

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election

**RECEIVED**

By Secretary of State Elections Division at 5:26 pm, Aug 01, 2023

Name of Candidate _____

Address _____ City/Zip _____

Telephone (Work) _____ (Home) _____ (Fax) _____

Contact Name _____ Email Address _____

Office Sought _____ Political Party (if any) _____

☐ Check here if above 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, 2023)Mandatory (If Opposed)

____ August 22, 2023 Primary Pre-Runoff Report (July 30, 2023 through August 19, 2023)Runoff Candidates Only

____ October 10, 2023 Periodic Report (July 1, 2023 through September 30, 2023)Mandatory

____ October 31, 2023 Pre-Election Report (October 1, 2023 through October 29, 2023)Mandatory (If Opposed)

____ November 21, 2023 Pre-Runoff Report (October 30, 2023 through November 19, 2023)Runoff Candidates Only

____ January 10, 2024 Periodic Report (October 1, 2023 through December 31, 2023)Mandatory

____ Termination Report (Committee will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation)Required to terminate reporting obligations

IMPORTANT

- (1) All candidates for office shall file periodic reports in the year in which they are to be elected.
- (2) Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed in the election for which the report is required.
- (3) Until a candidate files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (4) **Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth 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 reports by 5:00 p.m. on the deadline. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day *before* the deadline.

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

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

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

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

Chris McDaniel

Signature of Candidate

Date

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

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

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

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

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

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

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name Hazlitt Industries LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 83 River Rd	<u>07/25/2023</u>	\$ \$1,903.65
City, State, Zip Code Summit, NJ 07901	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Fundraising Consulting	Aggregate Year-to-date	\$ \$10,250.57
B. Full name Kristian Vazquez	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 13905 Harvey Ln	<u>07/03/2023</u>	\$ \$8,283.96
City, State, Zip Code Riverside, CA 92503	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Campaign Consulting	Aggregate Year-to-date	\$ \$39,501.28
C. Full name Sheena East	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1426 Highway 98 E	<u>07/25/2023</u>	\$ \$1,210.00
City, State, Zip Code Columbia, MS 39429	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Campaign Consulting	Aggregate Year-to-date	\$ \$6,123.17
D. Full name Strategic Media Placement, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7669 Stagers Loop	<u>07/21/2023</u>	\$ \$68,168.80
City, State, Zip Code Delaware OH 43015	<u>07/27/2023</u>	\$ \$5,900.00
Purpose of Disbursement (Optional) Media Placement	Aggregate Year-to-date	\$ \$156,881.80
E. Full name The First Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1945 Hwy. 15 North	<u>07/03/2023</u>	\$ \$25.00
City, State, Zip Code Laurel, MS 39440	<u>07/10/2023</u>	\$ \$25.00
Purpose of Disbursement (Optional) Bank Fees	Aggregate Year-to-date	\$ \$477.00
F. Full name The First Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1945 Hwy. 15 North	<u>07/14/2023</u>	\$ \$25.00
City, State, Zip Code Laurel, MS 39440	<u>07/19/2023</u>	\$ \$25.00
Purpose of Disbursement (Optional) Bank Fees	Aggregate Year-to-date	\$ \$477.00

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023**ITEMIZED DISBURSEMENTS**Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name The First Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1945 Hwy. 15 North	<u>07/21/2023</u>	\$ \$25.00
City, State, Zip Code Laurel, MS 39440	<u>07/26/2023</u>	\$ \$20.00
Purpose of Disbursement (Optional) Bank Fees	Aggregate Year-to-date	\$ \$477.00
B. Full name The First Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1945 Hwy. 15 North	<u>07/27/2023</u>	\$ \$25.00
City, State, Zip Code Laurel, MS 39440	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Bank Fees	Aggregate Year-to-date	\$ \$477.00
C. Full name The Strategy Group For Media Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7669 Stagers Loop	<u>07/27/2023</u>	\$ \$76,607.00
City, State, Zip Code Delaware, OH 43015	<u>07/27/2023</u>	\$ \$6,537.50
Purpose of Disbursement (Optional) Media Placement	Aggregate Year-to-date	\$ \$193,757.13
D. Full name The Strategy Group For Media Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7669StagersLoop	<u>07/10/2023</u>	\$ \$36,735.62
City, State, Zip Code Delaware, OH 43015	<u>07/14/2023</u>	\$ \$36,975.40
Purpose of Disbursement (Optional) Media Placement	Aggregate Year-to-date	\$ \$193,757.13
E. Full name Victory Enterprises, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5200 30th St SW UNIT 7	<u>07/17/2023</u>	\$ \$5,000.00
City, State, Zip Code Davenport, IA 52802	<u>07/17/2023</u>	\$ \$1,378.00
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$ \$123,899.33
F. Full name Victory Enterprises, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5200 30th St SW UNIT 7	<u>07/17/2023</u>	\$ \$5,000.00
City, State, Zip Code Davenport, IA 52802	<u>07/05/2023</u>	\$ \$2,500.00
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$ \$123,899.33

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED DISBURSEMENTS

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

A. Full name Victory Enterprises, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 5200 30th St SW UNIT 7	<u>07/08/2023</u>	\$ \$3,000.00
City, State, Zip Code Davenport, IA 52802	<u>07/25/2023</u>	\$ \$7,500.00
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$ \$123,899.33
B. Full name WinRed Technical Services LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1776 Wilson Blvd Suite 530	<u>07/06/2023</u>	\$ \$244.94
City, State, Zip Code Arlington, VA 22209	<u>07/13/2023</u>	\$ \$454.72
Purpose of Disbursement (Optional) Credit Card Fees	Aggregate Year-to-date	\$ \$4,350.50
C. Full name WinRed Technical Services LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1776 Wilson Blvd Suite 530	<u>07/20/2023</u>	\$ \$163.57
City, State, Zip Code Arlington, VA 22209	<u>07/27/2023</u>	\$ \$ 93.81
Purpose of Disbursement (Optional) Credit Card Fees	Aggregate Year-to-date	\$ \$4,350.50
D. Full name WinRed Technical Services LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1776 Wilson Blvd Suite 530	<u>07/29/2023</u>	\$ \$112.29
City, State, Zip Code Arlington, VA 22209	<u>+</u>	\$
Purpose of Disbursement (Optional) Credit Card Fees	Aggregate Year-to-date	\$ \$4,000.50
E. Full name Dee Hunt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 109 Timbercrest Ln	<u>7 / 3 / 2023</u>	\$ 100
City, State, Zip Code Brandon MS 39047	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name Glenn Olson	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1833 Keenlan Drive	<u>7 / 3 / 2023</u>	\$ 250
City, State, Zip Code Hernando MS 38632	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Andrea Lowrie		7/4/2023	\$ 25
Mailing Address 621 Water Oak Dr		___ / ___ / ___	\$
City, State, Zip Code Madison MS 39110		___ / ___ / ___	\$
Name of Employer (Required) University of MS Medical Center		___ / ___ / ___	\$
Occupation (Required) Speech-language pathologist		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Andy Spence		7/11/2023	\$ 25
Mailing Address 31 Spence Farm Ln		___ / ___ / ___	\$
City, State, Zip Code Monticello MS 39654		___ / ___ / ___	\$
Name of Employer (Required) DayZimmerman		___ / ___ / ___	\$
Occupation (Required) Boilermaker		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Angela Jackson		7/15/2023	\$ 25
Mailing Address 3636 Lewis Lane		___ / ___ / ___	\$
City, State, Zip Code Gloster MS 39638		___ / ___ / ___	\$
Name of Employer (Required) Usps		___ / ___ / ___	\$
Occupation (Required) Rural carrier		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Art Girasole		7/13/2023	\$ 20
Mailing Address 86 Clover Court		___ / ___ / ___	\$
City, State, Zip Code Orchard Park NY 14127		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Baird Moor</u>		<u>7/12/2023</u>	\$ <u>100</u>
Mailing Address <u>9676 County Road 145</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Greenwood MS 38930</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Hewes Jr.</u>		<u>7/12/2023</u>	\$ <u>1000</u>
Mailing Address <u>13084 Old Highway 49</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Gulfport, MS 39503</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ben James</u>		<u>7/10/2023</u>	\$ <u>25</u>
Mailing Address <u>123 Tuscahoma Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Butler AL 36904</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>James Flynt Properties LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Pastor</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Benjamin Inman</u>		<u>7/11/2023</u>	\$ <u>50</u>
Mailing Address <u>548 Whitten Trl</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Blue Springs MS 38828</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Benny Rigby		<u>7/3/2023</u>	\$ 300
Mailing Address 173 Judah Rd		___ / ___ / ___	\$
City, State, Zip Code Randolph MS 38864		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Elba Armstrong		<u>7/11/2023</u>	\$ 500
Mailing Address 15 Edgewater Ct		___ / ___ / ___	\$
City, State, Zip Code Wakeman, OH 44889		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name James Cegielski		<u>7/11/2023</u>	\$ 10000
Mailing Address 1214 Woodland Hills Dr		___ / ___ / ___	\$
City, State, Zip Code Laurel, MS 39440		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bill McGee		<u>7/13/2023</u>	\$ 50
Mailing Address 3393 Oktoc Rd		___ / ___ / ___	\$
City, State, Zip Code Starkville MS 39759		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bobby D. Kitchen		7/11/2023	\$ 25
Mailing Address Po Box 252		___ / ___ / ___	\$
City, State, Zip Code Plantersville MS 38862		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brad Rebers		7/10/2023	\$ 15
Mailing Address 10115 w 25th ave, 12, 12		___ / ___ / ___	\$
City, State, Zip Code Denver CO 80215		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brad Judy		7/10/2023	\$ 25
Mailing Address 483 Hwy 1187		___ / ___ / ___	\$
City, State, Zip Code Mansura LA 71350		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brandi Smith		7/10/2023	\$ 25
Mailing Address 3045 Tanglewood Road		___ / ___ / ___	\$
City, State, Zip Code Magnolia MS 39652		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brandon Hodges		7/11/2023	\$ 50
Mailing Address 171 Beechwood Dr		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg MS 39402		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brannon Runnels		7/11/2023	\$ 100
Mailing Address 871 N Church St		___ / ___ / ___	\$
City, State, Zip Code Florence MS 39073		___ / ___ / ___	\$
Name of Employer (Required) Integrity Automotive		___ / ___ / ___	\$
Occupation (Required) Automobile technician		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brenda Davidson		7/10/2023	\$ 25
Mailing Address 831 Pleasant Hill Road		___ / ___ / ___	\$
City, State, Zip Code Columbus MS 39702		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bret Fisackerly		7/19/2023	\$ 25
Mailing Address 1600 Southern Ridge Trail		___ / ___ / ___	\$
City, State, Zip Code Olive Branch MS 38654		___ / ___ / ___	\$
Name of Employer (Required) SH Systems		___ / ___ / ___	\$
Occupation (Required) Project manager		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bruce Telephone Company</u>		<u>7/24/2023</u>	\$ <u>200</u>
Mailing Address <u>12 3rd St</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Bay Springs MS 39422</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Willie McCain</u>		<u>7/4/2023</u>	\$ <u>6</u>
Mailing Address <u>1373 Dogwood Hollow Dr</u>		<u>7</u> / <u>19</u> / <u>2023</u>	\$ <u>25</u>
City, State, Zip Code <u>Nesbit MS 38651</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carol Walters</u>		<u>7/1/2023</u>	\$ <u>300</u>
Mailing Address <u>1311 Augusta Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ellisville MS 39437</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carol Strickland</u>		<u>7/1/2023</u>	\$ <u>25</u>
Mailing Address <u>407 County Road 313</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Burnsville MS 38833</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Catherine Tucker</u>		<u>7/28/2023</u>	\$ <u>776</u>
Mailing Address <u>40 Nancy Ln</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Lumberton MS 39455</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cathy Walters</u>		<u>7/13/2023</u>	\$ <u>100</u>
Mailing Address <u>2033 Walters Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Crystal Springs MS 39059</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>William Mullins III</u>		<u>7/24/2023</u>	\$ <u>200</u>
Mailing Address <u>6 Westerly Dr</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Laurel MS 39443</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charles Benson</u>		<u>7/24/2023</u>	\$ <u>100</u>
Mailing Address <u>123 Pembroke Cir</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Timothy James		7/17/2023	\$ 50
Mailing Address 128 S. Front St		___ / ___ / ___	\$
City, State, Zip Code Winona MS 38967		___ / ___ / ___	\$
Name of Employer (Required) UMMC		___ / ___ / ___	\$
Occupation (Required) Nurse		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Thomas Rogers		7/14/2023	\$ 50
Mailing Address 44 Huckleberry Rd		___ / ___ / ___	\$
City, State, Zip Code Ellisville MS 39437		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Charles Tisdale		7/10/2023	\$ 50
Mailing Address 15 valley ridge		___ / ___ / ___	\$
City, State, Zip Code Purvis MS 39475		___ / ___ / ___	\$
Name of Employer (Required) Baldwin Pole		___ / ___ / ___	\$
Occupation (Required) Forrester		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Charles White		7/12/2023	\$ 100
Mailing Address 18584 Hwy 53		___ / ___ / ___	\$
City, State, Zip Code Gulfport MS 39503		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chester Smith		7/8/2023	\$ 50
Mailing Address 340 Argile Smith Rd		___ / ___ / ___	\$
City, State, Zip Code Poplarville MS 39470		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chris McDaniel		7/3/2023	\$ 100
Mailing Address 414 West Oak		___ / ___ / ___	\$
City, State, Zip Code Laurel MS 39440		___ / ___ / ___	\$
Name of Employer (Required) MS		___ / ___ / ___	\$
Occupation (Required) Senator		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chris Johns		7/7/2023	\$ 2900
Mailing Address 1026 Emileigh Drive		___ / ___ / ___	\$
City, State, Zip Code Summit MS 39666		___ / ___ / ___	\$
Name of Employer (Required) Installment Lender Self Employed		___ / ___ / ___	\$
Occupation (Required) Installment Lender		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Christina Daniels		7/10/2023	\$ 25
Mailing Address 516 CR 299		___ / ___ / ___	\$
City, State, Zip Code Louin MS 39338		___ / ___ / ___	\$
Name of Employer (Required) Self employed		___ / ___ / ___	\$
Occupation (Required) Self employed		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clay Davis</u>		<u>7/11/2023</u>	\$ <u>50</u>
Mailing Address <u>468 S. Archie Jackson Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Grenada MS 38901</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clyde Goodwin</u>		<u>7/20/2023</u>	\$ <u>50</u>
Mailing Address <u>1095 Swamp Ln</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hazlehurst MS 39083</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Connie Sanford</u>		<u>7/13/2023</u>	\$ <u>250</u>
Mailing Address <u>780 Old Rifle Range Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Petal MS 39465</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Self employed</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Connie Sanford</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Craig Almquist</u>		<u>7/12/2023</u>	\$ <u>200</u>
Mailing Address <u>1081 Cedar Ridge Lane</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Versailles KY 40383</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>ensiteusa</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Mech. Engineer</u>		Aggregate year-to-date	\$

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ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tyler Walden		7/10/2023	\$ 25
Mailing Address 2712 North Lane		___ / ___ / ___	\$
City, State, Zip Code Corinth MS 38834		___ / ___ / ___	\$
Name of Employer (Required) BDT Beverage		___ / ___ / ___	\$
Occupation (Required) District Manager		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cynthia Woods		7/10/2023	\$ 100
Mailing Address 21 Thorngate Drive		___ / ___ / ___	\$
City, State, Zip Code Brandon MS 39042		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dale Holifield		7/10/2023	\$ 25
Mailing Address 711 CR 23		___ / ___ / ___	\$
City, State, Zip Code Laurel MS 39443		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Daniel Burton		7/24/2023	\$ 1000
Mailing Address PO Box 7605		___ / ___ / ___	\$
City, State, Zip Code Gulfport MS 39506		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Daniel Hegel		7/26/2023	\$ 100000
Mailing Address 3407 4th Carmel Ave		___ / ___ / ___	\$
City, State, Zip Code Carmel CA 93923		___ / ___ / ___	\$
Name of Employer (Required) Advanced Development Technologies		___ / ___ / ___	\$
Occupation (Required) Director		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Danny Loftin		7/16/2023	\$ 100
Mailing Address 22 D L Lane		___ / ___ / ___	\$
City, State, Zip Code Collins MS 39428		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Darrell McCaffrey		7/11/2023	\$ 25
Mailing Address 2070 Six Mile Road		___ / ___ / ___	\$
City, State, Zip Code Crystal Springs MS 39059		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name David Moffett		7/28/2023	\$ 100
Mailing Address 724 Paulding Rd		___ / ___ / ___	\$
City, State, Zip Code Ellisville MS 39437		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David Forsyth</u>		<u>7/10/2023</u>	\$ <u>25</u>
Mailing Address <u>16 cr 386</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>water valley MS 38965</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>ACI Building Systems</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Proj Mgt Est Manager</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>David Boatner</u>		<u>7/11/2023</u>	\$ <u>100</u>
Mailing Address <u>4678 Bethlehem Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Potts Camp MS 38659</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Imperium Construction</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Crane Operator</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deborah Crawley</u>		<u>7/12/2023</u>	\$ <u>200</u>
Mailing Address <u>PO Box 1636</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Florence MS 39073</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Debra Holliman</u>		<u>7/11/2023</u>	\$ <u>50</u>
Mailing Address <u>382 Beaver Dam Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Perkinston MS 39573</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Debrah West</u>		<u>7/11/2023</u>	\$ <u>100</u>
Mailing Address <u>35 Wazee Pl</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ovett MS 39404</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Dee Hunt</u>		<u>7/2/2023</u>	\$ <u>100</u>
Mailing Address <u>109 Timbercrest Ln</u>		<u>7/2/2023</u>	\$ <u>100</u>
City, State, Zip Code <u>Brandon MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>self</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Homemaker</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Deirdre Arnold</u>		<u>7/10/2023</u>	\$ <u>25</u>
Mailing Address <u>6064 Berrytown Road SE</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Meadville MS 39653</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Denise Sumpter</u>		<u>7/11/2023</u>	\$ <u>25</u>
Mailing Address <u>3922 Palmetto Ave</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Pascagoula MS 39581</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Unemployed</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Unemployed</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dennis Jerden		7/19/2023	\$ 50
Mailing Address 544 Leewood Rd.		___ / ___ / ___	\$
City, State, Zip Code Holly Springs MS 38635		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dennis Carson		7/17/2023	\$ 100
Mailing Address 4700 Morales St		___ / ___ / ___	\$
City, State, Zip Code Metairie LA 70006		___ / ___ / ___	\$
Name of Employer (Required) Attorney		___ / ___ / ___	\$
Occupation (Required) Attorney		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Donald Walker		7/11/2023	\$ 500
Mailing Address 3052 Attala Road 3031		___ / ___ / ___	\$
City, State, Zip Code Kosciusko MS 39090		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Thomas Weiss		7/12/2023	\$ 50
Mailing Address 16809 Springlake Dr		___ / ___ / ___	\$
City, State, Zip Code Vanceleave MS 39565		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Donna Hensarling</u>		<u>7/11/2023</u>	\$ <u>25</u>
Mailing Address <u>641 Trace Rd</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Laurel MS 39443</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Edee Monnen</u>		<u>7/17/2023</u>	\$ <u>100</u>
Mailing Address <u>621 Diamond St</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Easton MD 21601</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Edward Pierce</u>		<u>7/1/2023</u>	\$ <u>50</u>
Mailing Address <u>1973 Parkway Circle</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Toomsba MS 39364</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Edward Schmidt</u> Type text here		<u>7/16/2023</u>	\$ <u>100</u>
Mailing Address <u>po box 866</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Saucier MS 39574</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Harvey Gulf International</u>		___ / ___ / ___	\$
Occupation (Required) <u>chief engineer</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Elizabeth Tidwell		7/10/2023	\$ 50
Mailing Address 60054 Birchwood Lane		___ / ___ / ___	\$
City, State, Zip Code Amory MS 38821		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Eugene Shannon		7/12/2023	\$ 25
Mailing Address 1122 Weston Road		___ / ___ / ___	\$
City, State, Zip Code Union Church MS 39668		___ / ___ / ___	\$
Name of Employer (Required) SAS retail services		___ / ___ / ___	\$
Occupation (Required) Retail Sales		Aggregate year-to-date	\$
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Fail, Inc.		7/24/2023	\$ 200
Mailing Address 12 3rd St		___ / ___ / ___	\$
City, State, Zip Code Bay Springs MS 39422		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ford Mundy		7/13/2023	\$ 200
Mailing Address 170 Johnstone Dr		___ / ___ / ___	\$
City, State, Zip Code Madison MS 39110		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Frances Perkins</u>		<u>7/17/2023</u>	\$ <u>50</u>
Mailing Address <u>941 Luckney</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Brandon MS 39047</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Fred Ezelle</u>		<u>7/24/2023</u>	\$ <u>50</u>
Mailing Address <u>752 Euclid Ave</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson MS 39202</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Fredna Tisdale</u>		<u>7/28/2023</u>	\$ <u>100</u>
Mailing Address <u>3121 Augusta Rd</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Ellisville MS 39437</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Fulton Telephone Company</u>		<u>7/24/2023</u>	\$ <u>200</u>
Mailing Address <u>12 3rd St</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Bay Springs MS 39422</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Geneise Hitt		7/20/2023	\$ 100
Mailing Address 541 Highway 8 W		___ / ___ / ___	\$
City, State, Zip Code Calhoun City MS 38916		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Glen Odom		7/10/2023	\$ 25
Mailing Address 1394 Carroll Dr		___ / ___ / ___	\$
City, State, Zip Code Terry MS 39170		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Grace Harrison		7/16/2023	\$ 100
Mailing Address P O Box 5324		___ / ___ / ___	\$
City, State, Zip Code Vanceleave MS 39565		___ / ___ / ___	\$
Name of Employer (Required) The Encore Group, Inc.		___ / ___ / ___	\$
Occupation (Required) Self Employed		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Hayes Patrick		7/7/2023	\$ 1450
Mailing Address 824 Louis Wilson Drive		___ / ___ / ___	\$
City, State, Zip Code Brandon MS 39042		___ / ___ / ___	\$
Name of Employer (Required) Ms Dept of Ag		___ / ___ / ___	\$
Occupation (Required) Deputy Commissioner		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Henry Woodard III		7/12/2023	\$ 25
Mailing Address Henry Woodard III		___ / ___ / ___	\$
City, State, Zip Code Ashland MS 38603		___ / ___ / ___	\$
Name of Employer (Required) Influencer		___ / ___ / ___	\$
Occupation (Required) Self employed		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Hunter Estes		7/10/2023	\$ 25
Mailing Address 340 Arbor Drive		___ / ___ / ___	\$
City, State, Zip Code Ridgeland MS 39157		___ / ___ / ___	\$
Name of Employer (Required) Communications Director		___ / ___ / ___	\$
Occupation (Required) Mississippi		Aggregate year-to-date	\$
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Independence Land Company LLC		7/24/2023	\$ 1000
Mailing Address 7950-E Wrenwood Blvd		___ / ___ / ___	\$
City, State, Zip Code Baton Rouge LA 70809		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jack Fairchilds		7/11/2023	\$ 100
Mailing Address 801 Main St, Apt 9		___ / ___ / ___	\$
City, State, Zip Code Ellisville MS 39437		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 20th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jack Perry		7/11/2023	\$ 25
Mailing Address 1300 Plantation Road		___ / ___ / ___	\$
City, State, Zip Code Tunica MS 38676		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jacob Strait		7/20/2023	\$ 50
Mailing Address 509 Melrose Ave		___ / ___ / ___	\$
City, State, Zip Code Vicksburg MS 39183		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Terry Moore		7/10/2023	\$ 25
Mailing Address 148 Forked Creek Pkwy		___ / ___ / ___	\$
City, State, Zip Code Hernando MS 38632		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name James Treadway		7/10/2023	\$ 50
Mailing Address 1234 Market Street		___ / ___ / ___	\$
City, State, Zip Code Pascagoula MS 39567		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jamey Finley		7/12/2023	\$ 100
Mailing Address 114 Water Front Dr.		___ / ___ / ___	\$
City, State, Zip Code Slatillo MS 38866		___ / ___ / ___	\$
Name of Employer (Required) self employed		___ / ___ / ___	\$
Occupation (Required) business man		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jason Sullivan		7/3/2023	\$ 100
Mailing Address 20699 Coontail road		___ / ___ / ___	\$
City, State, Zip Code Aberdeen MS 39730		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jason Castle		7/10/2023	\$ 1000
Mailing Address 209 Mount Horeb Rd		___ / ___ / ___	\$
City, State, Zip Code Meridian MS 39301		___ / ___ / ___	\$
Name of Employer (Required) Self employed		___ / ___ / ___	\$
Occupation (Required) energy		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JD Buchanan		7/10/2023	\$ 100
Mailing Address 66 Newcomb Rd		___ / ___ / ___	\$
City, State, Zip Code Laurel MS 39443		___ / ___ / ___	\$
Name of Employer (Required) Sanderson farms		___ / ___ / ___	\$
Occupation (Required) Master maintenance tech		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jean Rigney		7/21/2023	\$ 200
Mailing Address 1127 Hickory Hills Dr		___ / ___ / ___	\$
City, State, Zip Code Gautier MS 39553		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jean Long		7/20/2023	\$ 50
Mailing Address 110 Afton Way		___ / ___ / ___	\$
City, State, Zip Code Clinton MS 39056		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jeff Troyka		7/15/2023	\$ 25
Mailing Address 37 Ferwood Drive		7/15/2023	\$ 500
City, State, Zip Code Laurel MS 39440		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jennifer Patin		7/16/2023	\$ 25
Mailing Address 14180 Oneal Rd Apt 25		___ / ___ / ___	\$
City, State, Zip Code Gulfport MS 39503		___ / ___ / ___	\$
Name of Employer (Required) Disability Connection		___ / ___ / ___	\$
Occupation (Required) Job Coach		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jennifer Johnson		7/14/2023	\$ 25
Mailing Address 6213 Old Fort Bayou Rd.		___ / ___ / ___	\$
City, State, Zip Code Ocean Springs MS 39564		___ / ___ / ___	\$
Name of Employer (Required) FMS Engineering, LLC		___ / ___ / ___	\$
Occupation (Required) Structural Engineer		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jerry Rigby		7/10/2023	\$ 25
Mailing Address 2465 Attala Road 3221		___ / ___ / ___	\$
City, State, Zip Code West MS 39192		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name jessie sanford		7/17/2023	\$ 25
Mailing Address 106 east 6th ave		___ / ___ / ___	\$
City, State, Zip Code Petal MS 39465		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jill Lee		7/11/2023	\$ 25
Mailing Address 321 River Road		___ / ___ / ___	\$
City, State, Zip Code Picayune MS 39466		___ / ___ / ___	\$
Name of Employer (Required) Uniforms by Bales		___ / ___ / ___	\$
Occupation (Required) Seamstress		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jimmy Lane		7/24/2023	\$ 1000
Mailing Address 3925 Highway 57		___ / ___ / ___	\$
City, State, Zip Code Ocean Springs MS 39564		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jimmy Smith		7/20/2023	\$ 300
Mailing Address 364 SCR 501 1A		___ / ___ / ___	\$
City, State, Zip Code Louin MS 39338		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joanna Mallett		7/28/2023	\$ 100
Mailing Address 117 Hawkes Rd		___ / ___ / ___	\$
City, State, Zip Code Laurel MS 39443		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joe Felder		7/2/2023	\$ 25
Mailing Address 511 W Georgia Ave		___ / ___ / ___	\$
City, State, Zip Code Mccomb MS 39648		___ / ___ / ___	\$
Name of Employer (Required) Field Family Dentistry		___ / ___ / ___	\$
Occupation (Required) Director		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Terry Tirrell		7/10/2023	\$ 15
Mailing Address 3505 N 11th St		___ / ___ / ___	\$
City, State, Zip Code Ocean Springs MS 39564		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name John Fowler		7/10/2023	\$ 25
Mailing Address 145 Drive 194		___ / ___ / ___	\$
City, State, Zip Code Nettleton MS 38858		___ / ___ / ___	\$
Name of Employer (Required) USPS		___ / ___ / ___	\$
Occupation (Required) Rural Letter Carrier		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Johnnie McInnis		7/10/2023	\$ 25
Mailing Address 226 Road 2878		___ / ___ / ___	\$
City, State, Zip Code Baldwyn MS 38824		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Joseph Estess		7/6/2023	\$ 5000
Mailing Address 1818 Forest Park		___ / ___ / ___	\$
City, State, Zip Code Tupelo MS 38801		___ / ___ / ___	\$
Name of Employer (Required) Magnolia Business Centre		___ / ___ / ___	\$
Occupation (Required) Owner		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Julia Davidson</u>		<u>7/10/2023</u>	\$ <u>25</u>
Mailing Address <u>2733 Prairie View Circle</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Belden MS 38826</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Karen Shepherd</u>		<u>7/12/2023</u>	\$ <u>25</u>
Mailing Address <u>406 Penn</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Kroger</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Fuel Clerk</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Karl Vriesen</u>		<u>7/17/2023</u>	\$ <u>500</u>
Mailing Address <u>1519 Lakeside Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39216</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Katherine Hampton</u>		<u>7/4/2023</u>	\$ <u>25</u>
Mailing Address <u>2814 lawnwood dr</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ocean Springs MS 39564</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Harrison County School District</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Teacher</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kathryn Walley</u>		<u>7/10/2023</u>	\$ <u>25</u>
Mailing Address <u>55 Ellis Odom Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Richton MS 39476</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kathryn M Bryant</u>		<u>7/18/2023</u>	\$ <u>100</u>
Mailing Address <u>4 Bruce Bryant Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Laurel MS 39443</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Keith Frazier</u>		<u>7/6/2023</u>	\$ <u>100</u>
Mailing Address <u>45 cr 619</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Corinth MS 38834</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Family Financial Services</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Keith Hall</u>		<u>7/10/2023</u>	\$ <u>100</u>
Mailing Address <u>7318 Parkway Dr SE</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Leeds AL 35094</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Builder</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kelli Plunk		<u>7/12/2023</u>	\$ 25
Mailing Address 983 County Road 251		___ / ___ / ___	\$
City, State, Zip Code Saltillo MS 38866		___ / ___ / ___	\$
Name of Employer (Required) North Mississippi Medical Center		___ / ___ / ___	\$
Occupation (Required) Nurse Practitioner		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ken Whitfield		<u>7/10/2023</u>	\$ 50
Mailing Address PO Box 1		___ / ___ / ___	\$
City, State, Zip Code Okolona MS 38860		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Terry Ezell		<u>7/10/2023</u>	\$ 25
Mailing Address 54 Soso Big Creek Road		___ / ___ / ___	\$
City, State, Zip Code Soso MS 39480		___ / ___ / ___	\$
Name of Employer (Required) Retired		___ / ___ / ___	\$
Occupation (Required) Retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kerry Williams		<u>7/1/2023</u>	\$ 25
Mailing Address 383 Dogwood Hill Rd		___ / ___ / ___	\$
City, State, Zip Code Ashland MS 38603		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kerry King		<u>7/19/2023</u>	\$ 25
Mailing Address 311 Dunn Rd		___ / ___ / ___	\$
City, State, Zip Code Walnut MS 38683		___ / ___ / ___	\$
Name of Employer (Required) Midsouth Boring and Piping		___ / ___ / ___	\$
Occupation (Required) Natural Gas Distribution		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kevin Poole		<u>7/4/2023</u>	\$ 10
Mailing Address 1721 Highway 11		___ / ___ / ___	\$
City, State, Zip Code Petal MS 39465		___ / ___ / ___	\$
Name of Employer (Required) Channel Control Merchants		___ / ___ / ___	\$
Occupation (Required) Analyst		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kim Eure		<u>7/10/2023</u>	\$ 25
Mailing Address 52 Northfork Drive		___ / ___ / ___	\$
City, State, Zip Code Petal MS 39465		___ / ___ / ___	\$
Name of Employer (Required) FGH		___ / ___ / ___	\$
Occupation (Required) Nurse		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kimberly Blythe		<u>7/20/2023</u>	\$ 200
Mailing Address 1568 State Park Rd		___ / ___ / ___	\$
City, State, Zip Code Sardis MS 38666		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kristie McGee</u>		<u>7/10/2023</u>	\$ <u>100</u>
Mailing Address <u>3397 Oktoc Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Starkville MS 39759</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Cattle rancher</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ted Holloway</u>		<u>7/11/2023</u>	\$ <u>25</u>
Mailing Address <u>10554 Pax Cave</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Biloxi MS 39532</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lacey Mccombs</u>		<u>7/11/2023</u>	\$ <u>25</u>
Mailing Address <u>476 Edgewood Xing</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon MS 39042</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Design Studio</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Designer</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lamar Sullivan</u>		<u>7/12/2023</u>	\$ <u>25</u>
Mailing Address <u>225 Dollar Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Magee MS 39111</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Larry Jefcoat</u>		<u>7/24/2023</u>	\$ <u>500</u>
Mailing Address <u>2842 Highway 29 N</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Soso MS 39480</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Larry McMillan</u>		<u>7/13/2023</u>	\$ <u>200</u>
Mailing Address <u>35 Tommy Dr</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Philadelphia MS 39350</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sylvia Riser</u>		<u>7/28/2023</u>	\$ <u>15</u>
Mailing Address <u>53 Palmer Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ellisville MS 39437</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lee Davis</u>		<u>7/4/2023</u>	\$ <u>100</u>
Mailing Address <u>124 Beatrice lane</u>		<u>7/10/2023</u>	\$ <u>25</u>
City, State, Zip Code <u>Brandon MS 39047</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>MDOT</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Emergency Services Dir</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leigh Goodwin</u>		<u>7/10/2023</u>	\$ <u>25</u>
Mailing Address <u>487 Service Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Laurel MS 39443</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Clay B. Thames</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Nurse</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Leslie Rutland</u>		<u>7/24/2023</u>	\$ <u>1000</u>
Mailing Address <u>PO Box 2349</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Collins MS 39428</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Linda Burgess</u>		<u>7/24/2023</u>	\$ <u>35</u>
Mailing Address <u>1160 Kennebrew Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39209</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Steve Moffett</u>		<u>7/8/2023</u>	\$ <u>200</u>
Mailing Address <u>PO Box 917</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ellisville MS 39437</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Gainwell Technologies</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Systems Engineer</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lori Caston</u>		<u>7/10/2023</u>	\$ <u>50</u>
Mailing Address <u>58 Toxie Burkhalter Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Purvis MS 39475</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Unemployed</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Unemployed</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lori Cyree</u>		<u>7/18/2023</u>	\$ <u>250</u>
Mailing Address <u>117 Eastwind Dr.</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Oxford MS 38655</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>J6 Advocate</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mandy alford</u>		<u>7/11/2023</u>	\$ <u>10</u>
Mailing Address <u>1325 gum Grove rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brookhaven MS 39601</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Marcia Mixon</u>		<u>7/19/2023</u>	\$ <u>100</u>
Mailing Address <u>5417 SUFFOLK DR</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson MS 39211</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Margaret Davis</u>		<u>7/11/2023</u>	\$ <u>100</u>
Mailing Address <u>2844 E Roane Ave</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Eupora MS 39744</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Jim's Auto Parts</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Bookkeeper</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Marian Davis</u>		<u>7/11/2023</u>	\$ <u>25</u>
Mailing Address <u>193 Orvisburg Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Poplarville MS 39470</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Forrest Health</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>LPN</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>mark peevey</u>		<u>7/11/2023</u>	\$ <u>25</u>
Mailing Address <u>317 warwick road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Clinton MS 39056</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Marlene Rollins</u>		<u>7/10/2023</u>	\$ <u>100</u>
Mailing Address <u>383 Dillard Lane SE</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Meadville MS 39653</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Martin Marks		<u>7/8/2023</u>	\$ 50
Mailing Address 247 N Ridge Drive		___ / ___ / ___	\$
City, State, Zip Code Madison MS 39110		___ / ___ / ___	\$
Name of Employer (Required) Nissan North America		___ / ___ / ___	\$
Occupation (Required) Technician		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mary Bowman		<u>7/10/2023</u>	\$ 100
Mailing Address 27230 HUGH LEE RD		___ / ___ / ___	\$
City, State, Zip Code Picayune MS 39466		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mary J Culliver		<u>7/18/2023</u>	\$ 25
Mailing Address 19 Rocky Branch Rd		___ / ___ / ___	\$
City, State, Zip Code Columbia MS 39429		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Michael Cure		<u>7/14/2023</u>	\$ 2500
Mailing Address 106 Yarbrough Pl		___ / ___ / ___	\$
City, State, Zip Code Waveland MS 39576		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michael Buffington</u>		<u>7/12/2023</u>	\$ <u>100</u>
Mailing Address <u>29 Hickory Nut Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Decatur MS 39327</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Land Service</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Michah Baulch</u>		<u>7/17/2023</u>	\$ <u>100</u>
Mailing Address <u>30076 Bishop Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Nettleton MS 38858</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>MSARNG</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Military</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Steve Jennings</u>		<u>7/4/2023</u>	\$ <u>25</u>
Mailing Address <u>12 Mary Russell Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ellisville MS 39437</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Tillery Properties, LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>CFO</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mike Patten</u>		<u>7/28/2023</u>	\$ <u>100</u>
Mailing Address <u>317 N Jackson St</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Poplarville MS 39470</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mike Davis		<u>7/10/2023</u>	\$ 25
Mailing Address 375 New Zion Rd		___ / ___ / ___	\$
City, State, Zip Code Monticello MS 39654		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Stephen Kenn Beeman		<u>7/10/2023</u>	\$ 100
Mailing Address 107 Bellwood		___ / ___ / ___	\$
City, State, Zip Code Starkville MS 39759		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mound Bayou Telephone & Comm., Inc.		<u>7/24/2023</u>	\$ 200
Mailing Address 12 3rd St		___ / ___ / ___	\$
City, State, Zip Code Bay Springs MS 39422		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Nancy Kimble		<u>7/10/2023</u>	\$ 100
Mailing Address 85 Still Drive		___ / ___ / ___	\$
City, State, Zip Code Vicksburg MS 39180		___ / ___ / ___	\$
Name of Employer (Required) USACE		___ / ___ / ___	\$
Occupation (Required) Budget		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nina Hill</u>		<u>7/24/2023</u>	\$ <u>50</u>
Mailing Address <u>139 Miles Hill Rd</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Monticello MS 39654</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Norman Matlock</u>		<u>7/10/2023</u>	\$ <u>25</u>
Mailing Address <u>6475 BIRCHFIELD CIR</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Horn Lake MS 38637</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>retired</u>		___ / ___ / ___	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Stephanie Hodges</u>		<u>7/12/2023</u>	\$ <u>50</u>
Mailing Address <u>1003 Linden Dr</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Kosciusko MS 39090</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>The Skin District</u>		___ / ___ / ___	\$
Occupation (Required) <u>Esthetician</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pamela Cox</u>		<u>7/10/2023</u>	\$ <u>50</u>
Mailing Address <u>710 Arbor Run</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Brandon MS 39047</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>Purdue Global</u>		___ / ___ / ___	\$
Occupation (Required) <u>Instructor</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pat McDonough IV</u>		<u>7/17/2023</u>	\$ <u>100</u>
Mailing Address <u>395 Fry Ave</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Natchez MS 39120</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>McDonoughs</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Owner</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sonny Jones</u>		<u>7/17/2023</u>	\$ <u>50</u>
Mailing Address <u>82 Twin Oaks Trace</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39402</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Patrick Casey</u>		<u>7/12/2023</u>	\$ <u>100</u>
Mailing Address <u>493 Myers Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Byhalia MS 38611</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Kelloggs</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Mechanic</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Patrick Pasco</u>		<u>7/18/2023</u>	\$ <u>50</u>
Mailing Address <u>304 grayling blvd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Paul Bouchillon</u>		<u>7/19/2023</u>	\$ <u>50</u>
Mailing Address <u>2504 Savery Drive</u>		<u>7/19/2023</u>	\$ <u>50</u>
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Paula McLeod</u>		<u>7/11/2023</u>	\$ <u>50</u>
Mailing Address <u>102 Avenue D</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ellisville MS 39437</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Peter Wilson</u>		<u>7/10/2023</u>	\$ <u>25</u>
Mailing Address <u>453 Carmargue Ln</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Biloxi MS 39531</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Phil Boyd</u>		<u>7/20/2023</u>	\$ <u>100</u>
Mailing Address <u>1011 Apache Dr Ext</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>McComb MS 39648</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Phil Boyd Sales Inc</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Sales</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Philip A Orton		7/19/2023	\$ 100
Mailing Address 1299 Jackson Rd		___ / ___ / ___	\$
City, State, Zip Code Hattiesburg MS 39402		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Phyllis Wilburn		7/11/2023	\$ 50
Mailing Address 808 Palestine Road		___ / ___ / ___	\$
City, State, Zip Code Baldwyn MS 38824		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Plum Creek Properties, LLC		7/14/2023	\$ 10000
Mailing Address 540 County Road 103		___ / ___ / ___	\$
City, State, Zip Code Walnut MS 38683		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sherrill May		7 / 18 2023	\$ 25
Mailing Address 150 Major Ulmer Rd		___ / ___ / ___	\$
City, State, Zip Code Laurel MS 39443		___ / ___ / ___	\$
Name of Employer (Required) Homemaker		___ / ___ / ___	\$
Occupation (Required) Homemaker		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Sherrie Nance		7/17/2023	\$ 25
Mailing Address 13417 Ruth Street		___ / ___ / ___	\$
City, State, Zip Code Ocean Springs MS 39564		___ / ___ / ___	\$
Name of Employer (Required) Walmart		___ / ___ / ___	\$
Occupation (Required) Cashier		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Randy Abrams		7/8/2023	\$ 1000
Mailing Address 12 Castle Hill LN		___ / ___ / ___	\$
City, State, Zip Code Oxford MS 38655		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Sharon Theobald		7/10/2023	\$ 25
Mailing Address 56 Otter Creek Dr		___ / ___ / ___	\$
City, State, Zip Code Jackson TN 38305		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name Raymond Weathers		7/19/2023	\$ 50
Mailing Address 10071 rd 4304		___ / ___ / ___	\$
City, State, Zip Code Union MS 39365		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rebecca Edwards		7/11/2023	\$ 25
Mailing Address 4 Tallahoma Drive West		___ / ___ / ___	\$
City, State, Zip Code Laurel MS 39440		___ / ___ / ___	\$
Name of Employer (Required) self employed		___ / ___ / ___	\$
Occupation (Required) business owner		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Regina Pinkston		7/17/2023	\$ 100
Mailing Address 1895 Brentwood Trace		___ / ___ / ___	\$
City, State, Zip Code Southaven MS 38671		___ / ___ / ___	\$
Name of Employer (Required) Creative Co-op Inc		___ / ___ / ___	\$
Occupation (Required) Admin Specialist		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richard Taylor		7/24/2023	\$ 200
Mailing Address 200 4th Ave S, Unit 319		___ / ___ / ___	\$
City, State, Zip Code St. Petersburg FL 33701		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richard Conrad		7/21/2023	\$ 1000
Mailing Address PO Box 4164		___ / ___ / ___	\$
City, State, Zip Code Laurel MS 39441		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Richard Stone</u>		<u>7/7/2023</u>	\$ <u>25</u>
Mailing Address <u>139 Fox Farm Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38801</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>University of Mississippi</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Student</u>		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ricky Walker</u>		<u>7/11/2023</u>	\$ <u>25</u>
Mailing Address <u>1228 west Jackson Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Tupelo MS 38801</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ricky Mc Cullough</u>		<u>7/11/2023</u>	\$ <u>100</u>
Mailing Address <u>264 McCullough Dr</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Newton MS 39345</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rita Anderson</u>		<u>7/11/2023</u>	\$ <u>250</u>
Mailing Address <u>1859 Clinton Raymond Rd</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Bolton MS 39041</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rita Rouse		7/14/2023	\$ 100
Mailing Address PO Box 5986		___ / ___ / ___	\$
City, State, Zip Code Vanceleave MS 39565		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Shane Sterling		7/17/2023	\$ 500
Mailing Address 103 Hillcrest Circle		___ / ___ / ___	\$
City, State, Zip Code Petal MS 39465		___ / ___ / ___	\$
Name of Employer (Required) SCP Investments LLC		___ / ___ / ___	\$
Occupation (Required) Member		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robbie Nichols		7/24/2023	\$ 200
Mailing Address 105 Walthall St		___ / ___ / ___	\$
City, State, Zip Code Greendwood MS 38930		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Boyce		7/13/2023	\$ 500
Mailing Address 990 Stanford Ave, Apt 517		___ / ___ / ___	\$
City, State, Zip Code Baton Rouge LA 70808		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Scott Aiman		7/20/2023	\$ 100
Mailing Address PO Box 646			\$
City, State, Zip Code Lancaster OH 43130		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Taylor		7/10/2023	\$ 50
Mailing Address 662 Boone Cir		___ / ___ / ___	\$
City, State, Zip Code Coldwater MS 38618		___ / ___ / ___	\$
Name of Employer (Required) Trane		___ / ___ / ___	\$
Occupation (Required) HVAC DTS		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robin Torske		7/19/2023	\$ 25
Mailing Address 23 Copperhead RD		___ / ___ / ___	\$
City, State, Zip Code Laurel MS 39443		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Roger Brokaw		7/8/2023	\$ 250
Mailing Address 245 Venetian Gdns		7/19/2023	\$ 250
City, State, Zip Code Gulfport MS 39507		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ron Moore		7/24/2023	\$ 100
Mailing Address 117 Washington St		___ / ___ / ___	\$
City, State, Zip Code Carrollton MS 38917		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ronald Howell		7/13/2023	\$ 25
Mailing Address 7211 Highway 47		___ / ___ / ___	\$
City, State, Zip Code West Point MS 39773		___ / ___ / ___	\$
Name of Employer (Required) SII		___ / ___ / ___	\$
Occupation (Required) Chem Tech		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rosalie Goosby		7/10/2023	\$ 50
Mailing Address 6253 OAKLAWN LN		___ / ___ / ___	\$
City, State, Zip Code DALE CITY VA 22193		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rose Meyer		7/10/2023	\$ 25
Mailing Address PO Box 246		___ / ___ / ___	\$
City, State, Zip Code Laurel MS 39441		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$


Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rural Property Rights PAC</u>		<u>7/13/2023</u>	\$ <u>500</u>
Mailing Address <u>PO Box 544</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Picayune MS 39466</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ryan Merchant</u>		<u>7/17/2023</u>	\$ <u>950</u>
Mailing Address <u>223 Guide Dr</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandson MS 39042</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>Self</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Crop So Products</u>		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Scott Nash</u>		<u>7/10/2023</u>	\$ <u>25</u>
Mailing Address <u>73 Deerwood Dr</u>			\$
City, State, Zip Code <u>Petal MS 39465</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>UNICARE</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>Courier</u>		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sandra Poland</u>		<u>7/3/2023</u>	\$ <u>50</u>
Mailing Address <u>1042 CR 833</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Guntown MS 38849</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>retired</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>retired</u>		Aggregate year-to-date	\$

Name of Candidate or Committee Committee to Elect Chris McDanielReporting period July 1st, 2023 through July 29th, 2023

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sarah Allen		7/21/2023	\$ 115
Mailing Address 157 Cloverdale Rd		___ / ___ / ___	\$
City, State, Zip Code Natchez MS 39120		___ / ___ / ___	\$
Name of Employer (Required) retired		___ / ___ / ___	\$
Occupation (Required) retired		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / 	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$