employer (Required) JPO Investments, LLC	(Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name James P. Owen Mailing Address P.O. Box 843 City, State, Zip Code New Albany, MS 38652-0843 Name of Employer (Required) JPO Investments, LLC Occupation (Required) President Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name EAI/WEI, LLC	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name James P. Owen Mailing Address P.O. Box 843 City, State, Zip Code New Albany, MS 38652-0843 Name of Employer (Required) JPO Investments, LLC Occupation (Required) President Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name EAI/WEI, LLC Mailing Address PO Box 12227	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name WEI/AJA LLC	08/08/2023	\$1,100.00
Mailing Address P.O. Box 12227		
City, State, Zip Code Jackson, MS 39236-2227		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,300.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Anderson III	08/29/2023	\$7,500.00
Mailing Address 4900 Courthouse Rd		
City, State, Zip Code Gulfport, MS 39507-4237		
Name of Employer (Required) Roy Anderson Corp		
Occupation (Required) CEO	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Michael W. Castle Jr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael W. Castle Jr. Mailing Address 8189 Pine Springs Rd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael W. Castle Jr. Mailing Address 8189 Pine Springs Rd City, State, Zip Code Meridian, MS 39305-9027	(Mo., Day, Year)	receipt this period
Tull Name Michael W. Castle Jr. Mailing Address 8189 Pine Springs Rd City, State, Zip Code Meridian, MS 39305-9027 Name of Employer (Required) Progressive Pipeline Construction, LLC Occupation (Required)	(Mo., Day, Year) 07/13/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Michael W. Castle Jr. Mailing Address 8189 Pine Springs Rd City, State, Zip Code Meridian, MS 39305-9027 Name of Employer (Required) Progressive Pipeline Construction, LLC Occupation (Required) President Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Michael W. Castle Jr. Mailing Address 8189 Pine Springs Rd City, State, Zip Code Meridian, MS 39305-9027 Name of Employer (Required) Progressive Pipeline Construction, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Michael W. Castle Jr. Mailing Address 8189 Pine Springs Rd City, State, Zip Code Meridian, MS 39305-9027 Name of Employer (Required) Progressive Pipeline Construction, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Betty Lou Jones	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Michael W. Castle Jr. Mailing Address 8189 Pine Springs Rd City, State, Zip Code Meridian, MS 39305-9027 Name of Employer (Required) Progressive Pipeline Construction, LLC Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name Betty Lou Jones Mailing Address 3637 Parkway Boulevard	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan * Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Back Bay RV Resort LLC	08/16/2023	\$250.00
Mailing Address 6505 Riviera Dr		
City, State, Zip Code Biloxi, MS 39532-9345		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heather Reed	09/05/2023	\$5,000.00
Mailing Address PO Box 0081		
City, State, Zip Code Hattiesburg, MS 39403-0081		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$5,000.00
	rear-to-date	
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Johnny Ralph Morgan Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Johnny Ralph Morgan Mailing Address 7706 Lizelia Rd.	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Johnny Ralph Morgan Mailing Address 7706 Lizelia Rd. City, State, Zip Code Meridian, MS 39305-8444	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Johnny Ralph Morgan Mailing Address 7706 Lizelia Rd. City, State, Zip Code Meridian, MS 39305-8444 Name of Employer (Required) Ralph Morgan Logging	Date (Mo., Day, Year) 07/13/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Johnny Ralph Morgan Mailing Address 7706 Lizelia Rd. City, State, Zip Code Meridian, MS 39305-8444 Name of Employer (Required) Ralph Morgan Logging Occupation (Required) Executive Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name	Date (Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name	Date (Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
□ Other (please specify) Full Name	Date (Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gerard R. Gibert	08/01/2023	\$1,000.00
Mailing Address 146 Woodmont Way		
City, State, Zip Code Ridgeland, MS 39157-8618		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$1,750.00
Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gerard R. Gibert	09/26/2023	\$250.00
Mailing Address 146 Woodmont Way		
City, State, Zip Code Ridgeland, MS 39157-8618		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$1,750.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joel Cunningham Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joel Cunningham Mailing Address PO Box 675	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joel Cunningham Mailing Address PO Box 675 City, State, Zip Code Belzoni, MS 39038-0675	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joel Cunningham Mailing Address PO Box 675 City, State, Zip Code Belzoni, MS 39038-0675 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 08/18/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Joel Cunningham Mailing Address PO Box 675 City, State, Zip Code Belzoni, MS 39038-0675 Name of Employer (Required) Self Occupation (Required) Accountant Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Joel Cunningham Mailing Address PO Box 675 City, State, Zip Code Belzoni, MS 39038-0675 Name of Employer (Required) Self Occupation (Required) Accountant Source: Corporation PAC Individual Loan Other (please specify) Full Name Laney Funderburk Mailing Address 1805 Hawthorne Drive	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Name	of	Candidate	or	Committee

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Lucien Smith II	09/25/2023	\$1,000.00
Mailing Address 134 Olympia Flds		
City, State, Zip Code Jackson, MS 39211-2509		
Name of Employer (Required) Balch & Bingham LLP		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Tall Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bryan N. Batson	09/05/2023	\$1,000.00
Mailing Address 211 Kirkwood Drive		
City, State, Zip Code Hattiesburg, MS 39402-3074		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Don Larkin Kennedy Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Don Larkin Kennedy Mailing Address 1211 White Oak Dr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Don Larkin Kennedy Mailing Address 1211 White Oak Dr. City, State, Zip Code Meridian, MS 39305-1902	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Don Larkin Kennedy Mailing Address 1211 White Oak Dr. City, State, Zip Code Meridian, MS 39305-1902 Name of Employer (Required) Rush Health Systems	(Mo., Day, Year) 08/08/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Don Larkin Kennedy Mailing Address 1211 White Oak Dr. City, State, Zip Code Meridian, MS 39305-1902 Name of Employer (Required) Rush Health Systems Occupation (Required) CEO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Don Larkin Kennedy Mailing Address 1211 White Oak Dr. City, State, Zip Code Meridian, MS 39305-1902 Name of Employer (Required) Rush Health Systems Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Don Larkin Kennedy Mailing Address 1211 White Oak Dr. City, State, Zip Code Meridian, MS 39305-1902 Name of Employer (Required) Rush Health Systems Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Don Larkin Kennedy	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Don Larkin Kennedy Mailing Address 1211 White Oak Dr. City, State, Zip Code Meridian, MS 39305-1902 Name of Employer (Required) Rush Health Systems Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Don Larkin Kennedy Mailing Address 1211 White Oak Dr.	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dees Management Group	07/11/2023	\$500.00
Mailing Address 8440 Bluebonnet Blvd STE A		
City, State, Zip Code Baton Rouge, LA 70810-2978		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William O. Rutledge III	07/07/2023	\$250.00
Mailing Address PO Box 29		
City, State, Zip Code New Albany, MS 38652-0029		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `	1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph Pope Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph Pope Mailing Address 9 Regina Dr. City State Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph Pope Mailing Address 9 Regina Dr. City, State, Zip Code Hattiesburg, MS 39402-8378	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joseph Pope Mailing Address 9 Regina Dr. City, State, Zip Code Hattiesburg, MS 39402-8378 Name of Employer (Required) Pine Belt CDUR	(Mo., Day, Year) 08/18/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Joseph Pope Mailing Address 9 Regina Dr. City, State, Zip Code Hattiesburg, MS 39402-8378 Name of Employer (Required) Pine Belt CDUR Occupation (Required) Management Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Joseph Pope Mailing Address 9 Regina Dr. City, State, Zip Code Hattiesburg, MS 39402-8378 Name of Employer (Required) Pine Belt CDUR Occupation (Required) Management Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Joseph Pope Mailing Address 9 Regina Dr. City, State, Zip Code Hattiesburg, MS 39402-8378 Name of Employer (Required) Pine Belt CDUR Occupation (Required) Management Source: Corporation PAC Individual Loan Other (please specify) Full Name Harold L. Weess	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Joseph Pope Mailing Address 9 Regina Dr. City, State, Zip Code Hattiesburg, MS 39402-8378 Name of Employer (Required) Pine Belt CDUR Occupation (Required) Management Source: Corporation PAC Individual Loan Other (please specify) Full Name Harold L. Weess Mailing Address PO Box 1953	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Harold L. Weess	08/03/2023	\$250.00
Mailing Address PO Box 1953		
City, State, Zip Code Florence, MS 39073-1953		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Larry Routt	08/01/2023	\$20.00
Mailing Address 107 S Natchez St		
City, State, Zip Code Kosciusko, MS 39090-3741		
Name of Employer (Required) Rout Eye Clinic		
Occupation (Required) Optometrist	Aggregate Year-to-date	\$220.00
Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Build Mississippi PAC		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Build Mississippi PAC Mailing Address 4209 Lakeland Dr # 214	(Mo., Day, Year)	receipt this period
Gibt. State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Build Mississippi PAC Mailing Address 4209 Lakeland Dr # 214 City, State, Zip Code Flowood, MS 39232-9212	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Build Mississippi PAC Mailing Address 4209 Lakeland Dr # 214 City, State, Zip Code Flowood, MS 39232-9212 Name of Employer (Required)	(Mo., Day, Year) 08/18/2023 Aggregate	receipt this period \$30,000.00
Other (please specify) Full Name Build Mississippi PAC Mailing Address 4209 Lakeland Dr # 214 City, State, Zip Code Flowood, MS 39232-9212 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date	receipt this period \$30,000.00 \$30,000.00 Amount of each receipt
Other (please specify) Full Name Build Mississippi PAC Mailing Address 4209 Lakeland Dr # 214 City, State, Zip Code Flowood, MS 39232-9212 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$30,000.00 \$30,000.00 Amount of each receipt this period
Other (please specify) Full Name Build Mississippi PAC Mailing Address 4209 Lakeland Dr # 214 City, State, Zip Code Flowood, MS 39232-9212 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name TenOne PAC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$30,000.00 \$30,000.00 Amount of each receipt this period
Other (please specify) Full Name Build Mississippi PAC Mailing Address 4209 Lakeland Dr # 214 City, State, Zip Code Flowood, MS 39232-9212 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name TenOne PAC Mailing Address 200 N Congress St Ste 403	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$30,000.00 \$30,000.00 Amount of each receipt this period

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Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Diamond Grove Center For Children	08/08/2023	\$1,000.00
Mailing Address 2311 Highway 15 S		
City, State, Zip Code Louisville, MS 39339		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Caresource Mission PAC	08/18/2023	\$5,000.00
Mailing Address 65 E State St Ste 201		
City, State, Zip Code Columbus, OH 43215-4255		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan **Double Corporation LLC** **Double Corporat	Date (Mo., Day, Year)	Amount of each receipt this period
11.0		receipt
↑ Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name American Portable Buildings, LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name American Portable Buildings, LLC Mailing Address 999 Virginia Dr. City State Zin Code	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name American Portable Buildings, LLC Mailing Address 999 Virginia Dr. City, State, Zip Code Meridian, MS 39301-5505	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name American Portable Buildings, LLC Mailing Address 999 Virginia Dr. City, State, Zip Code Meridian, MS 39301-5505 Name of Employer (Required)	(Mo., Day, Year) 07/13/2023 Aggregate	receipt this period \$250.00
Tother (please specify) LLC Full Name American Portable Buildings, LLC Mailing Address 999 Virginia Dr. City, State, Zip Code Meridian, MS 39301-5505 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Tother (please specify) Full Name American Portable Buildings, LLC Mailing Address 999 Virginia Dr. City, State, Zip Code Meridian, MS 39301-5505 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Tother (please specify) Full Name American Portable Buildings, LLC Mailing Address 999 Virginia Dr. City, State, Zip Code Meridian, MS 39301-5505 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Patrick Stephan	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Tother (please specify) Full Name American Portable Buildings, LLC Mailing Address 999 Virginia Dr. City, State, Zip Code Meridian, MS 39301-5505 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Patrick Stephan Mailing Address 1999 W Lane Ave	(Mo., Day, Year) 07/13/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Potrick Stephan	08/18/2023	\$505.00
Patrick Stephan Mailing Address 1000 WL and Ave	00/10/2020	φοσο.σσ
1999 VV Larie Ave		
City, State, Zip Code Columbus, OH 43221-3252		
Name of Employer (Required) CareSource		v -
Occupation (Required) Gov Affairs	Aggregate Year-to-date	\$1,510.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name RW Whitaker	07/21/2023	\$500.00
Mailing Address 4206 Ridgemont Dr		
City, State, Zip Code Belden, MS 38826-9783		
Name of Employer (Required) Whitaker Sales Inc.		
Occupation (Required) Sales	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan **Double Corporation Description	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — The — maintain — Team		receipt
** Other (please specify) LLC	(Mo., Day, Year)	receipt this period
The Presidential Coalition, LLC Mailing Address	(Mo., Day, Year)	receipt this period
The Presidential Coalition, LLC Mailing Address 1006 Pennsylvania Ave SE	(Mo., Day, Year)	receipt this period
The Presidential Coalition, LLC Mailing Address 1006 Pennsylvania Ave SE City, State, Zip Code Washington, DC 20003-2142	(Mo., Day, Year)	receipt this period
The Presidential Coalition, LLC Mailing Address 1006 Pennsylvania Ave SE City, State, Zip Code Washington, DC 20003-2142 Name of Employer (Required)	(Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$10,000.00
The Presidential Coalition, LLC Mailing Address 1006 Pennsylvania Ave SE City, State, Zip Code Washington, DC 20003-2142 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt
The Presidential Coalition, LLC Mailing Address 1006 Pennsylvania Ave SE City, State, Zip Code Washington, DC 20003-2142 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan **Other (please specify)	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period
The Presidential Coalition, LLC Mailing Address 1006 Pennsylvania Ave SE City, State, Zip Code Washington, DC 20003-2142 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) Full Name BCM Holding, LLC	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period
The Presidential Coalition, LLC Mailing Address 1006 Pennsylvania Ave SE City, State, Zip Code Washington, DC 20003-2142 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name BCM Holding, LLC Mailing Address 1000 Chinaberry Drive STE 900	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period

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Source: ☐ Corporation ★ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Electric Cooperatives of Mississippi PAC	09/28/2023	\$20,000.00
Mailing Address PO Box 3300		
City, State, Zip Code Ridgeland, MS 39158-3300		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$50,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Electric Cooperatives of Mississippi PAC	08/08/2023	\$30,000.00
Mailing Address PO Box 3300		
City, State, Zip Code Ridgeland, MS 39158-3300		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$50,000.00
Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Corwin Harper Mailing Address	(Mo., Day, Year)	receipt this period
Corwin Harper Mailing Address 15060 Dendinger Drive	(Mo., Day, Year)	receipt this period
Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864 Name of Employer (Required) Occupation (Required)	(Mo., Day, Year) 08/07/2023 Aggregate	receipt this period \$1,000.00
Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864 Name of Employer (Required) Ochsner Health Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/07/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864 Name of Employer (Required) Ochsner Health Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tull Name Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864 Name of Employer (Required) Ochsner Health Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Wakkas Tayara	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Corwin Harper Mailing Address 15060 Dendinger Drive City, State, Zip Code Covington, LA 70433-6864 Name of Employer (Required) Ochsner Health Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Wakkas Tayara Mailing Address PO Box 6	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name F.B.S., Inc.	07/11/2023	\$1,000.00
Mailing Address 8440 Bluebonnet Boulevard Suite A		
City, State, Zip Code Baton Rouge, LA 70810-2978		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Webster Chain	09/05/2023	\$1,500.00
Mailing Address 57 Waterford Dr		
City, State, Zip Code Hattiesburg, MS 39402-2925		
Name of Employer (Required) Chain Electric Co		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael Dees Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael Dees Mailing Address PO Box 98	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098 Name of Employer (Required) Dees Oil Company Occupation (Required)	(Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098 Name of Employer (Required) Dees Oil Company Occupation (Required) Owner Source: ** Corporation PAC Individual Loan	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$7,500.00 Amount of each receipt
Other (please specify) Full Name Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098 Name of Employer (Required) Dees Oil Company Occupation (Required) Owner Source: ** Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$7,500.00 Amount of each receipt this period
Other (please specify) Full Name Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098 Name of Employer (Required) Dees Oil Company Occupation (Required) Owner Source: ** Corporation PAC Individual Loan Other (please specify) Full Name Lamar & Hannaford, P.A.	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$7,500.00 Amount of each receipt this period
Other (please specify) Full Name Michael Dees Mailing Address PO Box 98 City, State, Zip Code Ripley, MS 38663-0098 Name of Employer (Required) Dees Oil Company Occupation (Required) Owner Source: ** Corporation PAC Individual Loan Other (please specify) Full Name Lamar & Hannaford, P.A. Mailing Address 214 South Ward St.	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$7,500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rick Barry	07/13/2023	\$1,000.00
Mailing Address 5141 Windsor Road		
City, State, Zip Code Meridian, MS 39305-9394		
Name of Employer (Required) Barry, Thaggard, May & Bailey		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joel Porter	07/19/2023	\$250.00
Mailing Address 1125 W Poplar		
City, State, Zip Code Collierville, TN 38017-3102		
Name of Employer (Required) Self		
Occupation (Required) N/A	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mark E. Henderson	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mark E. Henderson Mailing Address 15006 Pawnee Pl.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mark E. Henderson Mailing Address 15006 Pawnee Pl. City, State, Zip Code Kiln, MS 39556-8174	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mark E. Henderson Mailing Address 15006 Pawnee PL City, State, Zip Code Kiln, MS 39556-8174 Name of Employer (Required) Lazy Magnolia Brewing Company Occupation (Required)	(Mo., Day, Year) 07/24/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Mark E. Henderson Mailing Address 15006 Pawnee Pl. City, State, Zip Code Kiln, MS 39556-8174 Name of Employer (Required) Lazy Magnolia Brewing Company Occupation (Required) Owner Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/24/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Mark E. Henderson Mailing Address 15006 Pawnee Pl. City, State, Zip Code Kiln, MS 39556-8174 Name of Employer (Required) Lazy Magnolia Brewing Company Occupation (Required) Owner Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Mark E. Henderson Mailing Address 15006 Pawnee Pl. City, State, Zip Code Kiln, MS 39556-8174 Name of Employer (Required) Lazy Magnolia Brewing Company Occupation (Required) Owner Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name Kinetic Staffing, LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Mark E. Henderson Mailing Address 15006 Pawnee Pl. City, State, Zip Code Kiln, MS 39556-8174 Name of Employer (Required) Lazy Magnolia Brewing Company Occupation (Required) Owner Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name Kinetic Staffing, LLC Mailing Address PO Box 55914	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nancy Craddock	07/17/2023	\$100.00
Mailing Address 1002 Hillshire Drive		
City, State, Zip Code McComb, MS 39648-9559		
Name of Employer (Required) Craddock Oil Company Inc		
Occupation (Required) Owner	Aggregate Year-to-date	\$400.00
Source: Corporation PAC Individual Loan **Double Composition** **Double Corporation** **Double Corporation** **Description** **Descriptio	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rozier Investments, LLC	08/25/2023	\$10,000.00
Mailing Address 10 Lamar Blvd		
City, State, Zip Code Hattiesburg, MS 39402-8102		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — TAO — Individual — Esan		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Senatobia Dental Care	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Senatobia Dental Care Mailing Address 5204 Hwy 51 N	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Senatobia Dental Care Mailing Address 5204 Hwy 51 N City, State, Zip Code Senatobia, MS 38668-1712	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Senatobia Dental Care Mailing Address 5204 Hwy 51 N City, State, Zip Code Senatobia, MS 38668-1712 Name of Employer (Required)	(Mo., Day, Year) 08/27/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Senatobia Dental Care Mailing Address 5204 Hwy 51 N City, State, Zip Code Senatobia, MS 38668-1712 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/27/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Senatobia Dental Care Mailing Address 5204 Hwy 51 N City, State, Zip Code Senatobia, MS 38668-1712 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Senatobia Dental Care Mailing Address 5204 Hwy 51 N City, State, Zip Code Senatobia, MS 38668-1712 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Amy Johnston Tarver	(Mo., Day, Year) 08/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Senatobia Dental Care Mailing Address 5204 Hwy 51 N City, State, Zip Code Senatobia, MS 38668-1712 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Amy Johnston Tarver Mailing Address 505 Reed Dr. City State Zip Code	(Mo., Day, Year) 08/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sally Wiggins	09/20/2023	\$500.00
Mailing Address 76 Goebel Road		
City, State, Zip Code New City, NY 10956-6523		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan **Dother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gulfport Behavioral Health Systems	09/07/2023	\$1,000.00
Mailing Address 11150 Hwy 49 N		
City, State, Zip Code Gulfport, MS 39503-4110		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Carson M. Hughes Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Carson M. Hughes Mailing Address 129 Kingston Ct	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Carson M. Hughes Mailing Address 129 Kingston Ct. City, State, Zip Code Starkville, MS 39759-4246	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Carson M. Hughes Mailing Address 129 Kingston Ct. City, State, Zip Code Starkville, MS 39759-4246 Name of Employer (Required) Retired	(Mo., Day, Year) 07/16/2023 Aggregate	receipt this period \$50.00
Other (please specify) Full Name Carson M. Hughes Mailing Address 129 Kingston Ct. City, State, Zip Code Starkville, MS 39759-4246 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/16/2023 Aggregate Year-to-date Date	receipt this period \$50.00 \$650.00 Amount of each receipt
Other (please specify) Full Name Carson M. Hughes Mailing Address 129 Kingston Ct. City, State, Zip Code Starkville, MS 39759-4246 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$650.00 Amount of each receipt this period
Other (please specify) Full Name	(Mo., Day, Year) 07/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$650.00 Amount of each receipt this period
Carson M. Hughes Mailing Address 129 Kingston Ct. City, State, Zip Code Starkville, MS 39759-4246 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard H McNeel Mailing Address 2566 Lake Circle	(Mo., Day, Year) 07/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50.00 \$650.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John W. Lange	07/24/2023	\$1,000.00
Mailing Address 12 Waterstone Place		
City, State, Zip Code Jackson, MS 39211-5987		
Name of Employer (Required) Madison Service, Inc		
Occupation (Required) CEO	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William H. Allen	07/10/2023	\$5,000.00
Mailing Address PO Box 2302		
City, State, Zip Code Tunica, MS 38676-2302		
Name of Employer (Required) A & J Planting Company		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — TAO — marriada. — Essan		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Tyler Cannon	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Tyler Cannon Mailing Address 513 Reed Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Tyler Cannon Mailing Address 513 Reed Drive City, State, Zip Code Cleveland, MS 38732-2013	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Tyler Cannon Mailing Address 513 Reed Drive City, State, Zip Code Cleveland, MS 38732-2013 Name of Employer (Required) Cannon Motor Company Occupation (Required)	(Mo., Day, Year) 08/10/2023 Aggregate	receipt this period \$1,005.00
Other (please specify) Full Name Tyler Cannon Mailing Address 513 Reed Drive City, State, Zip Code Cleveland, MS 38732-2013 Name of Employer (Required) Cannon Motor Company Occupation (Required) Business Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/10/2023 Aggregate Year-to-date Date	receipt this period \$1,005.00 \$1,005.00 Amount of each receipt
Other (please specify) Full Name Tyler Cannon Mailing Address 513 Reed Drive City, State, Zip Code Cleveland, MS 38732-2013 Name of Employer (Required) Cannon Motor Company Occupation (Required) Business Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,005.00 \$1,005.00 Amount of each receipt this period
Other (please specify) Full Name Tyler Cannon Mailing Address 513 Reed Drive City, State, Zip Code Cleveland, MS 38732-2013 Name of Employer (Required) Cannon Motor Company Occupation (Required) Business Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Friendship Fitness LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,005.00 \$1,005.00 Amount of each receipt this period
Other (please specify) Full Name Tyler Cannon Mailing Address 513 Reed Drive City, State, Zip Code Cleveland, MS 38732-2013 Name of Employer (Required) Cannon Motor Company Occupation (Required) Business Source: Corporation PAC Individual Loan * Other (please specify) Full Name Friendship Fitness LLC Mailing Address PO Box 96	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,005.00 \$1,005.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Johnny A Belk	07/15/2023	\$500.00
Mailing Address 7409 Attala Road 5053		
City, State, Zip Code Ethel, MS 39067-5692		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Soigne Corporation	07/24/2023	\$1,000.00
Mailing Address PO Box 14054		
City, State, Zip Code Jackson, MS 39236-4054		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — corporation — The — marriada. — Louis		receipt
* Other (please specify)LLC	(Mo., Day, Year)	receipt this period
* Other (please specify)LLC Full Name Russell Paving LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Russell Paving LLC Mailing Address 118 Camden Shores	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Russell Paving LLC Mailing Address 118 Camden Shores City, State, Zip Code Madison, MS 39110-4122	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Russell Paving LLC Mailing Address 118 Camden Shores City, State, Zip Code Madison, MS 39110-4122 Name of Employer (Required)	(Mo., Day, Year) 09/26/2023 Aggregate	receipt this period \$250.00
* Other (please specify) LLC Full Name Russell Paving LLC Mailing Address 118 Camden Shores City, State, Zip Code Madison, MS 39110-4122 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
* Other (please specify) LLC Full Name Russell Paving LLC Mailing Address 118 Camden Shores City, State, Zip Code Madison, MS 39110-4122 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
Tother (please specify) Tother (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period
** Other (please specify) Full Name Russell Paving LLC Mailing Address 118 Camden Shores City, State, Zip Code Madison, MS 39110-4122 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Penn National Gaming PAC Mailing Address 825 Berkshire Blvd Ste 200	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$250.00 Amount of each receipt this period

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Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Birdsong Construction Company, Inc.	09/20/2023	\$1,000.00
Mailing Address PO Box 2235		
City, State, Zip Code Clinton, MS 39060-2235		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Birdsong Construction Company, Inc.	09/28/2023	(\$1,000.00)
Mailing Address PO Box 2235		
City, State, Zip Code Clinton, MS 39060-2235		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify) Full Name Keith Blystone	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Keith Blystone Mailing Address 601 Rue Dauphine	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Keith Blystone Mailing Address 601 Rue Dauphine City, State, Zip Code Ocean Springs, MS 39564-3022	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Keith Blystone Mailing Address 601 Rue Dauphine City, State, Zip Code Ocean Springs, MS 39564-3022 Name of Employer (Required) Occupation (Required)	(Mo., Day, Year) 08/08/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Keith Blystone Mailing Address 601 Rue Dauphine City, State, Zip Code Ocean Springs, MS 39564-3022 Name of Employer (Required) Ocean Aero Inc Occupation (Required) Chief of Staff Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
□ Other (please specify) Full Name Keith Blystone Mailing Address 601 Rue Dauphine City, State, Zip Code Ocean Springs, MS 39564-3022 Name of Employer (Required) Ocean Aero Inc Occupation (Required) Chief of Staff Source: □ Corporation □ PAC □ Individual □ Loan ▼ Other (please specify) PLLC	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Keith Blystone Mailing Address 601 Rue Dauphine City, State, Zip Code Ocean Springs, MS 39564-3022 Name of Employer (Required) Ocean Aero Inc Occupation (Required) Chief of Staff Source: □ Corporation □ PAC □ Individual □ Loan ▼ Other (please specify) PLLC Full Name Bridgers, Goodman, Baird & Clarke PLLC	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Keith Blystone Mailing Address 601 Rue Dauphine City, State, Zip Code Ocean Springs, MS 39564-3022 Name of Employer (Required) Ocean Aero Inc Occupation (Required) Chief of Staff Source: Corporation PAC Individual Loan **Other (please specify) PLLC Full Name Bridgers, Goodman, Baird & Clarke PLLC Mailing Address 3528 Manor Dr.	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name HDI Solutions, LLC	08/01/2023	\$1,000.00
Mailing Address 4316 US-29		
City, State, Zip Code Auburn, AL 36832		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sanjoy Musunuti	08/09/2023	\$5,000.00
Mailing Address 109 Clay St.		
City, State, Zip Code Dayton, OH 45402-2907		
Name of Employer (Required) CareSource		
Occupation (Required) EVP of Strategy	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan **Double Composition** **Double Corporation** **Double Corporation** **Description** **Descriptio	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
* Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Tull Name R & W Developers LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name R & W Developers LLC Mailing Address 5627 Getwell Rd Bldg C	(Mo., Day, Year)	receipt this period
Tull Name R & W Developers LLC Mailing Address 5627 Getwell Rd Bldg C City, State, Zip Code Southaven, MS 38672-7328	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name R & W Developers LLC Mailing Address 5627 Getwell Rd Bldg C City, State, Zip Code Southaven, MS 38672-7328 Name of Employer (Required)	(Mo., Day, Year) 09/25/2023 Aggregate	receipt this period \$1,000.00
Tother (please specify) LLC Full Name R & W Developers LLC Mailing Address 5627 Getwell Rd Bldg C City, State, Zip Code Southaven, MS 38672-7328 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/25/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Tother (please specify) LLC Full Name R & W Developers LLC Mailing Address 5627 Getwell Rd Bldg C City, State, Zip Code Southaven, MS 38672-7328 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan **Other (please specify) LLC	(Mo., Day, Year) 09/25/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name R & W Developers LLC Mailing Address 5627 Getwell Rd Bldg C City, State, Zip Code Southaven, MS 38672-7328 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) Epic Strategies, LLC	(Mo., Day, Year) 09/25/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Full Name R & W Developers LLC Mailing Address 5627 Getwell Rd Bldg C City, State, Zip Code Southaven, MS 38672-7328 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) Full Name Epic Strategies, LLC Mailing Address P.O. Box 802	(Mo., Day, Year) 09/25/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Fred A. Monsour	07/13/2023	\$500.00
Mailing Address 727 Wildwood Dr		
City, State, Zip Code Meridian, MS 39301-7999		
Name of Employer (Required) Evans & Monsour		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Kirkham Povall	08/15/2023	\$500.00
Mailing Address 408 S Bolivar Avenue		
City, State, Zip Code Cleveland, MS 38732-3745		
Name of Employer (Required) Povall & Jeffreys, P.A.		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Henry Ross Perot III Mailing Address	(Mo., Day, Year)	receipt this period
Tull Name Henry Ross Perot III Mailing Address 3000 Turtle Creek Blvd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Henry Ross Perot III Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Henry Ross Perot III Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required) Hillwood Occupation (Required)	(Mo., Day, Year) 08/30/2023 Aggregate	receipt this period \$10,000.00
Other (please specify) Full Name Henry Ross Perot III Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required) Hillwood Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/30/2023 Aggregate Year-to-date Date	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt
Other (please specify) Full Name Henry Ross Perot III Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required) Hillwood Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name Henry Ross Perot III Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required) Hillwood Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Chiropractors PAC	Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name Henry Ross Perot III Mailing Address 3000 Turtle Creek Blvd City, State, Zip Code Dallas, TX 75219-6268 Name of Employer (Required) Hillwood Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Chiropractors PAC Mailing Address 4294 Lakeland Dr Ste 100	Aggregate Year-to-date Date (Mo., Day, Year)	\$10,000.00 \$10,000.00 Amount of each receipt this period

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		Amount of each
Source: Corporation PAC Individual Loan * Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name NextEra Energy Resources LLC	09/07/2023	\$1,000.00
Mailing Address 700 Universe Blvd		
City, State, Zip Code Juno Beach, FL 33408-2657		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thomas R. Dykes	07/16/2023	\$250.00
Mailing Address 6653 Ms Highway 568		
City, State, Zip Code Osyka, MS 39657-8039		
Name of Employer (Required) Cox Operating, LLC		
Occupation (Required) Petroleum Engineer	Aggregate Year-to-date	\$450.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Specialty Metals Supply, Inc.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Specialty Metals Supply, Inc. Mailing Address PO Box 13176 City, State, Zip Code Jackson, MS 39236-3176	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Specialty Metals Supply, Inc. Mailing Address PO Box 13176	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Specialty Metals Supply, Inc. Mailing Address PO Box 13176 City, State, Zip Code Jackson, MS 39236-3176 Name of Employer (Required)	(Mo., Day, Year) 08/08/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Specialty Metals Supply, Inc. Mailing Address PO Box 13176 City, State, Zip Code Jackson, MS 39236-3176 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Specialty Metals Supply, Inc. Mailing Address PO Box 13176 City, State, Zip Code Jackson, MS 39236-3176 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Specialty Metals Supply, Inc. Mailing Address PO Box 13176 City, State, Zip Code Jackson, MS 39236-3176 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Judy A. Mason	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Specialty Metals Supply, Inc. Mailing Address PO Box 13176 City, State, Zip Code Jackson, MS 39236-3176 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Judy A. Mason Mailing Address 314 Marson Trigg Road	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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		Amount of each
Source: Corporation PAC 🛎 Individual 🗆 Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Tom Kline	09/27/2023	\$500.00
Mailing Address 7050 Highway 25 N		
City, State, Zip Code Fulton, MS 38843-7561		
Name of Employer (Required) Kline Mechanical Systems, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$1,750.00
Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tom Kline	07/27/2023	\$750.00
Mailing Address 7050 Highway 25 N		
City, State, Zip Code Fulton, MS 38843-7561		
Name of Employer (Required) Kline Mechanical Systems, Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$1,750.00
Source: ☐ Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Truck PAC	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St	(Mo., Day, Year)	receipt this period
Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required)	(Mo., Day, Year) 07/12/2023 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/12/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$7,500.00 Amount of each receipt
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/12/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$7,500.00 Amount of each receipt this period
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard Topping	(Mo., Day, Year) 07/12/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$7,500.00 Amount of each receipt this period
Other (please specify) Full Name Truck PAC Mailing Address 825 N President St City, State, Zip Code Jackson, MS 39202-2561 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard Topping Mailing Address 230 North Main St.	(Mo., Day, Year) 07/12/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$2,500.00 \$7,500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cody Lee	08/08/2023	\$5,000.00
Mailing Address PO Box 207		
City, State, Zip Code Wellington, TX 79095-0207		
Name of Employer (Required) Brizo Construction		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michelle Fager	07/22/2023	\$250.00
Mailing Address 1204 Pleasant Dr.		
City, State, Zip Code Oxford, MS 38655-2839		
Name of Employer (Required) Self		
Occupation (Required) Business Owner	Aggregate Year-to-date	\$350.00
Source: Corporation PAC Individual Loan **Tother (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name RLS Tree Farms, LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) Eull Name RLS Tree Farms, LLC Mailing Address 7 E Commerce St.	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name RLS Tree Farms, LLC Mailing Address 7 E Commerce St. City, State, Zip Code Hernando, MS 38632-2215	(Mo., Day, Year)	receipt this period
Tother (please specify) Eull Name RLS Tree Farms, LLC Mailing Address 7 E Commerce St. City, State, Zip Code Hernando, MS 38632-2215 Name of Employer (Required)	(Mo., Day, Year) 08/18/2023 Aggregate	receipt this period \$1,000.00
Tother (please specify) Full Name RLS Tree Farms, LLC Mailing Address 7 E Commerce St. City, State, Zip Code Hernando, MS 38632-2215 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Tother (please specify) Full Name RLS Tree Farms, LLC Mailing Address 7 E Commerce St. City, State, Zip Code Hernando, MS 38632-2215 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name RLS Tree Farms, LLC Mailing Address 7 E Commerce St. City, State, Zip Code Hernando, MS 38632-2215 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Greg Havard	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name RLS Tree Farms, LLC Mailing Address 7 E Commerce St. City, State, Zip Code Hernando, MS 38632-2215 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Greg Havard Mailing Address 859 Winter St.	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory C. Rader	08/31/2023	\$25,000.00
Mailing Address PO Box 8670		
City, State, Zip Code Columbus, MS 39705-0012		
Name of Employer (Required) Rader Enterprises LLC		
Occupation (Required) Executive	Aggregate Year-to-date	\$60,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gregory C. Rader	09/29/2023	\$10,000.00
Mailing Address PO Box 8670		
City, State, Zip Code Columbus, MS 39705-0012		
Name of Employer (Required) Rader Enterprises LLC		
Occupation (Required) Executive	Aggregate Year-to-date	\$60,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Andrew George Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Andrew George Mailing Address 528 SteeleRd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Andrew George Mailing Address 528 SteeleRd City, State, Zip Code Starkville, MS 39759-4719	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Andrew George Mailing Address 528 SteeleRd City, State, Zip Code Starkville, MS 39759-4719 Name of Employer (Required) Regions	(Mo., Day, Year) 09/29/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Andrew George Mailing Address 528 SteeleRd City, State, Zip Code Starkville, MS 39759-4719 Name of Employer (Required) Regions Occupation (Required) Wealth Advisor Source: Corporation ** PAC Individual Loan	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Andrew George Mailing Address 528 SteeleRd City, State, Zip Code Starkville, MS 39759-4719 Name of Employer (Required) Regions Occupation (Required) Wealth Advisor Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Andrew George Mailing Address 528 SteeleRd City, State, Zip Code Starkville, MS 39759-4719 Name of Employer (Required) Regions Occupation (Required) Wealth Advisor Source: Corporation PAC Individual Loan Other (please specify) Full Name Management & Training Corp PAC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Andrew George Mailing Address 528 SteeleRd City, State, Zip Code Starkville, MS 39759-4719 Name of Employer (Required) Regions Occupation (Required) Wealth Advisor Source: Corporation PAC Individual Loan Other (please specify) Full Name Management & Training Corp PAC Mailing Address PO Box 10	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Weston Russ	09/26/2023	\$250.00
Mailing Address 2337 Twin Lakes Cr.		
City, State, Zip Code Jackson, MS 39211-6758		
Name of Employer (Required) Tann Brown Russ		
Occupation (Required) CPA	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Larry Barton	08/29/2023	\$1,000.00
Mailing Address PO Box 1434		
City, State, Zip Code West Point, MS 39773-1434		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
	rear-to-date	
Source: Corporation PAC * Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles Barge	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles Barge Mailing Address PO Box 72	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles Barge Mailing Address PO Box 72 City, State, Zip Code Macon, MS 39341-0072	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Charles Barge Mailing Address PO Box 72 City, State, Zip Code Macon, MS 39341-0072 Name of Employer (Required) Barge Forest Products Occupation (Required)	Date (Mo., Day, Year) 07/19/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Charles Barge Mailing Address PO Box 72 City, State, Zip Code Macon, MS 39341-0072 Name of Employer (Required) Barge Forest Products Occupation (Required) Forester Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/19/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Charles Barge Mailing Address PO Box 72 City, State, Zip Code Macon, MS 39341-0072 Name of Employer (Required) Barge Forest Products Occupation (Required) Forester Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Charles Barge Mailing Address PO Box 72 City, State, Zip Code Macon, MS 39341-0072 Name of Employer (Required) Barge Forest Products Occupation (Required) Forester Source: Corporation PAC Individual Loan Other (please specify) Full Name Palmer Luckey	Date (Mo., Day, Year) 07/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Charles Barge Mailing Address PO Box 72 City, State, Zip Code Macon, MS 39341-0072 Name of Employer (Required) Barge Forest Products Occupation (Required) Forester Source: Corporation PAC Individual Loan Other (please specify) Full Name Palmer Luckey Mailing Address 1375 Sunflower	Date (Mo., Day, Year) 07/19/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MS Engineering Group Inc.	08/08/2023	\$200.00
Mailing Address PO Box 12227		
City, State, Zip Code Jackson, MS 39236-2227		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$400.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert W. Wilkinson	08/08/2023	\$3,000.00
Mailing Address 3630 Pelham Drive		
City, State, Zip Code Mobile, AL 36619-4424		
Name of Employer (Required) Huntington Ingalls Industries		
Occupation (Required) Executive	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
* Other (please specify)LLC Full Name Gulf Pride Companies LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Gulf Pride Companies LLC Mailing Address 2211 Government St.	(Mo., Day, Year)	receipt this period
Tull Name Gulf Pride Companies LLC Mailing Address 2211 Government St. City, State, Zip Code Ocean Springs, MS 39564-3957	(Mo., Day, Year)	receipt this period
Tother (please specify) ELLC Full Name Gulf Pride Companies LLC Mailing Address 2211 Government St. City, State, Zip Code Ocean Springs, MS 39564-3957 Name of Employer (Required)	(Mo., Day, Year) 08/16/2023 Aggregate	receipt this period \$500.00
Tother (please specify) Full Name Gulf Pride Companies LLC Mailing Address 2211 Government St. City, State, Zip Code Ocean Springs, MS 39564-3957 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Tother (please specify) Full Name Gulf Pride Companies LLC Mailing Address 2211 Government St. City, State, Zip Code Ocean Springs, MS 39564-3957 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Tother (please specify) Full Name Gulf Pride Companies LLC Mailing Address 2211 Government St. City, State, Zip Code Ocean Springs, MS 39564-3957 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Bully Bloc	(Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Tother (please specify) Full Name Gulf Pride Companies LLC Mailing Address 2211 Government St. City, State, Zip Code Ocean Springs, MS 39564-3957 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Bully Bloc Mailing Address PO Box 320925	(Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan * Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tucker, Selden & Tucker PLLC	07/11/2023	\$500.00
Mailing Address PO Box 68		
City, State, Zip Code Tunica, MS 38676-0068		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name TCRC	08/27/2023	\$1,000.00
Mailing Address 11850 Brownsferry Road		
City, State, Zip Code Sarah, MS 38665-3074		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Tull Name Mississippi Manufacturers Association PAC Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Manufacturers Association PAC Mailing Address 720 N President St	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Manufacturers Association PAC Mailing Address 720 N President St City, State, Zip Code Jackson, MS 39202-3004	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Manufacturers Association PAC Mailing Address 720 N President St City, State, Zip Code Jackson, MS 39202-3004 Name of Employer (Required)	(Mo., Day, Year) 07/17/2023 Aggregate	receipt this period \$25,000.00
Other (please specify) Full Name Mississippi Manufacturers Association PAC Mailing Address 720 N President St City, State, Zip Code Jackson, MS 39202-3004 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt
Other (please specify) Full Name Mississippi Manufacturers Association PAC Mailing Address 720 N President St City, State, Zip Code Jackson, MS 39202-3004 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan * Other (please specify) LLC	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period
Tull Name Mississippi Manufacturers Association PAC Mailing Address 720 N President St City, State, Zip Code Jackson, MS 39202-3004 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Kenny Holloway Real Estate LLC	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period
Tother (please specify) Full Name Mississippi Manufacturers Association PAC Mailing Address 720 N President St City, State, Zip Code Jackson, MS 39202-3004 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Kenny Holloway Real Estate LLC Mailing Address PO Box 1817	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period

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Source: Corporation PAC ** Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William A. Brown	09/15/2023	\$5,000.00
Mailing Address 131 Green Glades		
City, State, Zip Code Ridgeland, MS 39157-8661		
Name of Employer (Required) Brown Bottling Group Inc./Brown Vending Compar		
Occupation (Required) CEO	Aggregate Year-to-date	\$7,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William M. Thompson	07/10/2023	\$500.00
Mailing Address 6 Provence Blvd.		
City, State, Zip Code Madison, MS 39110		
Name of Employer (Required) Thompson Fisheries		
Occupation (Required) Owner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan **Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — 1740 — individual — 1541.		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
Tull Name Friends Of Lydia Chassaniol Mailing Address PO Box 211 City, State, Zip Code Winona, MS 38967-0211	(Mo., Day, Year)	receipt this period
Tother (please specify) Candidate Campaign Committee Full Name Friends Of Lydia Chassaniol Mailing Address PO Box 211 City, State, Zip Code Winona, MS 38967-0211 Name of Employer (Required)	(Mo., Day, Year) 09/12/2023 Aggregate	receipt this period \$2,000.00
Tother (please specify) Candidate Campaign Committee Full Name Friends Of Lydia Chassaniol Mailing Address PO Box 211 City, State, Zip Code Winona, MS 38967-0211 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/12/2023 Aggregate Year-to-date Date	receipt this period \$2,000.00 \$2,000.00 Amount of each receipt
Tother (please specify) Candidate Campaign Committee Full Name Friends Of Lydia Chassaniol Mailing Address PO Box 211 City, State, Zip Code Winona, MS 38967-0211 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan **Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$2,000.00 Amount of each receipt this period
Tother (please specify) Candidate Campaign Committee Full Name Friends Of Lydia Chassaniol Mailing Address PO Box 211 City, State, Zip Code Winona, MS 38967-0211 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Cleveland Fresh LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,000.00 \$2,000.00 Amount of each receipt this period
Tother (please specify) Candidate Campaign Committee Full Name Friends Of Lydia Chassaniol Mailing Address PO Box 211 City, State, Zip Code Winona, MS 38967-0211 Name of Employer (Required) Occupation (Required) Source: Other (please specify) LLC Full Name Cleveland Fresh LLC Mailing Address 117 South Sharpe Ave	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,000.00 \$2,000.00 \$2,000.00 Amount of each receipt this period

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. П П П П		Amount of each
Source: Corporation PAC Individual Loan **Other (please specify)	Date (Mo., Day, Year)	receipt this period
— California Greenity,		
Full Name Centene Management Company, LLC	08/11/2023	\$100,000.00
Mailing Address 7700 Forsyth Blvd		
City, State, Zip Code Saint Louis, MO 63105-1807		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$100,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Scott Newton	07/24/2023	\$1,000.00
Mailing Address 206 Bellewether Pass		
City, State, Zip Code Ridgeland, MS 39157-8763		
Name of Employer (Required) Baker, Donelson, Bearman, Caldwell & Berkowitz		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: ☐ Corporation ☐ PAC ※ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jennifer Dougherty Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jennifer Dougherty Mailing Address 551 Bellasera Dr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jennifer Dougherty Mailing Address 551 Bellasera Dr. City, State, Zip Code Sugarcreek Township, OH 45440-4191	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Jennifer Dougherty Mailing Address 551 Bellasera Dr. City, State, Zip Code Sugarcreek Township, OH 45440-4191 Name of Employer (Required) CareSource Occupation (Required)	(Mo., Day, Year) 08/11/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name	(Mo., Day, Year) 08/11/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael A Counihan	07/20/2023	\$250.00
Mailing Address 50 Scarlet Dr.		
City, State, Zip Code Columbus, MS 39705-3046		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tracy Pittman	08/06/2023	\$35.00
Mailing Address 5921 Oak Bayou Lane		
City, State, Zip Code Ocean Springs, MS 39564-8208		
Name of Employer (Required) Ochsner		
Occupation (Required) Physician	Aggregate Year-to-date	\$210.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) Eull Name RWB Hospitality LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) Eull Name RWB Hospitality LLC Mailing Address 214 Draperton Dr.	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name RWB Hospitality LLC Mailing Address 214 Draperton Dr. City, State, Zip Code Ridgeland, MS 39157-3907	(Mo., Day, Year)	receipt this period
Tother (please specify) Eull Name RWB Hospitality LLC Mailing Address 214 Draperton Dr. City, State, Zip Code Ridgeland, MS 39157-3907 Name of Employer (Required)	(Mo., Day, Year) 08/29/2023 Aggregate	receipt this period \$10,000.00
Tother (please specify) Full Name RWB Hospitality LLC Mailing Address 214 Draperton Dr. City, State, Zip Code Ridgeland, MS 39157-3907 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/29/2023 Aggregate Year-to-date Date	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt
Tother (please specify) Full Name RWB Hospitality LLC Mailing Address 214 Draperton Dr. City, State, Zip Code Ridgeland, MS 39157-3907 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Tother (please specify) Full Name RWB Hospitality LLC Mailing Address 214 Draperton Dr. City, State, Zip Code Ridgeland, MS 39157-3907 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Rodney H Blackwell	(Mo., Day, Year) 08/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Tother (please specify) Full Name RWB Hospitality LLC Mailing Address 214 Draperton Dr. City, State, Zip Code Ridgeland, MS 39157-3907 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Rodney H Blackwell Mailing Address 3405 Southaven Drive	(Mo., Day, Year) 08/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George B. Pickett	07/24/2023	\$1,000.00
Mailing Address 217 Brae Burn Dr		
City, State, Zip Code Jackson, MS 39211-2505		
Name of Employer (Required) Pickett, Bradford & Assoc., PA		
Occupation (Required) Life Insurance Agent	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rhonda Keenum	09/29/2023	\$1,000.00
Mailing Address 155 Morrill Road		
City, State, Zip Code Starkville, MS 39759-7676		
Name of Employer (Required) Self		
Occupation (Required) Public Relations	Aggregate Year-to-date	\$1,000.00
	TCa1-to-date	
Source: ☐ Corporation ☐ PAC ※ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mary Childs	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mary Childs Mailing Address 898 S Main Street	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mary Childs Mailing Address 898 S Main Street City, State, Zip Code Ripley, MS 38663-2915	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mary Childs Mailing Address 898 S Main Street City, State, Zip Code Ripley, MS 38663-2915 Name of Employer (Required) Peoples Bank	Date (Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Mary Childs Mailing Address 898 S Main Street City, State, Zip Code Ripley, MS 38663-2915 Name of Employer (Required) Peoples Bank Occupation (Required) Executive Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Mary Childs Mailing Address 898 S Main Street City, State, Zip Code Ripley, MS 38663-2915 Name of Employer (Required) Peoples Bank Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Mary Childs Mailing Address 898 S Main Street City, State, Zip Code Ripley, MS 38663-2915 Name of Employer (Required) Peoples Bank Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr.	Date (Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Mary Childs Mailing Address 898 S Main Street City, State, Zip Code Ripley, MS 38663-2915 Name of Employer (Required) Peoples Bank Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name William L. Freeman Jr. Mailing Address 114 Shady Grove Avenue	Date (Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rehabilitation Services of Louisiana, LLC	07/10/2023	\$1,000.00
Mailing Address 1000 Chinaberry Dr. STE 900		
City, State, Zip Code Bossier City, LA 71111		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alfred McNair Jr.	08/17/2023	\$1,005.00
Mailing Address 2953 Bienville Blvd #142		
City, State, Zip Code Ocean Springs, MS 39564-4305		
Name of Employer (Required) Digestive Health Center PA		
Occupation (Required) Physician	Aggregate Year-to-date	\$1,005.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hearn Law Firm	07/10/2023	\$250.00
Mailing Address PO Box 1		
City, State, Zip Code Blue Mountain, MS 38610-0001		
Name of Employer (Required)		
Name of Employer (Required) Occupation (Required)	Aggregate Year-to-date	\$250.00
		\$250.00 Amount of each receipt this period
Occupation (Required) Source: Corporation PAC * Individual Loan	Year-to-date Date	Amount of each receipt
Occupation (Required) Source: Corporation PAC * Individual Loan Other (please specify)	Par-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name William Ware	Par-to-date Date (Mo., Day, Year)	Amount of each receipt this period
Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name William Ware Mailing Address 271 Highland Place Drive	Par-to-date Date (Mo., Day, Year)	Amount of each receipt this period

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		Amount of each
Source: Corporation PAC * Individual Loan	Date (Mo., Day, Year)	receipt this period
Other (please specify)	-	
Peter C. November II	08/06/2023	\$1,000.00
Mailing Address 5914 Coliseum St		
City, State, Zip Code New Orleans, LA 70115-4308		
Name of Employer (Required) Healthcare Provider		
Occupation (Required) Healthcare	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Roberts	08/15/2023	\$25,000.00
Mailing Address 8641 United Plaza Blvd Ste 102		
City, State, Zip Code Baton Rouge, LA 70809-7033		
Name of Employer (Required) The Excel Group		
Occupation (Required) CEO	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan **Double Composition** Description** **Double Composition** **Description** Description** Description** Composition** Description** Description* Description** Description* Des	Date (Mo., Day, Year)	Amount of each receipt this period
- Individual - Ind		receipt
* Other (please specify) LLC	(Mo., Day, Year)	receipt this period
* Other (please specify) LLC Full Name CBH Properties, LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) ELC Full Name CBH Properties, LLC Mailing Address PO Box 349 City State Zin Code	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name CBH Properties, LLC Mailing Address PO Box 349 City, State, Zip Code Bay Springs, MS 39422-0349	(Mo., Day, Year)	receipt this period
Tother (please specify) ELC Full Name CBH Properties, LLC Mailing Address PO Box 349 City, State, Zip Code Bay Springs, MS 39422-0349 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$5,000.00
Tother (please specify) ELC Full Name CBH Properties, LLC Mailing Address PO Box 349 City, State, Zip Code Bay Springs, MS 39422-0349 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$5,000.00 \$15,000.00 Amount of each receipt
Tother (please specify) Tother (please specify) ELC Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$15,000.00 Amount of each receipt this period
Tull Name CBH Properties, LLC Mailing Address PO Box 349 City, State, Zip Code Bay Springs, MS 39422-0349 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) Full Name TLC World Wide Logistics LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$15,000.00 Amount of each receipt this period
Tull Name CBH Properties, LLC Mailing Address PO Box 349 City, State, Zip Code Bay Springs, MS 39422-0349 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name TLC World Wide Logistics LLC Mailing Address PO Box 5205	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$15,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charlie Pilkinton	09/29/2023	\$250.00
Mailing Address 250 Wolfe Creek Drive		
City, State, Zip Code Starkville, MS 39759-9157		
Name of Employer (Required) Self		
Occupation (Required) Catfish Farmer	Aggregate Year-to-date	\$250.00
Source: ☐ Corporation ☐ PAC 🔁 Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joel Johnson	08/15/2023	\$250.00
Mailing Address PO Box 17738		
City, State, Zip Code Hattiesburg, MS 39404-7738		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Citizens Bank Columbia	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Citizens Bank Columbia Mailing Address PO Box 232	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Citizens Bank Columbia Mailing Address PO Box 232 City, State, Zip Code Columbia, MS 39429-0232	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Citizens Bank Columbia Mailing Address PO Box 232 City, State, Zip Code Columbia, MS 39429-0232 Name of Employer (Required)	(Mo., Day, Year) 08/11/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Citizens Bank Columbia Mailing Address PO Box 232 City, State, Zip Code Columbia, MS 39429-0232 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/11/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Citizens Bank Columbia Mailing Address PO Box 232 City, State, Zip Code Columbia, MS 39429-0232 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/11/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Citizens Bank Columbia Mailing Address PO Box 232 City, State, Zip Code Columbia, MS 39429-0232 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Stinson	(Mo., Day, Year) 08/11/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Citizens Bank Columbia Mailing Address PO Box 232 City, State, Zip Code Columbia, MS 39429-0232 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Stinson Mailing Address 506 Old Savannah Dr.	(Mo., Day, Year) 08/11/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name T. Dan Friedkin	08/08/2023	\$4,000.00
Mailing Address 1375 Enclave Parkway		
City, State, Zip Code Houston, TX 77077-2026		
Name of Employer (Required) Gulf States Toyota, Inc.		
Occupation (Required) Executive	Aggregate Year-to-date	\$4,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Fairbanks	09/12/2023	\$100.00
Mailing Address 107 Front St. STE 2134		
City, State, Zip Code Vidalia, LA 71373-2834		
Name of Employer (Required) Self		
Occupation (Required) Surgeon	Aggregate Year-to-date	\$400.00
	rear-to date	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name John Fairbanks	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name John Fairbanks Mailing Address 107 Front St. STE 2134 City, State, Zip Code Vidalia, LA 71373-2834	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name John Fairbanks Mailing Address 107 Front St. STE 2134 City, State, Zip Code Vidalia, LA 71373-2834	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name John Fairbanks Mailing Address 107 Front St. STE 2134 City, State, Zip Code Vidalia, LA 71373-2834 Name of Employer (Required) Self Occupation (Required) Surgeon	Date (Mo., Day, Year) 08/12/2023 Aggregate	receipt this period \$100.00
Other (please specify) Full Name John Fairbanks Mailing Address 107 Front St. STE 2134 City, State, Zip Code Vidalia, LA 71373-2834 Name of Employer (Required) Self Occupation (Required) Surgeon Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/12/2023 Aggregate Year-to-date Date	receipt this period \$100.00 \$400.00 Amount of each receipt
Other (please specify) Full Name	Date (Mo., Day, Year) 08/12/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$400.00 Amount of each receipt this period
Other (please specify) Full Name	Date (Mo., Day, Year) 08/12/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$400.00 Amount of each receipt this period
Other (please specify) Full Name John Fairbanks Mailing Address 107 Front St. STE 2134 City, State, Zip Code Vidalia, LA 71373-2834 Name of Employer (Required) Self Occupation (Required) Surgeon Source: Corporation PAC Individual Loan Other (please specify) Full Name John Fairbanks Mailing Address 107 Front St. STE 2134	Date (Mo., Day, Year) 08/12/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$100.00 \$400.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John Fairbanks	09/12/2023	\$100.00
Mailing Address 107 Front St. STE 2134		
City, State, Zip Code Vidalia, LA 71373-2834		
Name of Employer (Required) Self		
Occupation (Required) Surgeon	Aggregate Year-to-date	\$400.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Neal T. Holm	08/18/2023	\$250.00
Mailing Address 1643 South 40th Ave.		
City, State, Zip Code Hattiesburg, MS 39402-2906		
Name of Employer (Required) Hattiesburg Clinic		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
<u> </u>		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Gainwell Holding Corp PAC Mailing Address	(Mo., Day, Year)	receipt this period
Gainwell Holding Corp PAC Mailing Address 355 Ledgelawn Dr	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gainwell Holding Corp PAC Mailing Address 355 Ledgelawn Dr City, State, Zip Code Conway, AR 72034-9501	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gainwell Holding Corp PAC Mailing Address 355 Ledgelawn Dr City, State, Zip Code Conway, AR 72034-9501 Name of Employer (Required)	(Mo., Day, Year) 09/07/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name Gainwell Holding Corp PAC Mailing Address 355 Ledgelawn Dr City, State, Zip Code Conway, AR 72034-9501 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/07/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name Gainwell Holding Corp PAC Mailing Address 355 Ledgelawn Dr City, State, Zip Code Conway, AR 72034-9501 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/07/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Gainwell Holding Corp PAC Mailing Address 355 Ledgelawn Dr City, State, Zip Code Conway, AR 72034-9501 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Gainwell Holding Corp PAC	(Mo., Day, Year) 09/07/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Gainwell Holding Corp PAC Mailing Address 355 Ledgelawn Dr City, State, Zip Code Conway, AR 72034-9501 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Gainwell Holding Corp PAC Mailing Address 355 Ledgelawn Dr	(Mo., Day, Year) 09/07/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Justin Stoll	07/18/2023	\$100.00
Mailing Address PO Box 409		
City, State, Zip Code Tylertown, MS 39667-0409		
Name of Employer (Required) State Farm Insurance		
Occupation (Required) Insurance Agent	Aggregate Year-to-date	\$750.00
Source: Corporation PAC * Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jay L. Davidson	08/04/2023	\$5,000.00
Mailing Address PO Box 5738		
City, State, Zip Code Meridian, MS 39302-5738		
Name of Employer (Required) Southern Pipe		
Occupation (Required) President	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC * Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael W. Sanders Jr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael W. Sanders Jr. Mailing Address 535 Hillcrest Cir	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael W. Sanders Jr. Mailing Address 535 Hillcrest Cir City, State, Zip Code Cleveland, MS 38732-2009	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael W. Sanders Jr. Mailing Address 535 Hillcrest Cir City, State, Zip Code Cleveland, MS 38732-2009 Name of Employer (Required) Sanders Inc	(Mo., Day, Year) 09/29/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Michael W. Sanders Jr. Mailing Address 535 Hillcrest Cir City, State, Zip Code Cleveland, MS 38732-2009 Name of Employer (Required) Sanders Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Michael W. Sanders Jr. Mailing Address 535 Hillcrest Cir City, State, Zip Code Cleveland, MS 38732-2009 Name of Employer (Required) Sanders Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Michael W. Sanders Jr. Mailing Address 535 Hillcrest Cir City, State, Zip Code Cleveland, MS 38732-2009 Name of Employer (Required) Sanders Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Roger L Hancock	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Michael W. Sanders Jr. Mailing Address 535 Hillcrest Cir City, State, Zip Code Cleveland, MS 38732-2009 Name of Employer (Required) Sanders Inc Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Roger L Hancock Mailing Address 1021 Hwy 433 S	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark Cumbest	08/16/2023	\$700.00
Mailing Address 17725 MS-63		
City, State, Zip Code Moss Point, MS 39562		
Name of Employer (Required) Cumbest Realty Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,700.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mary E. Copeland	09/22/2023	\$500.00
Mailing Address 1120 Independence Blvd		
City, State, Zip Code Flowood, MS 39232-3330		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,800.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — TAC — marvidua. — Lean		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mary E. Copeland	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mary E. Copeland Mailing Address 1120 Independence Blvd	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mary E. Copeland Mailing Address 1120 Independence Blvd City, State, Zip Code Flowood, MS 39232-3330	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mary E. Copeland Mailing Address 1120 Independence Blvd City, State, Zip Code Flowood, MS 39232-3330 Name of Employer (Required) Retired	(Mo., Day, Year) 07/17/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Mary E. Copeland Mailing Address 1120 Independence Blvd City, State, Zip Code Flowood, MS 39232-3330 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,800.00 Amount of each receipt
Other (please specify) Full Name Mary E. Copeland Mailing Address 1120 Independence Blvd City, State, Zip Code Flowood, MS 39232-3330 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan ** Other (please specify) Candidate Campaign Committee	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,800.00 Amount of each receipt this period
Other (please specify) Full Name Mary E. Copeland Mailing Address 1120 Independence Blvd City, State, Zip Code Flowood, MS 39232-3330 Name of Employer (Required) Retired Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify) Candidate Campaign Committee Full Name John Caldwell Campaign	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,800.00 Amount of each receipt this period
Other (please specify) Full Name Mary E. Copeland Mailing Address 1120 Independence Blvd City, State, Zip Code Flowood, MS 39232-3330 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Tother (please specify) Candidate Campaign Committee Full Name John Caldwell Campaign Mailing Address PO Box 167	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,800.00 Amount of each receipt this period

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Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Foremost Finance Corp	07/11/2023	\$1,000.00
Mailing Address 8440 Bluebonnet Blvd STE A		
City, State, Zip Code Baton Rouge, LA 70810-2978		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hunter Lipscomb	08/18/2023	\$500.00
Mailing Address 605 Arbour Ct.		
City, State, Zip Code Ridgeland, MS 39157-4187		
Name of Employer (Required) AnderCorp		
Occupation (Required) Director of Corp Strategy	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name E. Bruce Martin	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name E. Bruce Martin Mailing Address PO Box 1729	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name E. Bruce Martin Mailing Address PO Box 1729 City, State, Zip Code Meridian, MS 39302-1729	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name E. Bruce Martin Mailing Address PO Box 1729 City, State, Zip Code Meridian, MS 39302-1729 Name of Employer (Required) Meyer & Rosenbaum Occupation (Required)	(Mo., Day, Year) 07/18/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name	(Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date	\$1,000.00 \$27,000.00 Amount of each receipt
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$27,000.00 Amount of each receipt this period
Other (please specify) Full Name E. Bruce Martin Mailing Address PO Box 1729 City, State, Zip Code Meridian, MS 39302-1729 Name of Employer (Required) Meyer & Rosenbaum Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Association of Nurse Anesthetists PAC	Aggregate Year-to-date Date (Mo., Day, Year)	\$27,000.00 Amount of each receipt this period
Other (please specify) Full Name E. Bruce Martin Mailing Address PO Box 1729 City, State, Zip Code Meridian, MS 39302-1729 Name of Employer (Required) Meyer & Rosenbaum Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Association of Nurse Anesthetists PAC Mailing Address 1022 Highland Colony Pkwy Ste 101	Aggregate Year-to-date Date (Mo., Day, Year)	\$27,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Kelly	07/21/2023	\$250.00
Mailing Address 512 Northbay Dr.		
City, State, Zip Code Madison, MS 39110-8861		
Name of Employer (Required) Self		
Occupation (Required) Property Management	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Greg Frascogna	08/01/2023	\$250.00
Mailing Address 134 W Florida Blvd		
City, State, Zip Code Madison, MS 39110-2015		
Name of Employer (Required) Raymond James		
Occupation (Required) Financial Advisor	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan **Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — Corporation — The Management of the Corporation — The Co		receipt
** Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Easom Hardware Company LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Easom Hardware Company LLC Mailing Address PO Box 108	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Easom Hardware Company LLC Mailing Address PO Box 108 City, State, Zip Code Sebastopol, MS 39359-0108	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Easom Hardware Company LLC Mailing Address PO Box 108 City, State, Zip Code Sebastopol, MS 39359-0108 Name of Employer (Required)	(Mo., Day, Year) 08/03/2023 Aggregate	receipt this period \$5,000.00
Tother (please specify) LLC Full Name Easom Hardware Company LLC Mailing Address PO Box 108 City, State, Zip Code Sebastopol, MS 39359-0108 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/03/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Tother (please specify) LLC Full Name Easom Hardware Company LLC Mailing Address PO Box 108 City, State, Zip Code Sebastopol, MS 39359-0108 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) Easom Hardware Company LLC Mailing Address PO Box 108 City, State, Zip Code Sebastopol, MS 39359-0108 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Progressive Medical Enterprise LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Full Name Easom Hardware Company LLC Mailing Address PO Box 108 City, State, Zip Code Sebastopol, MS 39359-0108 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Progressive Medical Enterprise LLC Mailing Address 628 N 14th St.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC Toldividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Griffith	08/21/2023	\$250.00
Mailing Address P.O. Box 1723		
City, State, Zip Code Cleveland, MS 38732-1723		
Name of Employer (Required) Giffith Real Estate, Inc.		
Occupation (Required) Real Estate	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Toldividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nan Sanders	08/08/2023	\$1,000.00
Mailing Address 545 Hillcrest Circle		
City, State, Zip Code Cleveland, MS 38732-2009		
Name of Employer (Required) N/A	,	
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC TINdividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Philip Morris Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Philip Morris Mailing Address 600 Pinecrest Cove	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Philip Morris Mailing Address 600 Pinecrest Cove City, State, Zip Code New Albany, MS 38652-4705	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Philip Morris Mailing Address 600 Pinecrest Cove City, State, Zip Code New Albany, MS 38652-4705 Name of Employer (Required) Occupation (Required)	(Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Philip Morris Mailing Address 600 Pinecrest Cove City, State, Zip Code New Albany, MS 38652-4705 Name of Employer (Required) Morris Recycling Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Philip Morris Mailing Address 600 Pinecrest Cove City, State, Zip Code New Albany, MS 38652-4705 Name of Employer (Required) Morris Recycling Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Philip Morris Mailing Address 600 Pinecrest Cove City, State, Zip Code New Albany, MS 38652-4705 Name of Employer (Required) Morris Recycling Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name William M. Pitts Jr.	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Philip Morris Mailing Address 600 Pinecrest Cove City, State, Zip Code New Albany, MS 38652-4705 Name of Employer (Required) Morris Recycling Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name William M. Pitts Jr. Mailing Address 68 Round Lake Rd	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Max Day Year)	Amount of each receipt
* Other (please specify)LLC	(Mo., Day, Year)	this period
Full Name Gilreath Construction Company, LLC	07/17/2023	\$500.00
Mailing Address 140 Old US 80 Suite C		
City, State, Zip Code Brandon, MS 39042		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regional Care LLC	08/08/2023	\$1,500.00
Mailing Address Po Box 6015		
City, State, Zip Code Ridgeland, MS 39158-6015		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott Markovich Mailing Address	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott Markovich Mailing Address 10 Old Barn Lane	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott Markovich Mailing Address 10 Old Barn Lane City, State, Zip Code Guilford, CT 06437-5025	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott Markovich Mailing Address 10 Old Barn Lane City, State, Zip Code Guilford, CT 06437-5025 Name of Employer (Required) CareSource	Date (Mo., Day, Year) 08/11/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name Scott Markovich Mailing Address 10 Old Barn Lane City, State, Zip Code Guilford, CT 06437-5025 Name of Employer (Required) CareSource Occupation (Required) EVP Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 08/11/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name Scott Markovich Mailing Address 10 Old Barn Lane City, State, Zip Code Guilford, CT 06437-5025 Name of Employer (Required) CareSource Occupation (Required) EVP Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 08/11/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Scott Markovich Mailing Address 10 Old Barn Lane City, State, Zip Code Guilford, CT 06437-5025 Name of Employer (Required) CareSource Occupation (Required) EVP Source: Corporation PAC Individual Loan Other (please specify) Full Name Bobby Shackouls	Date (Mo., Day, Year) 08/11/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Scott Markovich Mailing Address 10 Old Barn Lane City, State, Zip Code Guilford, CT 06437-5025 Name of Employer (Required) CareSource Occupation (Required) EVP Source: □ Corporation □ PAC ♣ Individual □ Loan □ Other (please specify) Full Name Bobby Shackouls Mailing Address 41 B E Broad Oaks Dr.	Date (Mo., Day, Year) 08/11/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Tackett	09/28/2023	\$250.00
Mailing Address 7200 Whitten Place		
City, State, Zip Code Olive Branch, MS 38654-7029		
Name of Employer (Required) Self		
Occupation (Required) CPA	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan ** Other (please specify) _LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Riverboat Company of Mississippi, LLC	08/01/2023	\$2,500.00
Mailing Address 151 Beach Blvd		
City, State, Zip Code Biloxi, MS 39530-4708		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gary A. Blair	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gary A. Blair Mailing Address 810 Greenbriar St City, State, Zip Code Starkville, MS 39759-4379	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gary A. Blair Mailing Address 810 Greenbriar St City, State, Zip Code Starkville, MS 39759-4379	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gary A. Blair Mailing Address 810 Greenbriar St City, State, Zip Code Starkville, MS 39759-4379 Name of Employer (Required) Retired	(Mo., Day, Year) 09/29/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Gary A. Blair Mailing Address 810 Greenbriar St City, State, Zip Code Starkville, MS 39759-4379 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Gary A. Blair Mailing Address 810 Greenbriar St City, State, Zip Code Starkville, MS 39759-4379 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Gary A. Blair Mailing Address 810 Greenbriar St City, State, Zip Code Starkville, MS 39759-4379 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Hopper	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Gary A. Blair Mailing Address 810 Greenbriar St City, State, Zip Code Starkville, MS 39759-4379 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Hopper Mailing Address PO Box 816	(Mo., Day, Year) 09/29/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: ☐ Corporation	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Independent Insurance Agents of Mississippi PAC	09/19/2023	\$2,500.00
Mailing Address 124 Riverview Dr		
City, State, Zip Code Flowood, MS 39232-8908		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Toldividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Edmiston	08/28/2023	\$1,000.00
Mailing Address 14050 Dedeaux Road		
City, State, Zip Code Gulfport, MS 39503-4502		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas H. Kline	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas H. Kline Mailing Address P.o. Box 121 City, State, Zip Code Fulton, MS 38843-0121	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas H. Kline Mailing Address P.o. Box 121 City, State, Zip Code Fulton, MS 38843-0121	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas H. Kline Mailing Address P.o. Box 121 City, State, Zip Code Fulton, MS 38843-0121 Name of Employer (Required) Kline Mechanical Systems, Inc.	(Mo., Day, Year) 09/27/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Thomas H. Kline Mailing Address P.o. Box 121 City, State, Zip Code Fulton, MS 38843-0121 Name of Employer (Required) Kline Mechanical Systems, Inc. Occupation (Required) COO Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/27/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Thomas H. Kline Mailing Address P.o. Box 121 City, State, Zip Code Fulton, MS 38843-0121 Name of Employer (Required) Kline Mechanical Systems, Inc. Occupation (Required) COO Source: Corporation PAC Individual Loan ** Other (please specify) LLC	(Mo., Day, Year) 09/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Thomas H. Kline Mailing Address P.o. Box 121 City, State, Zip Code Fulton, MS 38843-0121 Name of Employer (Required) Kline Mechanical Systems, Inc. Occupation (Required) COO Source: Corporation PAC Individual Loan **Other (please specify) LLC Full Name Loss Prevention Services LLC	(Mo., Day, Year) 09/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Thomas H. Kline Mailing Address P.o. Box 121 City, State, Zip Code Fulton, MS 38843-0121 Name of Employer (Required) Kline Mechanical Systems, Inc. Occupation (Required) COO Source: Corporation PAC Individual Loan * Other (please specify) LLC Full Name Loss Prevention Services LLC Mailing Address PO Box 1827	(Mo., Day, Year) 09/27/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Liz Mehrle	09/26/2023	\$250.00
Mailing Address 2668 Lake Circle Dr		
City, State, Zip Code Jackson, MS 39211-6761		
Name of Employer (Required) Homemaker		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name B. W. Curry III	09/05/2023	\$2,000.00
Mailing Address 908 S. 34th Ave.		
City, State, Zip Code Hattiesburg, MS 39402-2363		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
— Solphiadoli — The management of the solution		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kevin Ford	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kevin Ford Mailing Address 206 Willow Way	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kevin Ford Mailing Address 206 Willow Way City, State, Zip Code Vicksburg, MS 39183-9221	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kevin Ford Mailing Address 206 Willow Way City, State, Zip Code Vicksburg, MS 39183-9221 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 08/01/2023 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Kevin Ford Mailing Address 206 Willow Way City, State, Zip Code Vicksburg, MS 39183-9221 Name of Employer (Required) Self Occupation (Required) Insurance	Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Kevin Ford Mailing Address 206 Willow Way City, State, Zip Code Vicksburg, MS 39183-9221 Name of Employer (Required) Self Occupation (Required) Insurance Source: Corporation PAC Individual Loan **Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Kevin Ford Mailing Address 206 Willow Way City, State, Zip Code Vicksburg, MS 39183-9221 Name of Employer (Required) Self Occupation (Required) Insurance Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Gemini Waggoner LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Kevin Ford Mailing Address 206 Willow Way City, State, Zip Code Vicksburg, MS 39183-9221 Name of Employer (Required) Self Occupation (Required) Insurance Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Gemini Waggoner LLC Mailing Address 143A Lefleurs Sq	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name LE03-AWIN Management Inc.	08/08/2023	\$1,000.00
Mailing Address 18500 North Allied Way		
City, State, Zip Code Phoenix, AZ 85054-6164		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation * PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Boyd Gaming Corporation PAC	07/06/2023	\$2,500.00
Mailing Address 6465 S Rainbow Blvd		
City, State, Zip Code Las Vegas, NV 89118-3215		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas B. Nusz	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas B. Nusz Mailing Address 178 Augusta Lane	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas B. Nusz Mailing Address 178 Augusta Lane City, State, Zip Code Madison, MS 39110-4753	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Thomas B. Nusz Mailing Address 178 Augusta Lane City, State, Zip Code Madison, MS 39110-4753 Name of Employer (Required) N/A Occupation (Required)	(Mo., Day, Year) 07/17/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Thomas B. Nusz Mailing Address 178 Augusta Lane City, State, Zip Code Madison, MS 39110-4753 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$750.00 Amount of each receipt
Other (please specify) Full Name Thomas B. Nusz Mailing Address 178 Augusta Lane City, State, Zip Code Madison, MS 39110-4753 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$750.00 Amount of each receipt this period
Other (please specify) Full Name Thomas B. Nusz Mailing Address 178 Augusta Lane City, State, Zip Code Madison, MS 39110-4753 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas B. Nusz	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$750.00 Amount of each receipt this period
Other (please specify) Full Name Thomas B. Nusz Mailing Address 178 Augusta Lane City, State, Zip Code Madison, MS 39110-4753 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas B. Nusz Mailing Address 178 Augusta Lane	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$750.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wilford Albert Payne III	09/05/2023	\$1,000.00
Mailing Address P.O. Box 1267		
City, State, Zip Code Hattiesburg, MS 39403-1267		
Name of Employer (Required) W.A. Payne & Associates		
Occupation (Required) Attorney	Aggregate Year-to-date	\$26,000.00
Source: Corporation PAC Individual Loan **Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name PRN Personnel Staffing, LLC	07/10/2023	\$1,000.00
Mailing Address 1000 Chinaberry Dr. STE 900		
City, State, Zip Code Bossier City, LA 71111-2455		
Name of Employer (Required)		
Occupation (Required)	Aggregate	\$1,000.00
	Year-to-date	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Source: Corporation PAC * Individual Loan Other (please specify)	Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period
	Date	Amount of each receipt
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Angela Cockerham Mailing Address	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Angela Cockerham Mailing Address 2518 Pilgrim Rest Rd	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Angela Cockerham Mailing Address 2518 Pilgrim Rest Rd City, State, Zip Code Magnolia, MS 39652-9638 Name of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full Name Angela Cockerham Mailing Address 2518 Pilgrim Rest Rd City, State, Zip Code Magnolia, MS 39652-9638 Name of Employer (Required) Self	Date (Mo., Day, Year) 09/26/2023 Aggregate	Amount of each receipt this period
Other (please specify) Full Name Angela Cockerham Mailing Address 2518 Pilgrim Rest Rd City, State, Zip Code Magnolia, MS 39652-9638 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Angela Cockerham Mailing Address 2518 Pilgrim Rest Rd City, State, Zip Code Magnolia, MS 39652-9638 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Angela Cockerham Mailing Address 2518 Pilgrim Rest Rd City, State, Zip Code Magnolia, MS 39652-9638 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Terry Beckham	Date (Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Angela Cockerham Mailing Address 2518 Pilgrim Rest Rd City, State, Zip Code Magnolia, MS 39652-9638 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Terry Beckham Mailing Address 134 Camden Crossing	Date (Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	Amount of each receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Powell G. Ogletree Jr.	08/18/2023	\$250.00
Mailing Address 600 Long Leaf Cv		
City, State, Zip Code Madison, MS 39110-6938		
Name of Employer (Required) Adams and Reese	1	
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Nowell	08/18/2023	\$250.00
Mailing Address 406 Norman Circle		
City, State, Zip Code Cleveland, MS 38732-8714		
Name of Employer (Required) Partnership Properties		
Occupation (Required) Realtor	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kathleen G. Henry	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kathleen G. Henry Mailing Address 413 Forest Lake Place	(Mo., Day, Year)	receipt this period
City, State, Zip Code Madison, MS 39110-9420 Other (please specify) Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kathleen G. Henry Mailing Address 413 Forest Lake Place City, State, Zip Code Madison, MS 39110-9420 Name of Employer (Required) N/A	(Mo., Day, Year) 09/22/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Kathleen G. Henry Mailing Address 413 Forest Lake Place City, State, Zip Code Madison, MS 39110-9420 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 09/22/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$1,500.00 Amount of each receipt
Other (please specify) Full Name Kathleen G. Henry Mailing Address 413 Forest Lake Place City, State, Zip Code Madison, MS 39110-9420 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/22/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$1,500.00 Amount of each receipt this period
City, State, Zip Code Madison, MS 39110-9420 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Dianne Pickering	(Mo., Day, Year) 09/22/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$1,500.00 Amount of each receipt this period
Other (please specify) Full Name Kathleen G. Henry Mailing Address 413 Forest Lake Place City, State, Zip Code Madison, MS 39110-9420 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Dianne Pickering Mailing Address PO Box 202	(Mo., Day, Year) 09/22/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$1,500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael E. Johnson	07/10/2023	\$2,500.00
Mailing Address 5875 Fox Island Road	- 25	
City, State, Zip Code Tunica, MS 38676-9120		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marshall Paul Belenchia	08/15/2023	\$250.00
Mailing Address 2036 Saint Ives Lane		
City, State, Zip Code Hernando, MS 38632-7693		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marshall Paul Belenchia	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marshall Paul Belenchia Mailing Address 2036 Saint Ives Lane	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marshall Paul Belenchia Mailing Address 2036 Saint Ives Lane City, State, Zip Code Hernando, MS 38632-7693	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marshall Paul Belenchia Mailing Address 2036 Saint Ives Lane City, State, Zip Code Hernando, MS 38632-7693 Name of Employer (Required) Retired	(Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Marshall Paul Belenchia Mailing Address 2036 Saint Ives Lane City, State, Zip Code Hernando, MS 38632-7693 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$1,000.00 Amount of each receipt this period
Tull Name Marshall Paul Belenchia Mailing Address 2036 Saint Ives Lane City, State, Zip Code Hernando, MS 38632-7693 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name John M. Alexander	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Marshall Paul Belenchia Mailing Address 2036 Saint Ives Lane City, State, Zip Code Hernando, MS 38632-7693 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name John M. Alexander Mailing Address P.O. Box 802	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Goode	09/29/2023	\$250.00
Mailing Address 610 Northlake Ave		
City, State, Zip Code Ridgeland, MS 39157-1708		
Name of Employer (Required) Clearwater Group		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,500.00
Source: Corporation PAC Tindividual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael Goode	09/26/2023	\$250.00
Mailing Address 610 Northlake Ave		
City, State, Zip Code Ridgeland, MS 39157-1708		
Name of Employer (Required) Clearwater Group		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ `		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael Goode	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael Goode Mailing Address 610 Northlake Ave	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael Goode Mailing Address 610 Northlake Ave City, State, Zip Code Ridgeland, MS 39157-1708	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Michael Goode Mailing Address 610 Northlake Ave City, State, Zip Code Ridgeland, MS 39157-1708 Name of Employer (Required) Clearwater Group	(Mo., Day, Year) 08/18/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name Michael Goode Mailing Address 610 Northlake Ave City, State, Zip Code Ridgeland, MS 39157-1708 Name of Employer (Required) Clearwater Group Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,500.00 Amount of each receipt
Other (please specify) Full Name Michael Goode Mailing Address 610 Northlake Ave City, State, Zip Code Ridgeland, MS 39157-1708 Name of Employer (Required) Clearwater Group Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,500.00 Amount of each receipt this period
Other (please specify) Full Name Michael Goode Mailing Address 610 Northlake Ave City, State, Zip Code Ridgeland, MS 39157-1708 Name of Employer (Required) Clearwater Group Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Mike McCormick	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,500.00 Amount of each receipt this period
Other (please specify) Full Name Michael Goode Mailing Address 610 Northlake Ave City, State, Zip Code Ridgeland, MS 39157-1708 Name of Employer (Required) Clearwater Group Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Mike McCormick Mailing Address 13074 Hwy 28	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lance Sanders	07/26/2023	\$5,000.00
Mailing Address 2253 Mudline Road		
City, State, Zip Code Lake, MS 39092-9406		
Name of Employer (Required) Waste Management		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marty Davidson	09/29/2023	\$6,250.00
Mailing Address PO Box 3804		
City, State, Zip Code Meridian, MS 39303-3804		
Name of Employer (Required) Southern Pipe & Co LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$32,250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marty Davidson	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804 Name of Employer (Required) Southern Pipe & Co LLC Occupation (Required)	(Mo., Day, Year) 07/18/2023 Aggregate	receipt this period \$25,000.00
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804 Name of Employer (Required) Southern Pipe & Co LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan	Aggregate Year-to-date (Mo., Day, Year) 07/18/2023	receipt this period \$25,000.00 \$32,250.00 Amount of each receipt
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804 Name of Employer (Required) Southern Pipe & Co LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$32,250.00 Amount of each receipt this period
Other (please specify) Full Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804 Name of Employer (Required) Southern Pipe & Co LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Mitchell	(Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$32,250.00 Amount of each receipt this period
Tull Name Marty Davidson Mailing Address PO Box 3804 City, State, Zip Code Meridian, MS 39303-3804 Name of Employer (Required) Southern Pipe & Co LLC Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Adam Mitchell Mailing Address 5353 10th Ave	(Mo., Day, Year) 07/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$32,250.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Rick Carter Sr.	08/18/2023	\$5,000.00
Mailing Address PO Box 1600		
City, State, Zip Code Gulfport, MS 39502-1600		
Name of Employer (Required) Island View Casino Resort		
Occupation (Required) Owner	Aggregate Year-to-date	\$17,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sriram Peddibhotla	09/15/2023	\$500.00
Mailing Address 7915 Jones Branch Dr. #320		
City, State, Zip Code Mc Lean, VA 22102-3238		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Richard Poole	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Richard Poole Mailing Address 300 Whispering Pines Blvd Unit 304	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Richard Poole Mailing Address 300 Whispering Pines Blvd Unit 304 City, State, Zip Code Hattiesburg, MS 39401-6546	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Richard Poole Mailing Address 300 Whispering Pines Blvd Unit 304 City, State, Zip Code Hattiesburg, MS 39401-6546 Name of Employer (Required) Retired	(Mo., Day, Year) 08/04/2023 Aggregate	receipt this period \$200.00
Other (please specify) Full Name Richard Poole Mailing Address 300 Whispering Pines Blvd Unit 304 City, State, Zip Code Hattiesburg, MS 39401-6546 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/04/2023 Aggregate Year-to-date Date	receipt this period \$200.00 \$400.00 Amount of each receipt
Other (please specify) Full Name Richard Poole Mailing Address 300 Whispering Pines Blvd Unit 304 City, State, Zip Code Hattiesburg, MS 39401-6546 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$200.00 \$400.00 Amount of each receipt this period
Other (please specify) Full Name Richard Poole Mailing Address 300 Whispering Pines Blvd Unit 304 City, State, Zip Code Hattiesburg, MS 39401-6546 Name of Employer (Required) Retired Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name R. B. Flowers Jr.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$200.00 \$400.00 Amount of each receipt this period
Other (please specify) Full Name Richard Poole Mailing Address 300 Whispering Pines Blvd Unit 304 City, State, Zip Code Hattiesburg, MS 39401-6546 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name R. B. Flowers Jr. Mailing Address 732 Friars Point Road	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$200.00 \$400.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Douglas Yelverton	09/19/2023	\$300.00
Mailing Address 6636 Gilmer Wilburn Rd		
City, State, Zip Code Columbus, MS 39701-9008		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$300.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David C. Williams	08/09/2023	\$5,000.00
Mailing Address 10 Southern Oaks Dr.		
City, State, Zip Code Clinton, MS 39056-9772		
Name of Employer (Required) CareSource		
Occupation (Required) CMO	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Adam Dial Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Adam Dial Mailing Address 9880 Briarcrest Ln.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Adam Dial Mailing Address 9880 Briarcrest Ln. City, State, Zip Code Vancleave, MS 39565-8448	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Adam Dial Mailing Address 9880 Briarcrest Ln. City, State, Zip Code Vancleave, MS 39565-8448 Name of Employer (Required) Aequilibrium Consulting	(Mo., Day, Year) 08/16/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Adam Dial Mailing Address 9880 Briarcrest Ln. City, State, Zip Code Vancleave, MS 39565-8448 Name of Employer (Required) Aequilibrium Consulting Occupation (Required) Manager Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/16/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Adam Dial Mailing Address 9880 Briarcrest Ln. City, State, Zip Code Vancleave, MS 39565-8448 Name of Employer (Required) Aequilibrium Consulting Occupation (Required) Manager Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Adam Dial Mailing Address 9880 Briarcrest Ln. City, State, Zip Code Vancleave, MS 39565-8448 Name of Employer (Required) Aequilibrium Consulting Occupation (Required) Manager Source: Corporation PAC Individual Loan Other (please specify) Full Name Eli Lilly and Company PAC	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Adam Dial Mailing Address 9880 Briarcrest Ln. City, State, Zip Code Vancleave, MS 39565-8448 Name of Employer (Required) Aequilibrium Consulting Occupation (Required) Manager Source: Corporation PAC Individual Loan Other (please specify) Full Name Eli Lilly and Company PAC Mailing Address 639 S Delaware St	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lynn McGee	08/03/2023	\$4,000.00
Mailing Address 467 Old Sawmill Road		
City, State, Zip Code Lake, MS 39092-9092		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$4,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Pharr	07/27/2023	\$255.00
Mailing Address PO Box 5369		
City, State, Zip Code Jackson, MS 39296-5369		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$255.00
Source: Corporation PAC Individual Loan * Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
* Other (please specify)LLC	(Mo., Day, Year)	receipt this period
The Ramey Agency, LLC Mailing Address	(Mo., Day, Year)	receipt this period
The Ramey Agency, LLC Mailing Address PO Box 3068	(Mo., Day, Year)	receipt this period
The Ramey Agency, LLC Mailing Address PO Box 3068 City, State, Zip Code Madison, MS 39130-3068	(Mo., Day, Year)	receipt this period
The Ramey Agency, LLC Mailing Address PO Box 3068 City, State, Zip Code Madison, MS 39130-3068 Name of Employer (Required)	(Mo., Day, Year) 08/08/2023 Aggregate	receipt this period \$1,000.00
The Ramey Agency, LLC Mailing Address PO Box 3068 City, State, Zip Code Madison, MS 39130-3068 Name of Employer (Required) Occupation (Required) Source: ** Corporation PAC Individual Loan	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
The Ramey Agency, LLC Mailing Address PO Box 3068 City, State, Zip Code Madison, MS 39130-3068 Name of Employer (Required) Occupation (Required) Source: ** Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name The Ramey Agency, LLC Mailing Address PO Box 3068 City, State, Zip Code Madison, MS 39130-3068 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Security Finance Corporation of Spartanburg	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
The Ramey Agency, LLC Mailing Address PO Box 3068 City, State, Zip Code Madison, MS 39130-3068 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Security Finance Corporation of Spartanburg Mailing Address PO Box 811	(Mo., Day, Year) 08/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Arthur Fokakis	08/08/2023	\$50.00
Mailing Address 120 Wildwood Trace		
City, State, Zip Code Hattiesburg, MS 39402-2350		
Name of Employer (Required) Retired		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Arthur Fokakis	09/04/2023	\$50.00
Mailing Address 120 Wildwood Trace		
City, State, Zip Code Hattiesburg, MS 39402-2350		
Name of Employer (Required) Retired		
Occupation (Required) Physician	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Roy F. Hodges	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Roy F. Hodges Mailing Address P.O. Box 663	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Roy F. Hodges Mailing Address P.O. Box 663 City, State, Zip Code Dumas, MS 38625-0663	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Roy F. Hodges Mailing Address P.O. Box 663 City, State, Zip Code Dumas, MS 38625-0663 Name of Employer (Required) Retired	Date (Mo., Day, Year) 07/05/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Roy F. Hodges Mailing Address P.O. Box 663 City, State, Zip Code Dumas, MS 38625-0663 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 07/05/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$450.00 Amount of each receipt
Other (please specify) Full Name Roy F. Hodges Mailing Address P.O. Box 663 City, State, Zip Code Dumas, MS 38625-0663 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 07/05/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$450.00 Amount of each receipt this period
Other (please specify) Full Name Roy F. Hodges Mailing Address P.O. Box 663 City, State, Zip Code Dumas, MS 38625-0663 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alan Windham	Date (Mo., Day, Year) 07/05/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$450.00 Amount of each receipt this period
Other (please specify) Full Name Roy F. Hodges Mailing Address P.O. Box 663 City, State, Zip Code Dumas, MS 38625-0663 Name of Employer (Required) Retired Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alan Windham Mailing Address 818 W Bankhead St.	Date (Mo., Day, Year) 07/05/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$450.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Burwell Barton	07/31/2023	\$3,000.00
Mailing Address 2429 Eastover Dr.		
City, State, Zip Code Jackson, MS 39211-6727		
Name of Employer (Required) Boston Scientific		
Occupation (Required) Sales	Aggregate Year-to-date	\$3,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Braxton Coombs	07/10/2023	\$500.00
Mailing Address 415 Rogers Dr.		
City, State, Zip Code New Albany, MS 38652-2602		
Name of Employer (Required) Coombs Gas		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
The state of the s		receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name DMG Company LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name DMG Company LLC Mailing Address PO Box 1612	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name DMG Company LLC Mailing Address PO Box 1612 City, State, Zip Code Jackson, MS 39215-1612	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name DMG Company LLC Mailing Address PO Box 1612 City, State, Zip Code Jackson, MS 39215-1612 Name of Employer (Required)	(Mo., Day, Year) 09/26/2023 Aggregate	receipt this period \$5,000.00
** Other (please specify)	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Tother (please specify) LLC Full Name DMG Company LLC Mailing Address PO Box 1612 City, State, Zip Code Jackson, MS 39215-1612 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) LLC Full Name DMG Company LLC Mailing Address PO Box 1612 City, State, Zip Code Jackson, MS 39215-1612 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert A. Mandal Jr.	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) Full Name DMG Company LLC Mailing Address PO Box 1612 City, State, Zip Code Jackson, MS 39215-1612 Name of Employer (Required) Occupation (Required) Source: Other (please specify) Full Name Robert A. Mandal Jr. Mailing Address 2102 Ward Lane	(Mo., Day, Year) 09/26/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sidney Mclaurin	09/19/2023	\$250.00
Mailing Address 210 Diamond D Lake Rd		
City, State, Zip Code Brandon, MS 39042-8567		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Shirley Reiman	08/28/2023	\$5,000.00
Mailing Address PO Box 686		
City, State, Zip Code Jefferson, TX 75657-0686		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan ** Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
* Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Hunt Insurance Agency Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Hunt Insurance Agency Mailing Address PO Box 15086	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Hunt Insurance Agency Mailing Address PO Box 15086 City, State, Zip Code Hattiesburg, MS 39404-5086	(Mo., Day, Year)	receipt this period
Tull Name Hunt Insurance Agency Mailing Address PO Box 15086 City, State, Zip Code Hattiesburg, MS 39404-5086 Name of Employer (Required)	(Mo., Day, Year) 08/18/2023 Aggregate	receipt this period \$250.00
Tother (please specify) Full Name Hunt Insurance Agency Mailing Address PO Box 15086 City, State, Zip Code Hattiesburg, MS 39404-5086 Name of Employer (Required) Occupation (Required) Source: Tother (please specify) LLC LLC Full Name Hunt Insurance Agency Mailing Address PO Box 15086 Hattiesburg, MS 39404-5086 Name of Employer (Required) Corporation PAC Individual Loan	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Tother (please specify) LLC Full Name Hunt Insurance Agency Mailing Address PO Box 15086 City, State, Zip Code Hattiesburg, MS 39404-5086 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Tother (please specify)LLC Full Name	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Tother (please specify) Full Name Hunt Insurance Agency Mailing Address PO Box 15086 City, State, Zip Code Hattiesburg, MS 39404-5086 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Donnell III Mailing Address 8 Town Center Sq	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Timothy M Mask	08/18/2023	\$20,000.00
Mailing Address 134 Apple Blossom Dr.		
City, State, Zip Code Brandon, MS 39047-7698		
Name of Employer (Required) Maris West Baker		
Occupation (Required) CEO	Aggregate Year-to-date	\$20,000.00
Source: Corporation PAC Individual Loan * Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Interest Earnings	09/01/2023	\$28,048.18
Mailing Address 1667 Lelia Drive		
City, State, Zip Code Jackson, MS 39216-4818		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$94,177.12
Source: Corporation PAC Individual Loan ** Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Interest Earnings Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Interest Earnings Mailing Address 1667 Lelia Drive	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Interest Earnings Mailing Address 1667 Lelia Drive City, State, Zip Code Jackson, MS 39216-4818	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Interest Earnings Mailing Address 1667 Lelia Drive City, State, Zip Code Jackson, MS 39216-4818 Name of Employer (Required)	(Mo., Day, Year) 08/01/2023 Aggregate	receipt this period \$1,814.88
Tother (please specify) Full Name Interest Earnings Mailing Address 1667 Lelia Drive City, State, Zip Code Jackson, MS 39216-4818 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date	receipt this period \$1,814.88 \$94,177.12 Amount of each receipt
Tother (please specify) Full Name Interest Earnings Mailing Address 1667 Lelia Drive City, State, Zip Code Jackson, MS 39216-4818 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify)	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,814.88 \$94,177.12 Amount of each receipt this period
Tother (please specify) Full Name Interest Earnings Mailing Address 1667 Lelia Drive City, State, Zip Code Jackson, MS 39216-4818 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan * Other (please specify) Full Name Interest Earnings	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,814.88 \$94,177.12 Amount of each receipt this period
Tother (please specify) Full Name Interest Earnings Mailing Address 1667 Lelia Drive City, State, Zip Code Jackson, MS 39216-4818 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) Full Name Interest Earnings Mailing Address 1667 Lelia Drive City, State, Zip Code	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,814.88 \$94,177.12 Amount of each receipt this period

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Source: Corporation PAC ** Individual C Loan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	- (NIO., Day, IGai)	this period
Full Name Corinne W. Casanova	08/08/2023	\$250.00
Mailing Address 503 Hillcrest Cr		
City, State, Zip Code Cleveland, MS 38732-2009		
Name of Employer (Required) Home Living, LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Coopwood	08/21/2023	\$1,000.00
Mailing Address PO Box 117		
City, State, Zip Code Cleveland, MS 38732-0117		
Name of Employer (Required) Delta Business Journal		
Occupation (Required) Publisher & Owner	Aggregate Year-to-date	\$1,000.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Rowell Roofing Inc	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Rowell Roofing Inc Mailing Address PO Box 647	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Rowell Roofing Inc Mailing Address PO Box 647 City, State, Zip Code Columbia, MS 39429-0647	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Rowell Roofing Inc Mailing Address PO Box 647 City, State, Zip Code Columbia, MS 39429-0647 Name of Employer (Required)	(Mo., Day, Year) 08/18/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Rowell Roofing Inc Mailing Address PO Box 647 City, State, Zip Code Columbia, MS 39429-0647 Name of Employer (Required) Occupation (Required) Source: ** Corporation PAC Individual Loan	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Rowell Roofing Inc Mailing Address PO Box 647 City, State, Zip Code Columbia, MS 39429-0647 Name of Employer (Required) Occupation (Required) Source: ** Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Rowell Roofing Inc Mailing Address PO Box 647 City, State, Zip Code Columbia, MS 39429-0647 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Rowell Roofing Inc	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Rowell Roofing Inc Mailing Address PO Box 647 City, State, Zip Code Columbia, MS 39429-0647 Name of Employer (Required) Occupation (Required) Source: ** Corporation PAC Individual Loan Other (please specify) Full Name Rowell Roofing Inc Mailing Address PO Box 647	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Hart	08/06/2023	\$1,000.00
Mailing Address 3721 St. Charles Ave Unit A		
City, State, Zip Code New Orleans, LA 70115-4699		
Name of Employer (Required) Ochsner		
Occupation (Required) Physician	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name George M Conwill	08/16/2023	\$250.00
Mailing Address 107 Ashley Place		
City, State, Zip Code Ocean Springs, MS 39564-5322		
Name of Employer (Required) PCR		
Occupation (Required) CFO	Aggregate Year-to-date	\$250.00
Source: ** Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Source. — corporation — 170 — marriada. — 2001		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name PhRMA	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name PhRMA Mailing Address 950 F Street NW Suite 300	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name PhRMA Mailing Address 950 F Street NW Suite 300 City, State, Zip Code Washington, DC 20004-1440	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name PhRMA Mailing Address 950 F Street NW Suite 300 City, State, Zip Code Washington, DC 20004-1440 Name of Employer (Required)	(Mo., Day, Year) 07/06/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name PhRMA Mailing Address 950 F Street NW Suite 300 City, State, Zip Code Washington, DC 20004-1440 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 07/06/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name PhRMA Mailing Address 950 F Street NW Suite 300 City, State, Zip Code Washington, DC 20004-1440 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan * Other (please specify) Candidate Campaign Committee	(Mo., Day, Year) 07/06/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name PhRMA Mailing Address 950 F Street NW Suite 300 City, State, Zip Code Washington, DC 20004-1440 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) Candidate Campaign Committee Full Name Weddle For District Attorney	(Mo., Day, Year) 07/06/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name PhRMA Mailing Address 950 F Street NW Suite 300 City, State, Zip Code Washington, DC 20004-1440 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) Candidate Campaign Committee Full Name Weddle For District Attorney Mailing Address 133 Courtland Drive	(Mo., Day, Year) 07/06/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Timothy Hogan	07/25/2023	\$250.00
Mailing Address PO Box 550		
City, State, Zip Code Meridian, MS 39302-0550		
Name of Employer (Required) Mitchell Signs		
Occupation (Required) President	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan ** Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MS Geographic Info LLC	08/08/2023	\$200.00
Mailing Address 143 A Lefleurs Square		
City, State, Zip Code Jackson, MS 39211		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$400.00
Source: Corporation PAC Individual Loan **Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
11.0		receipt
* Other (please specify)LLC	(Mo., Day, Year)	receipt this period
Tull Name Oak Grove Family Dentistry Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Oak Grove Family Dentistry Mailing Address 6657 US Hwy 98	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Oak Grove Family Dentistry Mailing Address 6657 US Hwy 98 City, State, Zip Code Hattiesburg, MS 39402-8442	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Oak Grove Family Dentistry Mailing Address 6657 US Hwy 98 City, State, Zip Code Hattiesburg, MS 39402-8442 Name of Employer (Required)	(Mo., Day, Year) 08/18/2023 Aggregate	receipt this period \$500.00
Tother (please specify) Full Name Oak Grove Family Dentistry Mailing Address 6657 US Hwy 98 City, State, Zip Code Hattiesburg, MS 39402-8442 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Tother (please specify) Full Name Oak Grove Family Dentistry Mailing Address 6657 US Hwy 98 City, State, Zip Code Hattiesburg, MS 39402-8442 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Tother (please specify) Full Name Oak Grove Family Dentistry Mailing Address 6657 US Hwy 98 City, State, Zip Code Hattiesburg, MS 39402-8442 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles F. Humphrey	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Tother (please specify) Full Name Oak Grove Family Dentistry Mailing Address 6657 US Hwy 98 City, State, Zip Code Hattiesburg, MS 39402-8442 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Charles F. Humphrey Mailing Address 36873 Hwy 430	(Mo., Day, Year) 08/18/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tyler Norman	07/13/2023	\$1,000.00
Mailing Address PO Box 1350		
City, State, Zip Code Meridian, MS 39302-1350		
Name of Employer (Required) Norman Roofing		
Occupation (Required) Vice President	Aggregate Year-to-date	\$26,000.00
Source: ☐ Corporation ★ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lifemark PAC	08/08/2023	\$5,000.00
Mailing Address 742 N 5th St		
City, State, Zip Code Baton Rouge, LA 70802-5316		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kim Kreunen Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kim Kreunen Mailing Address PO Box 38	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kim Kreunen Mailing Address PO Box 38 City, State, Zip Code Olive Branch, MS 38654-0038	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kim Kreunen Mailing Address PO Box 38 City, State, Zip Code Olive Branch, MS 38654-0038 Name of Employer (Required) Kreunen Const.	(Mo., Day, Year) 08/01/2023 Aggregate	receipt this period \$1,100.00
Other (please specify) Full Name Kim Kreunen Mailing Address PO Box 38 City, State, Zip Code Olive Branch, MS 38654-0038 Name of Employer (Required) Kreunen Const. Occupation (Required) President Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date	receipt this period \$1,100.00 \$2,100.00 Amount of each receipt
Other (please specify) Full Name Kim Kreunen Mailing Address PO Box 38 City, State, Zip Code Olive Branch, MS 38654-0038 Name of Employer (Required) Kreunen Const. Occupation (Required) President Source: Corporation PAC Individual Loan * Other (please specify) LLC	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,100.00 \$2,100.00 Amount of each receipt this period
Tull Name Kim Kreunen Mailing Address PO Box 38 City, State, Zip Code Olive Branch, MS 38654-0038 Name of Employer (Required) Kreunen Const. Occupation (Required) President Source: Corporation PAC Individual Loan ** Other (please specify) LLC Full Name Aequilibrium LLC	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,100.00 \$2,100.00 Amount of each receipt this period
Tull Name Kim Kreunen Mailing Address PO Box 38 City, State, Zip Code Olive Branch, MS 38654-0038 Name of Employer (Required) Kreunen Const. Occupation (Required) President Source: Corporation PAC Individual Loan * Other (please specify) LLC Full Name Aequilibrium LLC Mailing Address 9880 Briarcrest Lane	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,100.00 \$2,100.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elvis Shaw	08/15/2023	\$5,000.00
Mailing Address 1107 Old Hwy 21		
City, State, Zip Code Forest, MS 39074-7902		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Karen G Bush	09/15/2023	\$250.00
Mailing Address 454 Greenwood Lane		
City, State, Zip Code Ridgeland, MS 39157-4000		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$250.00
Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Fortier Foundation Inc.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535 Name of Employer (Required)	(Mo., Day, Year) 07/10/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535 Name of Employer (Required) Occupation (Required) Source: ** Corporation PAC Individual Loan	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535 Name of Employer (Required) Occupation (Required) Source: ** Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe McGee Construction Co. Inc.	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Fortier Foundation Inc. Mailing Address PO Box 535 City, State, Zip Code Ripley, MS 38663-0535 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Joe McGee Construction Co. Inc. Mailing Address 6609 Steve Lee Drive	(Mo., Day, Year) 07/10/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Barge	07/18/2023	\$500.00
Mailing Address 706 Magnolia Drive	·	
City, State, Zip Code Macon, MS 39341-2090		
Name of Employer (Required) Barge Forest Products Company		
Occupation (Required) President	Aggregate Year-to-date	\$500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sylvia Shoemaker	07/03/2023	\$1,000.00
Mailing Address 68 Enclave Cr		
City, State, Zip Code Ridgeland, MS 39157-4513		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name C.G. Carter	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name C.G. Carter Mailing Address 551 N First St	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name C.G. Carter Mailing Address 551 N First St City, State, Zip Code Rolling Fork, MS 39159-2215 Name of Employer (Required) Carter Brothers Farm Occupation (Required)	(Mo., Day, Year) 07/17/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name	(Mo., Day, Year) 07/17/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert C. Daniels Jr.	07/18/2023	\$500.00
Mailing Address 15 Field Brook Drive		
City, State, Zip Code Carriere, MS 39426-8001		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Double Corporation Description Desc	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Eagle Point Oyster LLC	08/16/2023	\$300.00
Mailing Address 1202 Bowen Ave		
City, State, Zip Code Ocean Springs, MS 39564-4708		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$300.00
Source: Corporation PAC Individual Loan * Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
— — — — — — — — — — — — — — — — — — —		receipt
* Other (please specify)	(Mo., Day, Year)	receipt this period
The Corbitt Company, LLC Mailing Address	(Mo., Day, Year)	receipt this period
The Corbitt Company, LLC Mailing Address PO Box 14225	(Mo., Day, Year)	receipt this period
The Corbitt Company, LLC Mailing Address PO Box 14225 City, State, Zip Code Jackson, MS 39236-4225	(Mo., Day, Year)	receipt this period
The Corbitt Company, LLC Mailing Address PO Box 14225 City, State, Zip Code Jackson, MS 39236-4225 Name of Employer (Required)	(Mo., Day, Year) 08/01/2023 Aggregate	receipt this period \$1,000.00
The Corbitt Company, LLC Mailing Address PO Box 14225 City, State, Zip Code Jackson, MS 39236-4225 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
The Corbitt Company, LLC Mailing Address PO Box 14225 City, State, Zip Code Jackson, MS 39236-4225 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
The Corbitt Company, LLC Full Name The Corbitt Company, LLC Mailing Address PO Box 14225 City, State, Zip Code Jackson, MS 39236-4225 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John Bullock	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
The Corbitt Company, LLC Mailing Address PO Box 14225 City, State, Zip Code Jackson, MS 39236-4225 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name John Bullock Mailing Address 3519 Southwood Avenue	(Mo., Day, Year) 08/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles Thomas	09/20/2023	\$1,000.00
Mailing Address 27 E Lakeshore Dr.		
City, State, Zip Code Starkville, MS 39759-6113		
Name of Employer (Required) Shuqualak Lumber Company		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Huntington Ingalls Industries	07/05/2023	\$1,000.00
Mailing Address PO Box 149		
City, State, Zip Code Pascagoula, MS 39568-0149		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan **Other (please specify) Candidate Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee To Elect Jeremy England	08/16/2023	\$1,000.00
Mailing Address PO Box 6363		
City, State, Zip Code Vancleave, MS 39565-6363		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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ITEMIZED RECEIPTS			
	IIN-KIINI J	CONTRIBUTE	CNU_{2}
			\bigcirc

Source: Corporation PAC * Individual Loan	
Other (please specify)	Date (Mo., Day, Year)
Full Name Barry W. Bridgforth	07/05/2023
Mailing Address 3606 Bridgeforth Road	Estimated Amount
City, State, Zip Code Olive Branch, MS 38654-6924	of In-Kind Contribution*
Name of Employer (Required) Bridgforth Realty, Inc.	\$2,500.00
Occupation (Required) President, Director	
In Kind Office Space	
Source: Corporation PAC Tindividual Loan	
Other (please specify)	Date (Mo., Day, Year)
Full Name Christopher Brent Federick	
Full Name Christopher Brent Federick Mailing Address 434 Woodhaven Dr.	(Mo., Day, Year) 07/19/2023 Estimated Amount
Full Name Christopher Brent Federick Mailing Address 434 Woodhaven Dr. City, State, Zip Code Carthage, MS 39051-3218	(Mo. , Day , Year) 07/19/2023
Full Name Christopher Brent Federick Mailing Address 434 Woodhaven Dr. City, State, Zip Code Carthage, MS 39051-3218	(Mo., Day, Year) 07/19/2023 Estimated Amount of In-Kind
Full Name Christopher Brent Federick Mailing Address 434 Woodhaven Dr. City, State, Zip Code Carthage, MS 39051-3218	(Mo., Day, Year) 07/19/2023 Estimated Amount of In-Kind Contribution*

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

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Name of Candidate or Committee		Tate for Governor				
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ITEMIZED RECEIPTS -- IN-KIND CONTRIBUTIONS

Source: ** Corporation	Date (Mo., Day, Year)
Full Name Swetman Security Services	07/27/2023
Mailing Address 180 Delauney Street	Estimated Amount
City, State, Zip Code Biloxi, MS 39530-3816	of In-Kind Contribution*
Name of Employer (Required)	\$1,000.00
Occupation (Required)	
In-Kind Description: Transportation Services	

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Full Name		Date	Aggregate Total Running Amount of each
uli Name	Storagemax	(Mo., Day, Year)	disbursment this period
Mailing Address	4600 Lakeland Drive	08/02/2023	\$608.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	nent (Optional)	Aggregate Year-to-date	\$4,804.00
Full Name		Date	Amount of each
	Copey Grantham	(Mo., Day, Year)	disbursment this period
Mailing Address	823 Old Hwy 45	07/03/2023	\$2,500.00
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem Consulting Services	• •	Aggregate Year-to-date	\$15,068.10
Full Name		Date	Amount of each
	Mississippi Department of Employment Security	(Mo., Day, Year)	disbursment this period
Mailing Address	1235 Echelon Pkwy	07/31/2023	\$222.00
City, State, Zip Code	Jackson, MS 39213-8220		
Purpose of Disbursem Payroll Tax Expens		Aggregate Year-to-date	\$330.00
Full Name	1Vision	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	9346 Telge Road	08/31/2023	\$540.00
City, State, Zip Code	Houston, TX 77095-5107		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$1,080.11
Full Name	ABC Signs & Shirts	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5851 Larue Steiner Road	09/22/2023	\$5,905.00
City, State, Zip Code	Theodore, AL 36582		
Purpose of Disbursem Printed Materials	ent (Optional)	Aggregate Year-to-date	\$48,080.00
Full Name		Date	Amount of each
	Lowes	(Mo., Day, Year)	disbursment this period
Mailing Address	120 Ridge Way	07/26/2023	\$446.09
City, State, Zip Code	Flowood, MS 39232-3302		
Purpose of Disbursem Sign Supplies	ent (Optional)	Aggregate Year-to-date	\$1,109.83

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		Date	Aggregate Total Running Amount of each
Full Name	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	08/29/2023	\$718,880.32
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	ent (Optional)	Aggregate Year-to-date	\$3,344,454.38
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	07/21/2023	\$2,113.25
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem IT equipment	ent (Optional)	Aggregate Year-to-date	\$15,761.71
Full Name	Stagelite Sound LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	245 Hurdle Rd.	08/11/2023	\$3,500.00
City, State, Zip Code	Pelahatchie, MS 39145-2878		
Purpose of Disbursem Event Equipment	ent (Optional)	Aggregate Year-to-date	\$3,500.00
Full Name	Michael's Wine Cellar	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1283 S. Tamiami Trail	08/01/2023	\$357.33
City, State, Zip Code	Sarasota, FL 34239-2200		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$357.33
Full Name	Premium Consulting Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane	07/31/2023	\$335.43
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disbursem Reimbursement for		Aggregate Year-to-date	\$12,899.93
Full Name	Carmon Horner	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 387	09/29/2023	\$2,000.00
City, State, Zip Code	Baldwyn, MS 38824-0387		
Purpose of Disburseme	ent (Optional)	Aggregate Year-to-date	\$7,127.91

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Full Name		Date	Aggregate Total Running Amount of each
i dii Name	Copey Grantham	(Mo., Day, Year)	disbursment this period
Mailing Address	823 Old Hwy 45	07/31/2023	\$2,500.00
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$18,553.03
Full Name	Olde South Events LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	49 Asa Miley Road	09/27/2023	\$1,514.97
City, State, Zip Code	Hattiesburg, MS 39401-9746		(a)
Purpose of Disbursen Event Expense	nent (Optional)	Aggregate Year-to-date	\$1,514.97
Full Name	The Manship	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1200 N State St #100	07/12/2023	\$260.00
City, State, Zip Code	Jackson, MS 39202-2000		
Purpose of Disbursen Event Expense, Ca		Aggregate Year-to-date	\$8,240.55
Full Name	Cline Tours, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1498	07/27/2023	\$2,040.12
City, State, Zip Code	Ridgeland, MS 39158-1498		
Purpose of Disbursen Transportation/Eve		Aggregate Year-to-date	\$2,040.12
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	08/14/2023	\$636.50
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen Wireless Services,		Aggregate Year-to-date	\$17,944.54
Full Name	Clifton L. Carroll Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5339 Saratoga Dr.	07/31/2023	\$373.35
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disbursen Reimbursement for		Aggregate Year-to-date	\$373.35

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Full Name		Date	Aggregate Total Running Amount of each
un Name	John Peyton Kyle	(Mo., Day, Year)	disbursment this period
Mailing Address	2110 Legends Drive	08/31/2023	\$339.81
City, State, Zip Code	Nesbit, MS 38651-8335		
Purpose of Disburser Expense reimburs		Aggregate Year-to-date	\$3,249.96
Full Name	Ann Beard	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	196 Harbor View Drive	09/11/2023	\$155.72
City, State, Zip Code	Madison, MS 39110-4751		
Purpose of Disburser Expense reimburs	·_ ·	Aggregate Year-to-date	\$291.15
Full Name	Jacob Walters	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	308 North Brooks Ave	08/31/2023	\$1,500.00
City, State, Zip Code	Pelahatchie, MS 39145-2974		
Purpose of Disburser Consulting Service		Aggregate Year-to-date	\$1,500.00
Full Name	Tyler Martin	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	10131 Road 365	07/31/2023	\$2,000.00
City, State, Zip Code	Philadelphia, MS 39350-5804		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$5,561.80
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	09/19/2023	\$1,066.10
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursen Design Services	nent (Optional)	Aggregate Year-to-date	\$3,368.10
Full Name	1Vision	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	9346 Telge Road	09/21/2023	\$2,160.00
City, State, Zip Code	Houston, TX 77095-5107		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$3,240.11

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Full Name		Date	Aggregate Total Running Amount of each
ruii Name	Mississippi Republican Party	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 60	07/05/2023	\$2,050.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursen Rent for office space	• • •	Aggregate Year-to-date	\$21,250.00
Full Name	LL USA Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	Highland Colony Pkwy	08/01/2023	\$757.56
City, State, Zip Code	Ridgeland, MS 39157		
Purpose of Disbursen Event Supplies	nent (Optional)	Aggregate Year-to-date	\$757.56
Full Name	AmTrust North America	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 6939	08/02/2023	\$219.00
City, State, Zip Code	Cleveland, OH 44101-1939		
Purpose of Disbursen Insurance fee	nent (Optional)	Aggregate Year-to-date	\$1,837.00
Full Name	McClain Lodge	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	314 Clark Creek Road	07/03/2023	\$3,391.67
City, State, Zip Code	Brandon, MS 39047-9321		
Purpose of Disbursem Event Expense, Ca		Aggregate Year-to-date	\$3,391.67
Fuil Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	08/03/2023	\$453.67
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	nent (Optional)	Aggregate Year-to-date	\$71,923.51
Full Name	Ron E. Boutwell	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	682 Hwy 4	09/29/2023	\$4,000.00
City, State, Zip Code	Dennis, MS 38838-9710		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$4,000.00

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		T 2. T	Aggregate Total Running Amount of each
Full Name	Clifton L. Carroll Jr.	Date (Mo., Day, Year)	disbursment this period
Mailing Address	5339 Saratoga Dr.	08/31/2023	\$769.82
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disbursen Expense reimburse		Aggregate Year-to-date	\$6,438.67
Full Name		Date	Amount of each
	Tyler Martin	(Mo., Day, Year)	disbursment this period
Mailing Address	10131 Road 365	08/31/2023	\$2,000.00
City, State, Zip Code	Philadelphia, MS 39350-5804		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$7,561.80
Full Name	Elliott Husbands	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1855 Lakeland Drive Apt 201	08/31/2023	\$6,602.50
City, State, Zip Code	Jackson, MS 39216-4927		
Purpose of Disbursen Payroll	nent (Optional)	Aggregate Year-to-date	\$39,615.00
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	07/24/2023	\$1,306.95
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	nent (Optional)	Aggregate Year-to-date	\$55,207.63
-ull Name	Home Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	211 Colony Wy	07/03/2023	\$11.86
City, State, Zip Code	Madison, MS 39110		
Purpose of Disbursem Sign Supplies	ent (Optional)	Aggregate Year-to-date	\$11.86
Full Name	Lowes	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Ridge Way	07/24/2023	\$201.93
City, State, Zip Code	Flowood, MS 39232-3302		
Purpose of Disbursem Sign Supplies	ent (Optional)	Aggregate Year-to-date	\$663.74

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Fuli Name		Date	Aggregate Total Running Amount of each
-uii Name	Hederman Brothers	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 1036	08/22/2023	\$557.20
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$73,952.41
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	08/01/2023	\$111.82
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank Fee	nent (Optional)	Aggregate Year-to-date	\$1,197.84
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	07/03/2023	\$608.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursen Storage Fees	nent (Optional)	Aggregate Year-to-date	\$4,196.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/07/2023	\$10,000.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$4,178,372.73
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/28/2023	\$60,000.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Buy	nent (Optional)	Aggregate Year-to-date	\$4,946,831.00
Full Name	Kelli Miller	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	950 Anniston Ave	09/01/2023	\$2,000.00
City, State, Zip Code	Gulfport, MS 39507-2731		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$10,000.00

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Full May:		Date	Aggregate Total Running Amount of each
Full Name	Hederman Brothers	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 1036	08/22/2023	\$951.18
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disburser Printing Services	nent (Optional)	Aggregate Year-to-date	\$74,903.59
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	08/16/2023	\$3,009.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursen Legal Fees	nent (Optional)	Aggregate Year-to-date	\$15,828.00
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Circle	09/30/2023	\$134.82
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursen Expense reimburse		Aggregate Year-to-date	\$692.74
Full Name	Magnolia Rental & Sales Oxford	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	397 Hwy 6 West	09/20/2023	\$1,131.10
City, State, Zip Code	Oxford, MS 38655-8553		
Purpose of Disbursen Rental Fee	nent (Optional)	Aggregate Year-to-date	\$1,131.10
Full Name	K. Neal Ricks Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5339 Saratoga	09/30/2023	\$7,000.00
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$27,457.64
Full Name	Ann Beard	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	196 Harbor View Drive	08/11/2023	\$135.43
City, State, Zip Code	Madison, MS 39110-4751		
Purpose of Disbursen Reimbursement for		Aggregate Year-to-date	\$135.43

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Full Name	5 1 W III	Date	Aggregate Total Running Amount of each
	Ray L. Wesson III	(Mo., Day, Year)	disbursment this period
Mailing Address	14 Old Oak Lane	09/29/2023	\$1,422.40
City, State, Zip Code	Gulfport, MS 39503-6210		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$11,829.48
Full Name	Clifton L. Carroll Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5339 Saratoga Dr.	08/31/2023	\$5,295.50
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disbursem Payroll	ent (Optional)	Aggregate Year-to-date	\$11,734.17
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	09/05/2023	\$608.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursem Storage Fees	ent (Optional)	Aggregate Year-to-date	\$5,412.00
Full Name	Lowes	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Ridge Way	07/18/2023	\$461.81
City, State, Zip Code	Flowood, MS 39232-3302		
Purpose of Disbursem Sign Supplies	ent (Optional)	Aggregate Year-to-date	\$461.81
Full Name	The Buckhorn Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2810 N Church St. PMB 920348	08/31/2023	\$10,000.00
City, State, Zip Code	Wilmington, DE 19802-4447		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$30,000.00
Full Name	Tyler Martin	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	10131 Road 365	09/30/2023	\$663.12
City, State, Zip Code	Philadelphia, MS 39350-5804		
Purpose of Disbursem Reimbursement for		Aggregate Year-to-date	\$9,917.11

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Full Name	Half Shell Oyster House	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address	125 Lameuse Street	08/01/2023	\$90.79
City, State, Zip Code	Biloxi, MS 39530-4209		
Purpose of Disbursem		Aggregate Year-to-date	\$229.40
Travel Expense			Amount of each
Full Name	John Peyton Kyle	Date (Mo., Day, Year)	disbursment this period
Mailing Address	2110 Legends Drive	. 07/31/2023	\$410.15
City, State, Zip Code	Nesbit, MS 38651-8335		
Purpose of Disbursent Reimbursement for		Aggregate Year-to-date	\$410.15
Full Name		Date	Amount of each
	Costco	(Mo., Day, Year)	disbursment this period
Mailing Address	700 Highland Colony Pkwy	07/25/2023	\$247.87
City, State, Zip Code	Ridgeland, MS 39157-8701		
Purpose of Disbursem Event supplies	ent (Optional)	Aggregate Year-to-date	\$561.62
Full Name	Tyler Martin	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	10131 Road 365	07/19/2023	\$2,000.00
City, State, Zip Code	Philadelphia, MS 39350-5804		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$3,561.80
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	07/29/2023	\$3.00
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank Fee	ent (Optional)	Aggregate Year-to-date	\$973.03
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	07/31/2023	\$736.16
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$15,873.24

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Full Name	Slavic Invitational Golf Tournamen	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 1337	09/11/2023	\$500.00
City, State, Zip Code	Biloxi, MS 39533-1337		
Purpose of Disbursen Advertising	nent (Optional)	Aggregate Year-to-date	\$500.00
Full Name	Coast Transit Authority	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	333 Debuys Road	09/07/2023	\$1,000.00
City, State, Zip Code	Gulfport, MS 39507-3827		
Purpose of Disbursen Advertising	nent (Optional)	Aggregate Year-to-date	\$1,000.00
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	09/21/2023	\$2,550.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$11,250.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/22/2023	\$2,189.67
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Digital Services	nent (Optional)	Aggregate Year-to-date	\$2,270,835.43
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	07/03/2023	\$984.93
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursen Reimbursement of		Aggregate Year-to-date	\$16,053.03
Full Name	Premium Consulting Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane	07/31/2023	\$2,000.00
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$14,899.93

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Full Name	0 1 1 2 1 1 1 1 1 2	Date	Aggregate Total Running Amount of each
	Snapshot Publishing LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 320925	07/18/2023	\$85.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design Services	ent (Optional)	Aggregate Year-to-date	\$2,174.50
Full Name	Home Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	211 Colony Wy	08/21/2023	\$329.75
City, State, Zip Code	Madison, MS 39110		
Purpose of Disbursem Sign Supplies	ent (Optional)	Aggregate Year-to-date	\$869.95
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	08/03/2023	\$49,102.94
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$425,039.95
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	07/31/2023	\$9,000.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$79,500.00
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	08/21/2023	\$420.00
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$17,225.10
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	07/12/2023	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$1,050.00

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Full Name		Date	Aggregate Total Running Amount of each
ruii Name	U.S. Postal Service	(Mo., Day, Year)	disbursment this period
Mailing Address	401 E. South Street	08/01/2023	\$26.72
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disbursen Postage	nent (Optional)	Aggregate Year-to-date	\$378.92
Full Name	Home Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1680 Elizabeth Blvd	07/06/2023	\$500.00
City, State, Zip Code	Biloxi, MS 39532-8577		
Purpose of Disbursen Supplies for signs	nent (Optional)	Aggregate Year-to-date	\$994.29
Full Name	Home Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	211 Colony Wy	07/11/2023	\$500.00
City, State, Zip Code	Madison, MS 39110		
Purpose of Disbursen Sign supplies	nent (Optional)	Aggregate Year-to-date	\$540.20
Full Name	Mississippi Department Of Revenue	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 23058	07/14/2023	\$523.00
City, State, Zip Code	Jackson, MS 39225-3058		
Purpose of Disbursem Payroll Tax Expens		Aggregate Year-to-date	\$1,943.00
Full Name	Southern Oaks House & Gardens	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1246 Richburg Road	09/07/2023	\$2,321.29
City, State, Zip Code	Hattiesburg, MS 39402-8668		
Purpose of Disbursem Event Expense	nent (Optional)	Aggregate Year-to-date	\$2,321.29
Full Name	Ray L. Wesson III	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	14 Old Oak Lane	08/03/2023	\$4,000.00
City, State, Zip Code	Gulfport, MS 39503-6210		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$4,056.49

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Full Name		Date	Aggregate Total Running Amount of each
	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	09/22/2023	\$60,000.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Digital Services	nent (Optional)	Aggregate Year-to-date	\$4,424,113.50
Full Name	Elliott Husbands	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1855 Lakeland Drive Apt 201	09/29/2023	\$6,602.50
City, State, Zip Code	Jackson, MS 39216-4927		
Purpose of Disbursem Payroll	nent (Optional)	Aggregate Year-to-date	\$46,217.50
Full Name	Oxford Floral	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1103 Jefferson Ave	07/03/2023	\$224.70
City, State, Zip Code	Oxford, MS 38655-3641		
Purpose of Disbursem Event expense	ent (Optional)	Aggregate Year-to-date	\$224.70
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	09/12/2023	\$105.88
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$18,144.37
Full Name	Jacob Walters	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	308 North Brooks Ave	09/29/2023	\$3,000.00
City, State, Zip Code	Pelahatchie, MS 39145-2974		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$4,500.00
Full Name	Ryan Clanton	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 463	09/19/2023	\$3,979.55
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$9,549.45

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Full Name		Date	Aggregate Total Running Amount of each
un Name	Costco	(Mo., Day, Year)	disbursment this period
Mailing Address	700 Highland Colony Pkwy	08/22/2023	\$526.00
City, State, Zip Code	Ridgeland, MS 39157-8701		
Purpose of Disbursem Supplies	ent (Optional)	Aggregate Year-to-date	\$1,087.62
Full Name	Neshoba County Fair Association	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	16800 Highway 21 S	07/26/2023	\$93.15
City, State, Zip Code	Philadelphia, MS 39350-7721		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$5,343.15
Full Name	Tate County Republican Club	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 4	09/29/2023	\$500.00
City, State, Zip Code	Independence, MS 38638-0004		
Purpose of Disbursem Sponsorship for eve		Aggregate Year-to-date	\$500.00
Full Name	Chris Todd Photography, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	107 E. Willow Ct.	07/28/2023	\$750.00
City, State, Zip Code	Ridgeland, MS 39157-2121		
Purpose of Disbursem Photography Service		Aggregate Year-to-date	\$750.00
Full Name	48hour Print	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	6410 Eastland Road, Suite E	08/03/2023	(\$176.64)
City, State, Zip Code	Brookpark, OH 44142-1306		
Purpose of Disbursem Refund Printing Sei		Aggregate Year-to-date	(\$176.64)
Full Name	Office Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Grandview Blvd	09/28/2023	\$45.57
City, State, Zip Code	Madison, MS 39110-5532		
Purpose of Disbursem Office Supplies	ent (Optional)	Aggregate Year-to-date	\$273.76

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Full Name		Date	Aggregate Total Running Amount of each
an Name	C Spire	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 519	07/19/2023	\$2,223.45
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen Wireless Services,	nent (Optional) IT Services, Equipment	Aggregate Year-to-date	\$13,648.46
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/06/2023	\$403,706.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Buy	nent (Optional)	Aggregate Year-to-date	\$3,748,160.38
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	07/25/2023	\$1,546.33
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services,		Aggregate Year-to-date	\$17,308.04
Full Name	48hour Print	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	6410 Eastland Road, Suite E	08/03/2023	\$167.19
City, State, Zip Code	Brookpark, OH 44142-1306		
Purpose of Disbursem Printing Services	nent (Optional)	Aggregate Year-to-date	(\$9.45)
Full Name	Bradford Stewart	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	119 Shoreline Dr.	08/31/2023	\$1,000.00
City, State, Zip Code	Madison, MS 39110-6829		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$2,000.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	07/11/2023	\$47.34
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$10,509.73

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			Aggregate Total Running
Full Name	Walmart	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5341 MS-25	07/24/2023	\$393.03
City, State, Zip Code	Flowood, MS 39232		
Purpose of Disbursen Event Supplies	nent (Optional)	Aggregate Year-to-date	\$393.03
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	07/07/2023	\$10,758.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Production	nent (Optional)	Aggregate Year-to-date	\$860,834.68
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	29374 Network Place	09/29/2023	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	nent (Optional)	Aggregate Year-to-date	\$1,350.00
Full Name	Carmon Horner	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 387	08/31/2023	\$1,127.91
City, State, Zip Code	Baldwyn, MS 38824-0387		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$3,127.91
Full Name	H & M Promotional Products	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5698 Hwy 61 South	08/29/2023	\$1,909.95
City, State, Zip Code	Vicksburg, MS 39180-9676		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$5,172.17
Full Name	LCM Strategies	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3213 Duke St #637	08/24/2023	\$4,653.35
City, State, Zip Code	Alexandria, VA 22314-4533		
Purpose of Disbursem	ent (Optional)	Aggregate Year-to-date	\$4,653.35

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Full Name		Date	Amount of each
di Name	Mississippi Department Of Revenue	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 23058	08/15/2023	\$797.00
City, State, Zip Code	Jackson, MS 39225-3058		
Purpose of Disbursem Payroll Tax Expens		Aggregate Year-to-date	\$2,740.00
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	08/31/2023	\$9,000.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$88,500.00
Full Name	Ray L. Wesson III	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	14 Old Oak Lane	08/31/2023	\$654.01
City, State, Zip Code	Gulfport, MS 39503-6210		
Purpose of Disbursem Reimbursement for		Aggregate Year-to-date	\$6,407.08
Full Name	Internal Revenue Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	Department of the Treasury Internal Revenue Service Cε	08/15/2023	\$6,034.50
City, State, Zip Code	Ogden, UT 84201-0001		
Purpose of Disbursem Payroll Tax Expens		Aggregate Year-to-date	\$28,839.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/22/2023	\$1,800.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Digital Services	ent (Optional)	Aggregate Year-to-date	\$2,272,635.43
Full Name	Ana Marina Ingham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	122 Langdon Drive	07/31/2023	\$3,338.75
City, State, Zip Code	Madison, MS 39110-7076		
Purpose of Disbursem Payroll	ent (Optional)	Aggregate Year-to-date	\$15,750.57

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Fuli Name		Date	Aggregate Total Running Amount of each
. dii italiio	Carmon Horner	(Mo., Day, Year)	disbursment this period
Mailing Address	PO Box 387	08/31/2023	\$2,000.00
City, State, Zip Code	Baldwyn, MS 38824-0387		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$5,127.91
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/25/2023	\$27,136.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Production	ent (Optional)	Aggregate Year-to-date	\$4,451,249.50
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	08/07/2023	\$450.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$7,950.00
Full Name	The Buckhorn Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2810 N Church St. PMB 920348	07/31/2023	\$10,000.00
City, State, Zip Code	Wilmington, DE 19802-4447		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$20,000.00
Full Name	Chick fil A	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	274 Dogwood Blvd	07/26/2023	\$381.24
City, State, Zip Code	Flowood, MS 39232-8602		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$381.24
Full Name	Ray L. Wesson III	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	14 Old Oak Lane	09/29/2023	\$4,000.00
City, State, Zip Code	Gulfport, MS 39503-6210		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$15,829.48

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Full Name		Date	Aggregate Total Running Amount of each
ruii Name	Ana Marina Ingham	(Mo., Day, Year)	disbursment this period
Mailing Address	122 Langdon Drive	08/31/2023	\$3,338.75
City, State, Zip Code	Madison, MS 39110-7076		
Purpose of Disbursem Payroll	ent (Optional)	Aggregate Year-to-date	\$20,776.90
Full Name	Amazon	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	410 Terry Ave N.	09/03/2023	\$23.49
City, State, Zip Code	Seattle, WA 98109-5210		
Purpose of Disbursem Office Supplies	ent (Optional)	Aggregate Year-to-date	\$234.72
Full Name	James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	08/31/2023	\$3,000.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$15,000.00
Full Name	Half Shell Oyster House	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	125 Lameuse Street	07/03/2023	\$138.61
City, State, Zip Code	Biloxi, MS 39530-4209		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$138.61
Full Name	George Heydens	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 S Capitol St. #5226	09/29/2023	\$500.00
City, State, Zip Code	Clinton, MS 39056-4026		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$500.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/21/2023	\$73,000.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Research	ent (Optional)	Aggregate Year-to-date	\$2,231,962.68

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Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/07/2023	\$56,699.77
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Production	nent (Optional)	Aggregate Year-to-date	\$4,235,072.50
Full Name	The Manship	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1200 N State St #100	07/12/2023	\$260.00
City, State, Zip Code	Jackson, MS 39202-2000		
Purpose of Disbursen Event Expense, Ca	_ *	Aggregate Year-to-date	\$8,500.55
Full Name	Connor Gibson	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	47 Monarch Blvd.	09/29/2023	\$530.00
City, State, Zip Code	Hattiesburg, MS 39402-7200		
Purpose of Disbursen Consulting	nent (Optional)	Aggregate Year-to-date	\$530.00
Full Name	48hour Print	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	6410 Eastland Road, Suite E	08/03/2023	\$383.11
City, State, Zip Code	Brookpark, OH 44142-1306		
Purpose of Disbursem Printing Services	nent (Optional)	Aggregate Year-to-date	\$373.66
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/23/2023	\$27,636.93
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	nent (Optional)	Aggregate Year-to-date	\$2,327,479.06
Full Name	The Manship	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1200 N State St #100	07/11/2023	\$260.00
City, State, Zip Code	Jackson, MS 39202-2000		
Purpose of Disbursem	ent (Optional) Itering	Aggregate Year-to-date	\$7,980.55

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Full Name	MaDavitt Canaditive III C	Date	Aggregate Total Running Amount of each
	McDevitt Consulting LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	130 Eagles Nest Cr	07/05/2023	\$9,000.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$70,500.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/21/2023	\$19,253.08
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Production	ent (Optional)	Aggregate Year-to-date	\$2,251,215.76
Full Name	Premium Consulting Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane	09/29/2023	\$531.21
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$17,431.14
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	09/12/2023	\$1,071.07
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services	ent (Optional)	Aggregate Year-to-date	\$19,215.44
Full Name	Jacob Walters	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	308 North Brooks Ave	09/29/2023	\$360.92
City, State, Zip Code	Pelahatchie, MS 39145-2974		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$4,860.92
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	08/03/2023	\$1,115.72
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$73,039.23

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Full Name	Ana Marina Ingham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	122 Langdon Drive	09/29/2023	\$3,338.75
City, State, Zip Code	Madison, MS 39110-7076		
Purpose of Disbursem	ent (Optional)	Aggregate Year-to-date	\$25,984.82
Full Name	Iron Horse Grill	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	320 W Pearl St.	09/02/2023	\$61.00
City, State, Zip Code	Jackson, MS 39203-3001		
Purpose of Disbursem Event Expense, Ca		Aggregate Year-to-date	\$458.52
Full Name	Fresh Cut Catering & Floral	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	108 Cypress Cove	07/10/2023	(\$959.20)
City, State, Zip Code	Flowood, MS 39232-5500		
Purpose of Disbursem Refund	ent (Optional)	Aggregate Year-to-date	\$959.20
Full Name	George Heydens	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 S Capitol St. #5226	09/29/2023	\$135.20
City, State, Zip Code	Clinton, MS 39056-4026		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$635.20
Full Name	Jenny Woodruff Photography	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	304 Mockingbird Lane	09/29/2023	\$250.00
City, State, Zip Code	Madison, MS 39110-9558		
Purpose of Disbursem Photography Service	• •	Aggregate Year-to-date	\$250.00
ull Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	08/14/2023	\$93.95
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem	ent (Optional)	Aggregate	\$18,038.49

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			Aggregate Total Running
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	08/21/2023	\$85.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursen Design Services	nent (Optional)	Aggregate Year-to-date	\$2,302.00
Full Name	PT Strategy LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1223 Aldebraran Dr.	09/05/2023	\$5,000.00
City, State, Zip Code	Mc Lean, VA 22101-2304		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$34,723.02
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/15/2023	\$242,944.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Buy	nent (Optional)	Aggregate Year-to-date	\$1,992,832.68
Full Name	The Buckhorn Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2810 N Church St. PMB 920348	09/29/2023	\$10,000.00
City, State, Zip Code	Wilmington, DE 19802-4447		
Purpose of Disbursen Consulting Service	• •	Aggregate Year-to-date	\$40,000.00
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Circle	07/31/2023	\$85.81
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$492.92
Full Name	James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	09/29/2023	\$2,489.63
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$19,609.88

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Full Name		Date	Aggregate Total Running Amount of each
Full Name	Kelli Miller	(Mo., Day, Year)	disbursment this period
Mailing Address	950 Anniston Ave	07/05/2023	\$2,000.00
City, State, Zip Code	Gulfport, MS 39507-2731		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$6,000.00
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	07/27/2023	\$300.00
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursen Bank Fee	nent (Optional)	Aggregate Year-to-date	\$970.03
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 60	08/01/2023	\$2,050.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursen Rent for office space		Aggregate Year-to-date	\$23,300.00
Full Name	PT Strategy LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1223 Aldebraran Dr.	08/04/2023	\$5,000.00
City, State, Zip Code	Mc Lean, VA 22101-2304		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$29,723.02
Full Name	AmTrust North America	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 6939	09/18/2023	\$80.00
City, State, Zip Code	Cleveland, OH 44101-1939		
Purpose of Disbursem Insurance fee	nent (Optional)	Aggregate Year-to-date	\$1,917.00
Full Name	Internal Revenue Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	Department of the Treasury Internal Revenue Service Cε	09/15/2023	\$6,034.50
City, State, Zip Code	Ogden, UT 84201-0001		
Purpose of Disbursem Payroll Tax Expens		Aggregate Year-to-date	\$34,873.50

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		D-t-	Aggregate Total Running Amount of each
Full Name	Anthony L. Smith	Date (Mo., Day, Year)	disbursment this period
Mailing Address	PO Box 1456	09/29/2023	\$94.98
City, State, Zip Code	Picayune, MS 39466-1456		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$94.98
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 60	09/01/2023	\$2,050.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursem		Aggregate Year-to-date	\$25,350.00
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	09/07/2023	\$733.83
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	nent (Optional)	Aggregate Year-to-date	\$75,637.42
Full Name	Mesquite Chop House	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5960 Getwell Road #119	09/28/2023	\$2,741.20
City, State, Zip Code	Southaven, MS 38672-7322		
Purpose of Disbursem Event Expense - Ca		Aggregate Year-to-date	\$2,741.20
Full Name	Lauren Anne Smith	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	111 Cirencester Dr.	08/11/2023	\$750.00
City, State, Zip Code	Ridgeland, MS 39157-9789		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$3,052.18
Full Name	Swetman Security Services	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	180 Delauney Street	07/27/2023	\$300.00
City, State, Zip Code	Biloxi, MS 39530-3816		
Purpose of Disbursem Transportation Serv		Aggregate Year-to-date	\$300.00

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Full Name	Clifton L. Carroll Jr.	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address		07/31/2023	\$5,295.50
City, State, Zip Code	5339 Saratoga Dr.	07/31/2023	40,0000
	Jackson, MS 39211-4112		
Purpose of Disburser Payroll Expense	ment (Optional)	Aggregate Year-to-date	\$5,668.85
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	07/24/2023	\$15,808.16
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disburser Printing Services	ment (Optional)	Aggregate Year-to-date	\$71,015.79
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	09/07/2023	\$679.45
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disburser Printing Services	ment (Optional)	Aggregate Year-to-date	\$76,316.87
Full Name	K. Neal Ricks Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5339 Saratoga	08/31/2023	\$719.89
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disburser Expense reimburs		Aggregate Year-to-date	\$13,457.64
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	09/07/2023	\$356.31
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disburser Printing Services	nent (Optional)	Aggregate Year-to-date	\$17,581.41
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	07/31/2023	\$572.53
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disburser Processing Fees	ment (Optional)	Aggregate Year-to-date	\$14,534.23

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Full Name		Date	Aggregate Total Running Amount of each
ruii Name	Ana Marina Ingham	(Mo., Day, Year)	disbursment this period
Mailing Address	122 Langdon Drive	08/31/2023	\$1,869.17
City, State, Zip Code	Madison, MS 39110-7076		
Purpose of Disburser Expense reimburse		Aggregate Year-to-date	\$22,646.07
Full Name	K. Neal Ricks Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5339 Saratoga	09/30/2023	\$1,334.37
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disbursen Expense reimburse		Aggregate Year-to-date	\$28,792.01
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/13/2023	\$1,800.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Digital Services	nent (Optional)	Aggregate Year-to-date	\$4,236,872.50
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	07/30/2023	\$454.05
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$71,469.84
Fuli Name	H & M Promotional Products	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5698 Hwy 61 South	08/03/2023	\$834.92
City, State, Zip Code	Vicksburg, MS 39180-9676		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$2,080.94
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	08/31/2023	\$2,500.00
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursen	nent (Optional)	Aggregate Year-to-date	\$21,941.51

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	TIENNZED DIGB		Aggregate Total Running
Full Name	H & M Promotional Products	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5698 Hwy 61 South	09/18/2023	\$1,143.55
City, State, Zip Code	Vicksburg, MS 39180-9676		
Purpose of Disbursem Printing Services	nent (Optional)	Aggregate Year-to-date	\$6,315.72
Full Name	PT Strategy LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1223 Aldebraran Dr.	07/07/2023	\$5,000.00
City, State, Zip Code	Mc Lean, VA 22101-2304		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$24,723.02
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/06/2023	\$420,212.35
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Buy	nent (Optional)	Aggregate Year-to-date	\$4,168,372.73
ull Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	09/29/2023	\$2,500.00
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursen Consulting	nent (Optional)	Aggregate Year-to-date	\$25,359.19
ull Name	Premium Consulting Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane	08/31/2023	\$2,000.00
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disburser Consulting Service	· ·	Aggregate Year-to-date	\$16,899.93
Full Name	Best Buy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	175 Grandview Blvd	07/26/2023	\$216.13
City, State, Zip Code	Madison, MS 39110-6039		
Purpose of Disbursem Office Supplies	nent (Optional)	Aggregate Year-to-date	\$280.32

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			Aggregate Total Running
Full Name	Ryan Clanton	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 463	09/29/2023	\$1,566.50
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$11,115.95
Full Name	J.S. lupe's	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 2736	08/18/2023	\$2,317.62
City, State, Zip Code	Madison, MS 39130-2736		
Purpose of Disbursem Printed Materials	nent (Optional)	Aggregate Year-to-date	\$5,918.71
Full Name	WLAU - FM	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	531 Central Ave STE 1	09/20/2023	\$325.00
City, State, Zip Code	Laurel, MS 39440-3981		
Purpose of Disbursem Advertising	ent (Optional)	Aggregate Year-to-date	\$325.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/09/2023	\$93,820.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	ent (Optional)	Aggregate Year-to-date	\$1,443,405.68
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/28/2023	\$511,473.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	ent (Optional)	Aggregate Year-to-date	\$5,458,304.00
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	09/11/2023	\$8,140.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	ent (Optional)	Aggregate Year-to-date	\$26,608.00

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Full Name		Date	Amount of each
i un name	Connor Gibson	(Mo., Day, Year)	disbursment this period
Mailing Address	47 Monarch Blvd.	09/29/2023	\$60.85
City, State, Zip Code	Hattiesburg, MS 39402-7200		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$590.85
Full Name	Community Foundation For Mississippi	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	119 S. President Street	07/26/2023	\$500.00
City, State, Zip Code	Jackson, MS 39201-3608		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$500.00
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	07/18/2023	\$42.50
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design Services	ent (Optional)	Aggregate Year-to-date	\$2,217.00
Full Name	Docusign	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	180 North LaSalle St, Floor 12	09/12/2023	\$240.00
City, State, Zip Code	Chicago, IL 60601-2601		
Purpose of Disbursem Software	ent (Optional)	Aggregate Year-to-date	\$720.00
Full Name	H & M Promotional Products	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5698 Hwy 61 South	08/22/2023	\$1,181.28
City, State, Zip Code	Vicksburg, MS 39180-9676		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$3,262.22
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	07/25/2023	\$6.00
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank Fee	ent (Optional)	Aggregate Year-to-date	\$670.03

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		I Bata I	Aggregate Total Running Amount of each
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	09/27/2023	\$2,992.50
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Production	ent (Optional)	Aggregate Year-to-date	\$4,886,831.00
Full Name	Ana Marina Ingham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	122 Langdon Drive	07/31/2023	\$1,176.12
City, State, Zip Code	Madison, MS 39110-7076		
Purpose of Disbursem Reimbursement	ent (Optional)	Aggregate Year-to-date	\$16,926.69
Full Name	Clifton L. Carroll Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5339 Saratoga Dr.	09/29/2023	\$5,295.50
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disbursem Payroll	ent (Optional)	Aggregate Year-to-date	\$17,029.67
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	08/31/2023	\$4,884.06
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursem Processing Fees	ent (Optional)	Aggregate Year-to-date	\$19,418.29
Full Name	Lake Tiak O'Khata	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 160	07/31/2023	\$770.40
City, State, Zip Code	Louisville, MS 39339-0160		
Purpose of Disburseme Event Expense	ent (Optional)	Aggregate Year-to-date	\$770.40
ull Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	09/08/2023	\$142.31
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursemo	ent (Optional)	Aggregate Year-to-date	\$19,391.85

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			Aggregate Total Running
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/22/2023	\$6,886.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Production Service		Aggregate Year-to-date	\$2,279,521.43
-ull Name		Date	Amount of each
an Name	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	09/18/2023	\$82,070.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	nent (Optional)	Aggregate Year-to-date	\$4,364,113.50
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	09/29/2023	\$9,000.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$97,500.00
Full Name	Tyler Martin	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	10131 Road 365	09/30/2023	\$2,000.00
City, State, Zip Code	Philadelphia, MS 39350-5804		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$11,917.11
Full Name	Tupelo Coliseum	Date (Mo., Day, Year)	Amount of each disbursment this period
lailing Address	375 E Main St.	09/01/2023	\$700.00
City, State, Zip Code	Tupelo, MS 38804		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$700.00
ull Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	09/05/2023	\$60.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursem Email and Data Ser		Aggregate Year-to-date	\$482.00

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Full Name		Date	Aggregate Total Runnin Amount of each
ruii Naille	Lauren Anne Smith	(Mo., Day, Year)	disbursment this period
Mailing Address	111 Cirencester Dr.	07/31/2023	\$750.00
City, State, Zip Code	Ridgeland, MS 39157-9789		
Purpose of Disbursem Consulting Service		Aggregate Year-to-date	\$2,302.18
Full Name		Date	Amount of each
r un Nume	The Magnolia Room	(Mo., Day, Year)	disbursment this period
Mailing Address	315 W Main St	08/10/2023	\$1,177.00
City, State, Zip Code	Senatobia, MS 38668-2146		
Purpose of Disbursem Event rental fee an		Aggregate Year-to-date	\$1,177.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/01/2023	\$82,865.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	nent (Optional)	Aggregate Year-to-date	\$1,349,585.68
Full Name	John Peyton Kyle	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2110 Legends Drive	07/31/2023	\$2,500.00
City, State, Zip Code	Nesbit, MS 38651-8335		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$2,910.15
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	07/31/2023	\$931.86
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$16,805.10
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	07/07/2023	\$10,000.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$870,834.68

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Full Name		Date	Aggregate Total Running Amount of each
ruii Name	Stephens Printing, LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	642 Hwy 469 S	07/07/2023	\$438.70
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$15,137.08
Full Name	Amazon	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	410 Terry Ave N.	08/04/2023	\$51.81
City, State, Zip Code	Seattle, WA 98109-5210		
Purpose of Disbursement (Optional) Office Supplies		Aggregate Year-to-date	\$201.61
Full Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	09/30/2023	\$236.41
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursen Bank Fee	nent (Optional)	Aggregate Year-to-date	\$1,434.25
Full Name	K. Neal Ricks Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5339 Saratoga	07/31/2023	\$7,000.00
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disbursement (Optional) Consulting Services		Aggregate Year-to-date	\$10,910.42
Full Name	Erica Morgan	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 102	09/27/2023	\$862.60
City, State, Zip Code	Saltillo, MS 38866-0102		
Purpose of Disbursement (Optional) Reimbursement and event expenses		Aggregate Year-to-date	\$912.18
Full Name	Tyler Martin	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	10131 Road 365	08/31/2023	\$1,692.19
City, State, Zip Code	Philadelphia, MS 39350-5804		
Purpose of Disbursem Reimbursement for		Aggregate Year-to-date	\$9,253.99

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		Data	Aggregate Total Running Amount of each
Full Name	H & M Promotional Products	Date (Mo., Day, Year)	disbursment this period
Mailing Address	5698 Hwy 61 South	07/11/2023	\$445.12
City, State, Zip Code	Vicksburg, MS 39180-9676		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$1,246.02
Full Name	Carmon Horner	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 387	09/29/2023	\$704.32
City, State, Zip Code	Baldwyn, MS 38824-0387		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$7,832.23
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	09/07/2023	\$188.32
City, State, Zip Code	Florence, MS 39073-9064		4
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$17,769.73
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	07/13/2023	\$915.28
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services,		Aggregate Year-to-date	\$11,425.01
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	09/29/2023	\$1,029.01
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursem Processing Fees	ent (Optional)	Aggregate Year-to-date	\$20,447.30
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	09/07/2023	\$927.67
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$77,244.54

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Full Name		Date	Amount of each
	John Peyton Kyle	(Mo., Day, Year)	disbursment this period
Mailing Address	2110 Legends Drive	09/29/2023	\$207.64
City, State, Zip Code	Nesbit, MS 38651-8335		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$5,957.60
Full Name		Date	Amount of each
7 411 1141115	Tyler Martin	(Mo., Day, Year)	disbursment this period
Mailing Address	10131 Road 365	09/30/2023	\$38.95
City, State, Zip Code	Philadelphia, MS 39350-5804		
Purpose of Disbursem Reimbursement for		Aggregate Year-to-date	\$11,956.06
Full Name	Elliott Husbands	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1855 Lakeland Drive Apt 201	07/31/2023	\$6,602.50
City, State, Zip Code	Jackson, MS 39216-4927		
Purpose of Disbursem Payroll	ent (Optional)	Aggregate Year-to-date	\$33,012.50
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/21/2023	\$17,430.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	ent (Optional)	Aggregate Year-to-date	\$2,268,645.76
Full Name	Butler Snow	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 6010	08/16/2023	\$2,640.00
City, State, Zip Code	Ridgeland, MS 39158-6010		
Purpose of Disbursem Legal Fees	ent (Optional)	Aggregate Year-to-date	\$18,468.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/25/2023	\$432,589.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	ent (Optional)	Aggregate Year-to-date	\$4,883,838.50

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Full Name	Amazon	Date (Ma Day Year)	Aggregate Total Running Amount of each disbursment this period
	Amazon	(Mo., Day, Year)	dispursment this period
Mailing Address	410 Terry Ave N.	08/04/2023	\$9.62
City, State, Zip Code	Seattle, WA 98109-5210		
Purpose of Disbursen Office Supplies	nent (Optional)	Aggregate Year-to-date	\$211.23
Full Name	John Peyton Kyle	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2110 Legends Drive	08/31/2023	\$2,500.00
City, State, Zip Code	Nesbit, MS 38651-8335		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$5,749.96
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	08/07/2023	\$750.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$8,700.00
Fuli Name	Neshoba County Fair Association	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	16800 Highway 21 S	07/24/2023	\$5,250.00
City, State, Zip Code	Philadelphia, MS 39350-7721		
Purpose of Disbursem Event Expense	nent (Optional)	Aggregate Year-to-date	\$5,250.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/18/2023	\$166,130.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	ent (Optional)	Aggregate Year-to-date	\$2,158,962.68
Full Name	Madison Central Big Blue Club	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 1243	07/05/2023	\$350.00
City, State, Zip Code	Madison, MS 39130-1243		
Purpose of Disbursem Advertising	nent (Optional)	Aggregate Year-to-date	\$350.00

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Full Name		Date	Aggregate Total Running Amount of each
ruii Name	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	07/10/2023	\$395,886.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburser Media Buy	nent (Optional)	Aggregate Year-to-date	\$1,266,720.68
Full Name	Old Capitol Inn	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	226 N State Street	08/01/2023	\$16,396.10
City, State, Zip Code	Jackson, MS 39201-1906		
Purpose of Disbursen Event rental fees a		Aggregate Year-to-date	\$16,396.10
Full Name	Ana Marina Ingham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	122 Langdon Drive	09/29/2023	\$679.79
City, State, Zip Code	Madison, MS 39110-7076		
Purpose of Disbursen Expense reimburse		Aggregate Year-to-date	\$26,664.61
Full Name	City Of Southaven Snowden House	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	6205 Snowden Lane	09/21/2023	\$1,250.00
City, State, Zip Code	Southaven, MS 38672-6602		
Purpose of Disbursen Event Expense	nent (Optional)	Aggregate Year-to-date	\$1,250.00
Full Name	Bradford Stewart	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	119 Shoreline Dr.	07/31/2023	\$1,000.00
City, State, Zip Code	Madison, MS 39110-6829		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$1,000.00
Full Name	Haddox Reid Eubank Betts, PLLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Drawer 22507	09/14/2023	\$13,545.01
City, State, Zip Code	Jackson, MS 39225-2507		
Purpose of Disbursen Accounting Service		Aggregate Year-to-date	\$26,090.84

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Full Name		Date	Aggregate Total Running Amount of each
un Name	Ana Marina Ingham	(Mo., Day, Year)	disbursment this period
Mailing Address	122 Langdon Drive	07/31/2023	\$511.46
City, State, Zip Code	Madison, MS 39110-7076		
Purpose of Disbursem Reimbursement for		Aggregate Year-to-date	\$17,438.15
Full Name	ABC Signs & Shirts	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5851 Larue Steiner Road	08/10/2023	\$12,400.00
City, State, Zip Code	Theodore, AL 36582		
Purpose of Disbursem Printed Materials	ent (Optional)	Aggregate Year-to-date	\$42,175.00
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/23/2023	\$298,095.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	ent (Optional)	Aggregate Year-to-date	\$2,625,574.06
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	07/06/2023	\$61,762.83
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$375,937.01
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/10/2023	\$306,483.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	ent (Optional)	Aggregate Year-to-date	\$1,749,888.68
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	08/21/2023	\$355.98
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$73,395.21

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Full Name		Date	Aggregate Total Running Amount of each
ruii Name	i360, LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	29374 Network Place	08/10/2023	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$1,200.00
Full Name	Home Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	211 Colony Wy	07/03/2023	\$28.34
City, State, Zip Code	Madison, MS 39110		
Purpose of Disbursem Sign Supplies	ent (Optional)	Aggregate Year-to-date	\$40.20
Full Name	Ray L. Wesson III	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	14 Old Oak Lane	08/09/2023	\$1,696.58
City, State, Zip Code	Gulfport, MS 39503-6210		
Purpose of Disbursem Reimbursement for		Aggregate Year-to-date	\$5,753.07
Full Name	Hotel Indigo	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	103 South 30th Ave.	08/21/2023	\$190.99
City, State, Zip Code	Hattiesburg, MS 39401		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$500.45
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/22/2023	\$10,000.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Consulting Services	• •	Aggregate Year-to-date	\$2,289,521.43
Full Name	H & M Promotional Products	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5698 Hwy 61 South	09/30/2023	\$343.47
City, State, Zip Code	Vicksburg, MS 39180-9676		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$6,659.19

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	TI LIVIIZED DIOBOT		Aggregate Total Running
Full Name	John Peyton Kyle	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2110 Legends Drive	09/29/2023	\$2,500.00
City, State, Zip Code	Nesbit, MS 38651-8335		
Purpose of Disbursen Consulting	nent (Optional)	Aggregate Year-to-date	\$8,457.60
Full Name	K. Neal Ricks Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5339 Saratoga	08/31/2023	\$7,000.00
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$20,457.64
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	07/03/2023	\$60.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursen Email and Data Se		Aggregate Year-to-date	\$362.00
Full Name	J.S. lupe's	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 2736	07/21/2023	\$2,488.82
City, State, Zip Code	Madison, MS 39130-2736		
Purpose of Disbursen Printed Materials	nent (Optional)	Aggregate Year-to-date	\$3,601.09
Full Name	A Complete Flag Source, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5295 I-55 North Ste A	09/22/2023	\$265.53
City, State, Zip Code	Jackson, MS 39206-4301		
Purpose of Disbursen Event Expense	nent (Optional)	Aggregate Year-to-date	\$265.53
Full Name	Ray L. Wesson III	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	14 Old Oak Lane	08/31/2023	\$4,000.00
City, State, Zip Code	Gulfport, MS 39503-6210		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$10,407.08

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Full Name		Date	Aggregate Total Runnin Amount of each
i dii Namo	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	08/22/2023	\$1,434.70
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Expense reimburse		Aggregate Year-to-date	\$2,290,956.13
Full Name		Date	Amount of each
ruii Name	Ryan Clanton	(Mo., Day, Year)	disbursment this period
Mailing Address	PO Box 463	08/31/2023	\$750.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursem Consulting Service	, -	Aggregate Year-to-date	\$5,569.90
Full Name	17.10.200	Date	Amount of each
	Kelli Miller	(Mo., Day, Year)	disbursment this period
Mailing Address	950 Anniston Ave	08/07/2023	\$2,000.00
City, State, Zip Code	Gulfport, MS 39507-2731		
Purpose of Disburser Consulting Service		Aggregate Year-to-date	\$8,000.00
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Circle	08/07/2023	\$65.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disburser Expense reimburse		Aggregate Year-to-date	\$557.92
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	08/31/2023	\$917.68
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$22,859.19
Full Name		Date	Amount of each
	Google Gsuite	(Mo., Day, Year)	disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	08/02/2023	\$60.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursem Email and Data Sei		Aggregate Year-to-date	\$422.00

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- 11 11		Date	Aggregate Total Running Amount of each
Full Name	Hilton Garden Inn Tupelo	(Mo., Day, Year)	disbursment this period
Mailing Address	363 E Main St	09/29/2023	\$236.08
City, State, Zip Code	Tupelo, MS 38804-4025		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$236.08
Full Name	Hotel Indigo	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	103 South 30th Ave.	08/01/2023	\$107.80
City, State, Zip Code	Hattiesburg, MS 39401		
Purpose of Disbursem Travel Expense	ent (Optional)	Aggregate Year-to-date	\$309.46
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	09/07/2023	\$1,479.81
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$19,249.54
uil Name	Trustmark Bank	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 291	07/31/2023	\$112.99
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursem Bank Fee	ent (Optional)	Aggregate Year-to-date	\$1,086.02
Full Name	Coffee Central	Date (Mo., Day, Year)	Amount of each disbursment this period
/lailing Address	5627 Getwell Road	09/18/2023	\$215.33
City, State, Zip Code	Southaven, MS 38672-7328		
Purpose of Disbursem Event Expense	ent (Optional)	Aggregate Year-to-date	\$215.33
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	09/29/2023	\$1,360.16
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem	ent (Optional)	Aggregate Year-to-date	\$26,719.35

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Full Name		Date	Aggregate Total Running Amount of each
-un Name	K. Neal Ricks Jr,	(Mo., Day, Year)	disbursment this period
Mailing Address	5339 Saratoga	07/31/2023	\$1,827.33
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disbursem Reimbursement for		Aggregate Year-to-date	\$12,737.75
Full Name	Clifton L. Carroll Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5339 Saratoga Dr.	09/29/2023	\$1,625.06
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disbursem		Aggregate Year-to-date	\$18,654.73
Full Name	Anthony L. Smith	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 1456	09/29/2023	\$1,050.00
City, State, Zip Code	Picayune, MS 39466-1456		
Purpose of Disbursem Consulting	nent (Optional)	Aggregate Year-to-date	\$1,144.98
Full Name	Ryan Clanton	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 463	09/29/2023	\$1,500.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$12,615.95
Full Name	Iron Horse Grill	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	320 W Pearl St.	09/03/2023	\$150.00
City, State, Zip Code	Jackson, MS 39203-3001		
Purpose of Disbursem Event Expense, Ca		Aggregate Year-to-date	\$608.52
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	09/13/2023	\$45,171.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Research	ent (Optional)	Aggregate Year-to-date	\$4,282,043.50

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Full Name	Mississippi Wildlife Federation	Date (Mo., Day, Year)	Aggregate Total Running Amount of each disbursment this period
Mailing Address			\$650.00
	2630 Ridgewood Road STE D	07/26/2023	φοσυ.υυ
City, State, Zip Code	Jackson, MS 39216-4920		
Purpose of Disbursem	ent (Optional)	Aggregate	\$650.00
Event Expense		Year-to-date	
Full Name	James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	08/31/2023	\$898.15
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$15,898.15
Full Name	Bradford Stewart	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	119 Shoreline Dr.	09/29/2023	\$1,000.00
City, State, Zip Code	Madison, MS 39110-6829		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$3,000.00
Full Name	Mississippi Department Of Revenue	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 23058	09/15/2023	\$797.00
City, State, Zip Code	Jackson, MS 39225-3058		
Purpose of Disbursem Payroll Tax Expense		Aggregate Year-to-date	\$3,537.00
Full Name	James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	08/31/2023	\$1,222.10
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$17,120.25
Full Name	Carmon Horner	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 387	07/31/2023	\$2,000.00
City, State, Zip Code	Baldwyn, MS 38824-0387		
Purpose of Disburseme Consulting Services		Aggregate Year-to-date	\$2,000.00

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Full Name		Date	Aggregate Total Running Amount of each
i un nume	MS Federation of Republican Women	(Mo., Day, Year)	disbursment this period
Mailing Address	405 Grandview Court	08/29/2023	\$250.00
City, State, Zip Code	Pearl, MS 39208-9525		
Purpose of Disbursen	nent (Optional)	Aggregate	\$250.00
Advertising		Year-to-date	
Full Name	Internal Revenue Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	Department of the Treasury Internal Revenue Service Cε	07/14/2023	\$4,068.50
City, State, Zip Code	Ogden, UT 84201-0001		
Purpose of Disbursem Payroll Tax Expens		Aggregate Year-to-date	\$22,804.50
Full Name	Dunaway Signs Inc	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12224 Parkers Creed Road	09/12/2023	\$481.50
City, State, Zip Code	Biloxi, MS 39532-8100		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$481.50
Full Name	Anjou Restaurant	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	361 Township Ave.	07/26/2023	\$812.59
City, State, Zip Code	Ridgeland, MS 39157		
Purpose of Disbursem Event Expense, Ca		Aggregate Year-to-date	\$812.59
Full Name	Hederman Brothers	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1036	09/07/2023	\$1,248.34
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$78,492.88
Full Name	Docusign	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	180 North LaSalle St, Floor 12	08/31/2023	\$480.00
City, State, Zip Code	Chicago, IL 60601-2601		
Purpose of Disbursem Software	ent (Optional)	Aggregate Year-to-date	\$480.00

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Full Name		Date	Aggregate Total Running Amount of each
ruii Name	Premium Consulting Group LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	12301 Tiffany Lane	09/29/2023	\$2,000.00
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disburseme Consulting Services		Aggregate Year-to-date	\$19,431.14
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	08/22/2023	\$8,886.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburseme Production Services		Aggregate Year-to-date	\$2,299,842.13
Full Name	K. Neal Ricks Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5339 Saratoga	07/03/2023	\$410.42
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disburseme Expense reimburse		Aggregate Year-to-date	\$3,910.42
Full Name	J.S. lupe's	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 2736	09/06/2023	\$588.50
City, State, Zip Code	Madison, MS 39130-2736		
Purpose of Disburseme Printed Materials	ent (Optional)	Aggregate Year-to-date	\$6,507.21
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	07/31/2023	\$888.48
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disburseme Reimbursement for		Aggregate Year-to-date	\$19,441.51
Full Name	James R. Peavy	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	584 Boardwalk Blvd	09/29/2023	\$5,000.00
City, State, Zip Code	Ridgeland, MS 39157-4112		
Purpose of Disburseme	ent (Optional)	Aggregate Year-to-date	\$24,609.88

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Name of Candidate or Committee		

Reporting Period 07/01/2023 through 09/30/2023

		Aggregate Total Running
Full Name Ana Marina Ingham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address 122 Langdon Drive	09/29/2023	\$340.99
City, State, Zip Code Madison, MS 39110-7076		
Purpose of Disbursement (Optional) Expense reimbursement	Aggregate Year-to-date	\$27,005.60