

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report



Name of Committee Mississippians for Compassionate Care

Address PO Box 2592

City/State/Zip Ridgeland MS 39158

Telephone 601-460-9431

Fax _____

Email Address ken@medicalmarijuana2020.com

Director Jamie Grantham

Treasurer Ken Newburger

☐ Check here if above is different from previous report

September 20

TYPE OF REPORT

(Month) 20 Monthly Report (due on or before the 10th day of following month) Mandatory

Termination Report (Committee will no longer accept contributions or make campaign expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to
terminate reporting
obligations

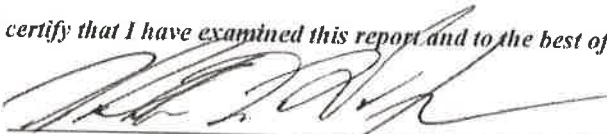
IMPORTANT

- (1) A political initiative committee which receives contributions and/or makes expenditures in excess of Two Hundred Dollars (\$200.00) in the aggregate shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own expends in excess of Two Hundred Dollars (\$200.00) in the aggregate for the purpose of influencing the passage or defeat of a measure must file campaign finance reports with the Secretary of State.
- (3) Initiative-related campaign finance reports must be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the \$200.00 aggregate contribution or expenditure limits. Campaign finance reports must continue to be filed until all contributions and expenditures cease. In all cases, a campaign finance report must be filed thirty (30) days following the election on the initiative measure.
- (4) The Secretary of State must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the report by 5:00 p.m. on the first working day *before* the deadline. Reports may be hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2545; or emailed to CampaignFinance@sos.ms.gov.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ \$483,750.0	\$ \$3,158.75	\$ \$486,908.75	\$ \$2,595,723.57
TOTAL AMT OF DISBURSEMENTS	\$ \$437,022.2	\$ \$1,016.39	\$ \$438,038.62	\$ \$2,410,622.47
CASH ON HAND BALANCE				\$ \$264,382.40

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


Signature of Director or Treasurer

October 12, 2020

Date

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

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

Name of Candidate or Committee

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Reporting period

Sept 1, 2020

through

Sept 30, 2020

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chris Legend		9/15/20	\$ 20.00
Mailing Address 616 Ann Pl		___/___/___	\$
City, State, Zip Code St Louis MO 63126		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Writer/Consultant		Aggregate year-to-date	\$ 250.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name John Payne		9/15/20	\$ 250.00
Mailing Address 3505 Illinois Ave		___/___/___	\$
City, State, Zip Code St Louis MO 63115		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Self-employed consultant		Aggregate year-to-date	\$ 250.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Linda Conn		9/27/20	\$ 1000.00
Mailing Address 401 Fairview Pl, Ste 103		___/___/___	\$
City, State, Zip Code Midland MS 39307		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 1000.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Randal Frater		9/27/20	\$ 1000.00
Mailing Address 604 E Fourth St		___/___/___	\$
City, State, Zip Code Corinth MS 38834		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) Self-employed physician		Aggregate year-to-date	\$ 1000.00

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Reporting period

Mississippi for Comprehensive Care
Sep 1, 2020 through Sep 30, 2020

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name David Alpert		9/16/20	\$ 1000.00
Mailing Address 315 N Winchell St		___/___/___	\$
City, State, Zip Code Portland OR 97117		___/___/___	\$
Name of Employer (Required) Bridge City Collective		___/___/___	\$
Occupation (Required)		___/___/___	\$
		Aggregate year-to-date	\$ 1000.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Sarah Barnett		9/23/20	\$ 1750.00
Mailing Address 1731 15th St #103		___/___/___	\$
City, State, Zip Code Boulder CO 80302		___/___/___	\$
Name of Employer (Required) Career Advisor		___/___/___	\$
Occupation (Required)		___/___/___	\$
		Aggregate year-to-date	\$ 1750.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jim Davis		9/1/20	\$ 1500.00
Mailing Address 200 East Tree A		___/___/___	\$
City, State, Zip Code Portland ME 04103		___/___/___	\$
Name of Employer (Required) New South Neuroscience		___/___/___	\$
Occupation (Required)		___/___/___	\$
		Aggregate year-to-date	\$ 1500.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Kevin Kraft		9/24/20	\$ 2500.00
Mailing Address 1024 Georgetown Pl		___/___/___	\$
City, State, Zip Code Birmingham TN 38217		___/___/___	\$
Name of Employer (Required) Vivante Seaberg LLP		___/___/___	\$
Occupation (Required)		___/___/___	\$
		Aggregate year-to-date	\$ 2500.00

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Reporting period

Mississippians for Comprehensive Care
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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 <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jason Vokes</u>		<u>9/18/20</u>	\$ <u>500.00</u>
Mailing Address <u>17 g Haws Dr</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson MS 392</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) <u>Spectrum Capital</u>		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)			
		Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Charles Johnson</u>		<u>9/23/20</u>	\$ <u>500.00</u>
Mailing Address <u>19 g Haws Dr</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Jackson MS 392</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)			
		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>B. Scott Johnson</u>		<u>9/21/20</u>	\$ <u>1500.00</u>
Mailing Address <u>135 Chadwick Pl</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Madison MS 3910</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)			
		Aggregate year-to-date	\$ <u>1500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>R. Norwood, LLC</u>		<u>9/8/20</u>	\$ <u>1000.00</u>
Mailing Address <u>501 Highland Colony Parkway, Suite 10</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Madison MS 39157</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required)		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required)			
		Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee

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Reporting period

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Sep 30, 2020

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	Jim Harkin	9/16/20	\$10,000.00
Mailing Address	220 Beau Chase	___/___/___	\$
City, State, Zip Code	Rock MS 38632	___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		___/___/___	\$
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Aggregate year-to-date	\$2000.00
Full name	Company 10111	9/14/20	\$100.00
Mailing Address	316 Cedar St	___/___/___	\$
City, State, Zip Code	Exeter NH 0301	___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		___/___/___	\$
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Aggregate year-to-date	\$10,000.00
Full name	Drug Policy Action	9/18/20	\$2500.00
Mailing Address	111 W 34th St, 15th floor	___/___/___	\$
City, State, Zip Code	New York, NY 10001	___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		___/___/___	\$
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Aggregate year-to-date	\$15,000.00
Full name	Concerned American Voters	9/17/20	\$1000.00
Mailing Address	101 East West St, PMB 813	___/___/___	\$
City, State, Zip Code	Alexandria, VA 22314	___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		___/___/___	\$
		Aggregate year-to-date	\$10,000.00

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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 <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert Granger		9/17/20	\$100.00
Mailing Address 1301 Krebs Mill Rd		___/___/___	\$
City, State, Zip Code Collegeville PA 19306		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		___/___/___	\$
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Aggregate year-to-date	\$100.00
Full name AmeriCare for Property		Date (Mo., Day, Year) 9/17/20	Amount of each receipt this period \$50.00
Mailing Address 1200 Wilcox Rd #102477		___/___/___	\$
City, State, Zip Code Allentown PA 18101		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		___/___/___	\$
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Aggregate year-to-date	\$50.00
Full name Marlene Loderer Campaign		Date (Mo., Day, Year) 9/19/20	Amount of each receipt this period \$40.00
Mailing Address 320 Noyes St Ste 102		9/20/20	\$10.00
City, State, Zip Code Austin TX 78701		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		___/___/___	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Aggregate year-to-date	\$743.00
Full name		Date (Mo., Day, Year) ___/___/___	Amount of each receipt this period \$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

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ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated



Prior to January 1, 2018 or



On or After January 1, 2018

A. Full name		Date	Amount of each
Jamie Grantham		(Mo., Day, Year)	disbursement this period
Mailing Address			
PO Box 2592		9/28/20	\$ 7000 ⁰⁰
City, State, Zip Code			
Bridgeland MS 39158		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	\$ 56,000 ⁰⁰
Consulting		Year-to-date	
B. Full name		Date	Amount of each
Bastillan Strategies		(Mo., Day, Year)	disbursement this period
Mailing Address			
810 Annandale Rd		9/9/20	\$ 9696 ⁹⁹
City, State, Zip Code			
Madison MS 39202		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	\$ 68,028 ⁹⁹
Consulting		Year-to-date	
C. Full name		Date	Amount of each
McLaughlin PC		(Mo., Day, Year)	disbursement this period
Mailing Address			
1704 N State St		9/2/20	\$ 10,564 ⁹⁰
City, State, Zip Code			
Jackson MS 39215		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate	\$ 62,869 ⁹⁰
Research		Year-to-date	
D. Full name		Date	Amount of each
Maggie Gunter		(Mo., Day, Year)	disbursement this period
Mailing Address			
203 Twelve Oaks Trace		9/28/20	\$ 2500 ⁰⁰
City, State, Zip Code			
Canton MS 39046		9/10/20	\$ 1693 ⁹⁸
Purpose of Disbursement (Optional)		Aggregate	\$ 26,734 ⁹⁸
Consulting		Year-to-date	
E. Full name		Date	Amount of each
Katie Elliot		(Mo., Day, Year)	disbursement this period
Mailing Address			
PO Box 2592		9/10/20	\$ 1693 ⁹⁸
City, State, Zip Code			
Bridgeland MS 39158		9/29/20	\$ 1416 ⁰⁰
Purpose of Disbursement (Optional)		Aggregate	\$ 20,438 ⁸⁴
Consulting		Year-to-date	
F. Full name		Date	Amount of each
Moore Media Group		(Mo., Day, Year)	disbursement this period
Mailing Address			
PO Box 586		9/15/20	\$ 10,945 ⁹⁷
City, State, Zip Code			
Clinton MS 39060		9/15/20	\$ 7,129 ⁹³
Purpose of Disbursement (Optional)		Aggregate	\$ 79,446 ⁵²
Consulting		Year-to-date	

Name of Candidate or Committee Mississippians for Compassionate Care Page 2 of 54
 Reporting period September 1, 2020 through September 30, 2020

ITEMIZED DISBURSEMENTS

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

A. Full name <u>Maria Vetter</u>		Date (Mo., Day, Year) <u>9/10/20</u>	Amount of each disbursement this period \$ <u>4,234⁹⁵</u>
Mailing Address <u>PO Box 2592</u>			
City, State, Zip Code <u>Ridgeland MS 39158</u>			
Purpose of Disbursement (Optional) <u>Consulting</u>			
B. Full name <u>Gina Metzner</u>		Aggregate Year-to-date \$ <u>29,566⁷⁰</u>	
Mailing Address <u>918 Abundance Crossing</u>		Date (Mo., Day, Year) <u>9/12/20</u>	Amount of each disbursement this period \$ <u>355⁰⁰</u>
City, State, Zip Code <u>Flowood MS 39232</u>			
Purpose of Disbursement (Optional) <u>Book keeping</u>			
C. Full name <u>Hamburger Gibson Credit</u>		Aggregate Year-to-date \$ <u>3215⁰⁰</u>	
Mailing Address <u>5614 Connecticut Ave</u>		Date (Mo., Day, Year) <u>9/11/20</u>	Amount of each disbursement this period \$ <u>49,999⁹⁹</u>
City, State, Zip Code <u>Washington DC 20015</u>			
Purpose of Disbursement (Optional)			
		Aggregate Year-to-date \$ <u>81,281⁴⁴</u>	
D. Full name <u>Edge of Infinity</u>		Date (Mo., Day, Year) <u>9/21/20</u>	Amount of each disbursement this period \$ <u>7,500⁰⁰</u>
Mailing Address <u>PO Box 59083</u>			
City, State, Zip Code <u>Jackson MS 39289</u>			
Purpose of Disbursement (Optional) <u>Consulting</u>			
E. Full name <u>David Brown</u>		Aggregate Year-to-date \$ <u>3500⁰⁰</u>	
Mailing Address <u>37 N Main St, Suite 200</u>		Date (Mo., Day, Year) <u>9/10/20</u>	Amount of each disbursement this period \$ <u>3500⁰⁰</u>
City, State, Zip Code <u>Baton Rouge LA 70825</u>			
Purpose of Disbursement (Optional) <u>For driving</u>			
F. Full name <u>Immerman 2 Consultants</u>		Aggregate Year-to-date \$ <u>1800⁰⁰</u>	
Mailing Address <u>2066 S 8th St</u>		Date (Mo., Day, Year) <u>9/1/20</u>	Amount of each disbursement this period \$ <u>5500⁰⁰</u>
City, State, Zip Code <u>St Louis MO 63104</u>			
Purpose of Disbursement (Optional) <u>Fundraising</u>			

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Mississippi for Comprehensive Care

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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
Hummer LLC	9/8/20	\$ 133 ⁹⁶
Mailing Address 194 18 th Ave		
City, State, Zip Code Gulfport MS 39201		
Purpose of Disbursement (Optional) Space rental		
B. Full name	Aggregate Year-to-date	\$ 133 ⁹⁶
Vivian Campaigns LLC		
Mailing Address 35 North Congress St	Date (Mo., Day, Year) 9/29/20	Amount of each disbursement this period \$ 2000 ⁰⁰
City, State, Zip Code Jackson MS 39202		
Purpose of Disbursement (Optional) General Consulting		
C. Full name	Aggregate Year-to-date	\$ 2000 ⁰⁰
Watkins & Co		
Mailing Address PO Box 338	Date (Mo., Day, Year) 9/18/20	Amount of each disbursement this period \$ 000 ⁰⁰
City, State, Zip Code Jackson MS 39207		
Purpose of Disbursement (Optional) Legal Consulting		
D. Full name	Aggregate Year-to-date	\$ 106,585 ⁰⁰
McName LLC		
Mailing Address 715 W Balboa Ave #100	Date (Mo., Day, Year) 9/28/20	Amount of each disbursement this period \$ 2600 ⁰⁰
City, State, Zip Code Las Vegas NV 89113		
Purpose of Disbursement (Optional)		
E. Full name	Aggregate Year-to-date	\$ 2600 ⁰⁰
Forrest, Watkins, & Krutz LLP		
Mailing Address PO Box 234	Date (Mo., Day, Year) 9/22/20	Amount of each disbursement this period \$ 2000 ⁰⁰
City, State, Zip Code Jackson MS 39205		
Purpose of Disbursement (Optional) Legal Consulting		
F. Full name	Aggregate Year-to-date	\$ 17,500 ⁰⁰
Arriva Tomin		
Mailing Address 105 Wrenmore Way	Date (Mo., Day, Year) 9/1/20	Amount of each disbursement this period \$ 1000 ⁰⁰
City, State, Zip Code Hedgecroft MS 39157		
Purpose of Disbursement (Optional) Consulting		
G. Full name	Aggregate Year-to-date	\$ 6000 ⁰⁰

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ITEMIZED DISBURSEMENTS

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

A. Full name Hefeman Prokers		Date (Mo., Day, Year) 09/10/20	Amount of each disbursement this period \$ 82.46
Mailing Address PO Box 1036			
City, State, Zip Code Meridian MS 39000			
Purpose of Disbursement (Optional) Printing			
B. Full name Hilton Garden Inn		Aggregate Year-to-date \$ 1313.46	
Mailing Address 263 East Main St		Date (Mo., Day, Year) 09/16/20	Amount of each disbursement this period \$ 548.35
City, State, Zip Code Vicksburg MS 39180			
Purpose of Disbursement (Optional) Expense (other)			
C. Full name American Airlines		Aggregate Year-to-date \$ 548.35	
Mailing Address 1 Skyrview Dr		Date (Mo., Day, Year) 09/18/20	Amount of each disbursement this period \$ 457.20
City, State, Zip Code Fort Worth TX 76155			
Purpose of Disbursement (Optional) airfare			
D. Full name Hotels.com		Aggregate Year-to-date \$ 457.20	
Mailing Address 5400 (B) Freeway, Suite 500		Date (Mo., Day, Year) 09/18/20	Amount of each disbursement this period \$ 322.76
City, State, Zip Code Dallas TX 75240			
Purpose of Disbursement (Optional) hotel reservation			
E. Full name Stamps.com		Aggregate Year-to-date \$ 3180.4	
Mailing Address 1990 E Grand Ave		Date (Mo., Day, Year) 09/14/20	Amount of each disbursement this period \$ 150.22
City, State, Zip Code El Segundo CA 90245			
Purpose of Disbursement (Optional) mailing			
F. Full name Stripe, Inc		Aggregate Year-to-date \$ 258.49	
Mailing Address 185 Berry St, Suite 500		Date (Mo., Day, Year) 09/30/20	Amount of each disbursement this period \$ 74.51
City, State, Zip Code San Francisco CA 94107			
Purpose of Disbursement (Optional) credit card processing			
		Aggregate Year-to-date \$ 4583.47	