SECRETARY OF STATE

Candidate

May 10, 2023

| REPU | RI OF RECEIPTS AND DISBU | |
|---|--|---|
| | Jan through 4.10 Repor | RECEIVED |
| Name of Candidate Brandon President | еу | By Secretary of State Elections Division at 4:12 pt |
| Address PO Box 208 | City/State | PIZIP Nettleton, MS 38858 |
| Telephone (Work) | (Home) (202) 552-0221 | (Fax) |
| Contact Name Rachel Headley | Email A | ddress info@brandonpresley.com |
| Office Sought Governor | | |
| Check here if above is differen | t from previous report | |
| | TYPE OF REPORT | |
| ✓ Wednesday, May 10, 2023 (Ja | nuary 1, 2023 through April 30, 2 | 2023 <u>.)</u> Jan through 4.1 Repoi |
| | longer accept contributions, make campaigr aign debt obligation and zero dollar cash on | |
| | <u>IMPORTANT</u> | * |
| reporting period. (2) Beginning on Jan 1, 2018, candidates Miss. Code Ann., sets forth those "pe and those disbursements which are Campaign contributions accepted ar Section 23-15-821, Miss. Code Ann. B ARE subject to the "personal use" reserved for candidates and officehotherefrom and contributions earned the Until a candidate files a Termination applicable schedule set forth by Miss. The receiving authority must be in active weekend or legal holiday, the office before the deadline. Reports may be | and officeholders may not "personally rsonal use" expenditures which are spendt defined as "personal use" and then the held prior to Jan. 1, 2018 ARE NO reginning on Jan. 1, 2018, campaign constrictions of Section 2-15-821, Miss. Coolders for any campaign contributions hereon in the form of interest or dividence Report, all campaign finance disclosu. Code Ann. § 23-15-807 (b) (ii) and (iii). | use" campaign contributions. Section 23-15-821, ecifically prohibited from campaign contributions refore permissible from campaign contributions. It subject to the "personal use" restrictions of ntributions accepted and accumulated therefrom de Ann. Separate record keeping and reporting is held prior to Jan. 1, 2018, disbursements made ds. Intereports must be filed in accordance with the companion of the deadline. If the deadline falls on a led reports by 5:00 p.m. on the first working day ave previous ran for Statewide, State District or district Office candidates file with County Circuit |
| REPORTED CONTRIBUTIONS AND DI | JANUARY 1, 2018 | CONTRIBUTIONS ACCUMULATED PRIOR TO |
| | Itemized (+) Nor | n-Itemized (=) Calendar Year-To-Date |
| TOTAL AMT OF CONTRIBUTIONS | + | , |
| TOTAL AMT OF DISBURSEMENTS | + | |
| DEC. 31, 2023 CASH ON HAND BALA | NCE | |

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

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

\$727,532.54

| | Itemized (+) | Non-Itemized (=) | Calendar Year-To-Date |
|--------------------------------|-----------------------|------------------|-----------------------|
| TOTAL AMT OF CONTRIBUTIONS | \$1,007,809.51 + | \$396,978.48 | \$1,404,787.99 |
| TOTAL AMT OF DISBURSEMENTS | \$515,816.13 + | \$3,916.49 | \$519,732.62 |
| DEC. 31, 2023 CASH ON HAND BAI | ANCE | | \$1,612,587.91 |

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

| Brandon Presley | 5/10/2023 |
|------------------------|-----------|
| Signature of Candidate | Date |

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

JAN 1, 2023 CASH ON HAND BALANCE

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

| Name of Candidate or (| Committee | Brandon | Presley |
|------------------------|-----------|---------|---------|
| | | | - |

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

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

| Name of Candidate or Committee | Brandon Presley | Page_ | 4 | _ of _32 | 20_ |
|--------------------------------|-----------------|-------|---|-----------------|-----|
| | | | | | |

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

| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan | Date (Mo. Day Year) | Amount of each receipt this |
|--|-------------------------------------|--|
| Other (please specify) | (Mo., Day, Year) | period |
| Full Name Wayne T. Adkison | 04/24/2023 | \$1,000.00 |
| Mailing Address 5406 Lakeview Dr |] | |
| City, State, Zip Code Moss Point, MS 39563-2132 | 1 | |
| Name of Employer (Required) | 1 | |
| Riverside Dental Care | | |
| Occupation (Required) Dentist | Aggregate year-to-date | \$1,000.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Cindy Akins | 01/13/2023 | \$100.00 |
| Mailing Address 95488 Bermuda Dr | 1 | |
| City, State, Zip Code Fernandina Beac, FL 32034-8783 | | |
| Name of Employer (Required) Not Employed | 1 | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$425.00 |
| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Cindy Akins | 02/28/2023 | \$100.00 |
| Mailing Address 95488 Bermuda Dr | 1 | |
| 30100 D01M444 D1 | - | |
| City, State, Zip Code Fernandina Beac, FL 32034-8783 | | |
| City, State, Zip Code | - | |
| City, State, Zip Code Fernandina Beac, FL 32034-8783 Name of Employer (Required) | Aggregate year-to-date | \$425.00 |
| City, State, Zip Code Fernandina Beac, FL 32034-8783 Name of Employer (Required) Not Employed Occupation (Required) | | \$425.00 Amount of each receipt this period |
| City, State, Zip Code Fernandina Beac, FL 32034-8783 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each receipt this |
| City, State, Zip Code Fernandina Beac, FL 32034-8783 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zip Code Fernandina Beac, FL 32034-8783 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Cindy Akins Mailing Address 95488 Bermuda Dr City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zip Code Fernandina Beac, FL 32034-8783 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Cindy Akins Mailing Address 95488 Bermuda Dr | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee | Brandon | Presley | |
|--------------------------------|---------|---------|--|
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through 4/30/2023 Reporting Period 1/1/2023

| | 10 | |
|--|---|---|
| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 04/07/2023 | \$100.00 |
| Cindy Akins | 04/07/2023 | 7100.00 |
| Mailing Address 95488 Bermuda Dr | | |
| City, State, Zip Code | - | |
| Fernandina Beac, FL 32034-8783 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$425.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 04/26/2023 | \$25.00 |
| Cindy Akins | 04/20/2023 | 723.00 |
| Mailing Address 95488 Bermuda Dr | | |
| City, State, Zip Code | | |
| Fernandina Beac, FL 32034-8783 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$425.00 |
| ± ± | | |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Source: Corporation PAC Individual Loan | | receipt this |
| Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) | receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address | (Mo., Day, Year) | receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code | (Mo., Day, Year) | receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code Jackson, MS 39211-5949 | (Mo., Day, Year) | receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code Jackson, MS 39211-5949 Name of Employer (Required) | (Mo., Day, Year) | receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code Jackson, MS 39211-5949 Name of Employer (Required) Alexander CPA, LLC Occupation (Required) | (Mo., Day, Year) 03/07/2023 Aggregate | receipt this period \$150.00 |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code Jackson, MS 39211-5949 Name of Employer (Required) Alexander CPA, LLC Occupation (Required) CPA | (Mo., Day, Year) 03/07/2023 Aggregate year-to-date | receipt this period \$150.00 |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code Jackson, MS 39211-5949 Name of Employer (Required) Alexander CPA, LLC Occupation (Required) CPA Source: Corporation PAC Individual Loan | (Mo., Day, Year) 03/07/2023 Aggregate year-to-date Date | \$150.00 \$350.00 Amount of each receipt this |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code Jackson, MS 39211-5949 Name of Employer (Required) Alexander CPA, LLC Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 03/07/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$150.00 \$350.00 Amount of each receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code Jackson, MS 39211-5949 Name of Employer (Required) Alexander CPA, LLC Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code | (Mo., Day, Year) 03/07/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$150.00 \$350.00 Amount of each receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code Jackson, MS 39211-5949 Name of Employer (Required) Alexander CPA, LLC Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code Jackson, MS 39211-5949 Name of Employer (Required) | (Mo., Day, Year) 03/07/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$150.00 \$350.00 Amount of each receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code Jackson, MS 39211-5949 Name of Employer (Required) Alexander CPA, LLC Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify) Full Name Robert Alexander Mailing Address 18 Highland Meadows Dr City, State, Zip Code Jackson, MS 39211-5949 | (Mo., Day, Year) 03/07/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$150.00 \$350.00 Amount of each receipt this period |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

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

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

| Name of Candidate or Committee | Brandon Presley | Page 7 of 320 |
|--------------------------------|-----------------|---------------|
| | | |

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

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---------------------------|------------------------------------|
| Full Name John C. Allen | 04/29/2023 | \$300.00 |
| Mailing Address | | |
| 153 Challain Dr | | |
| City, State, Zip Code Little Rock, AR 72223-5517 | | |
| Name of Employer (Required) | | |
| J.E. Allen Co. | | |
| Occupation (Required) Business Owner | Aggregate year-to-date | \$300.00 |
| Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Other (please specify) | _ | period |
| Full Name Allendale Farms, LLC | 04/28/2023 | \$2,500.00 |
| Mailing Address PO Box 63 | | |
| City, State, Zip Code Shelby, MS 38774-0063 | 20 | |
| Name of Employer (Required) | | |
| Occupation (Required) | Aggregate year-to-date | \$5,000.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Allendale Farms, LLC | 04/28/2023 | \$2,500.00 |
| Mailing Address PO Box 63 | | |
| City, State, Zip Code Shelby, MS 38774-0063 | | |
| Name of Employer (Required) | | |
| Occupation (Required) | Aggregate year-to-date | \$5,000.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | - 04/27/2022 | <u>-</u> |
| Roderick Alvendia | 04/27/2023 | \$1,500.00 |
| Mailing Address 582 Audubon St | | |
| City, State, Zip Code New Orleans, LA 70118-4950 | | |
| Name of Employer (Required) AKD Law | | |
| Occupation (Required) Attorney | Aggregate year-to-date | \$1,500.00 |

| Name of Candidate or Committee Ba | Brandon | Presley |
|-----------------------------------|---------|---------|
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 Reporting Period
 1/1/2023
 through
 4/30/2023

| | | | | | _ | |
|---|--|--------|--------------|------|---|------------------------------------|
| Source: | Corporation | PAC | Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| = | Other (please sp | еспу) | | | - (e., 2 a.j, 1 ea.) | period |
| Full Name America | Controls Techno | ology | | | 01/31/2023 | \$1,000.00 |
| Mailing Addr | ess | | | | | |
| PO Box 1 | 53 | | | | | |
| City, State, Z | ip Code S 38821-0153 | | | | | |
| | | | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Ann Ande: | rson | | | | 03/16/2023 | \$250.00 |
| Mailing Addr | | | | | | |
| • | theast Dr | | | | | |
| City, State, Z | • | | | | 5 | |
| | MS 39211-6331 | | | | 4 | |
| Name of Employer | oloyer (Required) oved | | | 60, | | |
| Occupation (| | | | 119 | Aggregate | \$250.00 |
| Not Empl | • • | | | | year-to-date | \$230.00 |
| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | | | | 9, | - 04/27/2022 | period |
| Reuben V | . Anderson | | | | 04/27/2023 | \$2,000.00 |
| Mailing Addr | | | | | | |
| City, State, Z | | | | | | |
| • | ip Code MS 39205-0290 | | | | | |
| Jackson, Name of Emp | MS 39205-0290 Dloyer (Required) | | | | | |
| Jackson, | MS 39205-0290 Dloyer (Required) | | | | | |
| Jackson, Name of Emp | MS 39205-0290 Doloyer (Required) unbar | | | | Aggregate year-to-date | \$2,000.00 |
| Jackson, Name of Emp Phelps Di Occupation (| MS 39205-0290 Doloyer (Required) unbar | PAC | ✓Individual | Loan | | Amount of each |
| Jackson, Name of Emp Phelps D Occupation (Attorney | MS 39205-0290 bloyer (Required) unbar Required) | _ | ✓Individual | Loan | year-to-date | |
| Jackson, Name of Emp Phelps Dr Occupation (Attorney Source: | MS 39205-0290 bloyer (Required) unbar Required) Corporation Other (please sp | _ | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Jackson, Name of Emp Phelps Do Occupation (Attorney Source: Full Name Janice As | MS 39205-0290 ployer (Required) unbar Required) Corporation Other (please sp | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Jackson, Name of Emp Phelps Dr Occupation (Attorney Source: Full Name Janice And Mailing Addr | MS 39205-0290 ployer (Required) unbar Required) Corporation Other (please sp | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Jackson, Name of Emp Phelps Dr Occupation (Attorney Source: Full Name Janice And Mailing Addr | MS 39205-0290 ployer (Required) unbar Required) Corporation Other (please spectron) ntonow ess ppoorwill In | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Jackson, Name of Emp Phelps Dr Occupation (Attorney Source: Full Name Janice Ar Mailing Addr 3336 Whin | MS 39205-0290 ployer (Required) unbar Required) Corporation Other (please spectron) ntonow ess ppoorwill In | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Jackson, Name of Emp Phelps Dr Occupation (Attorney Source: Full Name Janice A: Mailing Addr 3336 Whip City, State, Z Oxford, I Name of Emp | MS 39205-0290 ployer (Required) unbar Required) Corporation Other (please spectron) ess eppoorwill Ln ip Code MS 38655-5311 ployer (Required) | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Jackson, Name of Emp Phelps Dr Occupation (Attorney Source: Full Name Janice An Mailing Addr 3336 Whip City, State, Z Oxford, 1 | MS 39205-0290 ployer (Required) unbar Required) Corporation Other (please spectron) ess eppoorwill Ln ip Code MS 38655-5311 ployer (Required) | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) 01/28/2023 | Amount of each receipt this period |
| Jackson, Name of Emp Phelps Dr Occupation (Attorney Source: Full Name Janice A: Mailing Addr 3336 Whip City, State, Z Oxford, I Name of Emp | MS 39205-0290 ployer (Required) unbar Required) Corporation Other (please spectrum) phonow ess ppoorwill Ln ip Code MS 38655-5311 ployer (Required) pyed Required) | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

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

| Source: | Corporation Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|--|----------|--|------|---------------------------|------------------------------------|
| Full Name Janice Ar | at an ar | | | | 04/25/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| _ | ppoorwill Ln | | | | | |
| City, State, Zi | | | | | | |
| | 4S 38655-5311 | | | | | |
| Not Emplo | oloyer (Required) Dyed | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$550.00 |
| Source: | ✓ Corporation | PAC | Individual | Loan | Date | Amount of each |
| | Other (please spe | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Apex Clea | an Energy Holdir | ng LLC | | | 03/01/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| 120 Garre | | | | | | |
| Charlette | p Code esville, VA 2290 | 12 5612 | | | 0 | |
| | oloyer (Required) | 72-3013 | | | 05 | |
| Occupation (| Required) | | | THE | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | cify) | () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | A | (Mo., Day, Year) | receipt this period |
| Full Name | 7 chr. | | 1 | | 04/27/2023 | \$5,000.00 |
| Alton E. Mailing Addre | | | | | | |
| PO Box 66 | | | | | | |
| City, State, Zi | p Code | | | | | |
| | ige, LA 70896-65 | 575 | | | | |
| - | loyer (Required) Strategies, Ind | c. | | | | |
| Occupation (| | | | | Aggregate | \$5,000.00 |
| | nt Relations Cor | nsultant | | | year-to-date | \$5,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Joe Atkir | ıs | | | | 02/03/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| | 7 Road 3064 | | | | | |
| City, State, Zi | | | | | | |
| | - | | | | | |
| | ip Code 4S 38655-8354 Noyer (Required) | | | | | |
| Name of Emp | AS 38655-8354 | ọi | | | | |
| Name of Emp | AS 38655-8354 Nover (Required) Ly of Mississipp Required) | pi | | | Aggregate year-to-date | \$250.00 |

| Name of Candidate or Committee B | 3randon | Presley | У |
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Reporting Period 1/1/2023 **through** 4/30/2023

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|---------------------------------|----------|--------------|------|---------------------------|------------------------------------|
| Full Name Billy Atv | vood | | | | 04/07/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| City, State, Zi | | | | | | |
| • | ord, TX 76088- | 8708 | | | | |
| Name of Emp | oloyer (Required) oyed | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | ✓ Corporation Other (please sp | PAC | Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | | | | | | period |
| Aubrey B | Harwell Jr La | w Office | | | 03/01/2023 | \$1,000.00 |
| Mailing Address 1201 Demo | ess onbreun St | | | | | |
| City, State, Zi | p Code e, TN 37203-31 | 40 | | | 20 | |
| Name of Emp | loyer (Required) | | | | ,0* | |
| Occupation (| Required) | | | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | | 1 | | 03/17/2023 | \$500.00 |
| Milla Ave | | | | | | |
| Mailing Address 5 Innisbr | | | | | | |
| City, State, Zi | p Code eek, AL 35242- | 5922 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Deborah E | Bailey | | | | 04/22/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| Grenada, | MS 38901-2615 | | | | | |
| - | loyer (Required) Green, LLC | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$500.00 |
| | | | | | | |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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Reporting Period 1/1/2023 **through** 4/30/2023

| Source: Corporation PAC Individual Loan | Date | Amount of each |
|---|-------------------------------------|--|
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 03/20/2023 | \$1,000.00 |
| Elizabeth Bailey | | 4 1 / 000 . 00 |
| Mailing Address 140 Chickasaw Dr | | |
| City, State, Zip Code | | |
| West Point, MS 39773-3270 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$1,000.00 |
| Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Other (please specify) | (, 243, 1841) | period |
| Full Name Gary Bailey | 04/27/2023 | \$5,000.00 |
| Mailing Address 78 Grandview Cir | | |
| City, State, Zip Code Brandon, MS 39047-7398 | | |
| Name of Employer (Required) | | |
| Bailey Architect | | |
| Occupation (Required) Architect | Aggregate year-to-date | \$5,000.00 |
| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 01/12/2023 | \$100.00 |
| John Ballard | | |
| Mailing Address 5488 Turningleaf Cv | | |
| City, State, Zip Code | | |
| | | |
| Tupelo, MS 38801-9516 Name of Employer (Required) | | |
| Tupelo, MS 38801-9516 Name of Employer (Required) Cardinal Health | | |
| Tupelo, MS 38801-9516 Name of Employer (Required) | Aggregate year-to-date | \$250.00 |
| Tupelo, MS 38801-9516 Name of Employer (Required) Cardinal Health Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each |
| Tupelo, MS 38801-9516 Name of Employer (Required) Cardinal Health Occupation (Required) Pharmacist | year-to-date | |
| Tupelo, MS 38801-9516 Name of Employer (Required) Cardinal Health Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each receipt this |
| Tupelo, MS 38801-9516 Name of Employer (Required) Cardinal Health Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan Other (please specify) Full Name John Ballard Mailing Address | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Tupelo, MS 38801-9516 Name of Employer (Required) Cardinal Health Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan Other (please specify) Full Name John Ballard Mailing Address 5488 Turningleaf Cv City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Tupelo, MS 38801-9516 Name of Employer (Required) Cardinal Health Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan Other (please specify) Full Name John Ballard Mailing Address 5488 Turningleaf Cv City, State, Zip Code Tupelo, MS 38801-9516 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Tupelo, MS 38801-9516 Name of Employer (Required) Cardinal Health Occupation (Required) Pharmacist Source: Corporation PAC Individual Loan Other (please specify) Full Name John Ballard Mailing Address 5488 Turningleaf Cv | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or | Committee | Brandon | Presley |
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 Reporting Period
 1/1/2023
 through
 4/30/2023

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|--|---|----------------------|---------|----------|---------------------------|--|
| Source: | Corporation | PAC ✓Indi | vidual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | Other (please spe | ecity) | | _ | (Mo., Day, Tear) | period |
| Full Name John Ball | lard | | | | 04/30/2023 | \$100.00 |
| Mailing Addr | | | | | | |
| | ningleaf Cv | | | | | |
| | MS 38801-9516 | | | | | |
| Name of Emp | ployer (Required) Health | | | | | |
| Occupation (| • • | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | ☐PAC ✓ Indi | vidual | Loan | Date | Amount of each receipt this |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | period |
| Full Name John Paul | l Barber | | | | 04/24/2023 | \$250.00 |
| Mailing Address 2598 Pass | | | | | | |
| City, State, Z | ip Code | | | | - | |
| Biloxi, N | MS 39531-2713 | | | | | |
| Name of Emp | oloyer (Required) loyed | | | 0, | | |
| Occupation (| Required) | | | J High | Aggregate year-to-date | \$250.00 |
| Attorney | | | | 4 | year-to-date | |
| Source: | ☐ Corporation ☐ Other (please spe | □PAC ☑Indi ecify) | vidual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | 7 | 410 | | 01/19/2023 | \$1,000.00 |
| David Bar | | | 20 | | | |
| Mailing Addr 544 Main | | | | | | |
| City, State, Z Bay Saint | ip Code t Louis, MS 395 | 20-2730 | | | | |
| | oloyer (Required) Simmons & Brown | PLLC | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$2,500.00 |
| Source: | Corporation | PAC Indi | vidual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| | | | | | 01 /05 /0000 | |
| Full Name James L. | Barksdale | | | | 01/25/2023 | \$25,000.00 |
| James L. Mailing Addr | ess | | | | 01/25/2023 | \$23,000.00 |
| James L. Mailing Addr 800 Wood | ess lands Pkwy | | | | 01/25/2023 | \$23,000.00 |
| James L. Mailing Addr 800 Wood: City, State, Z | ess lands Pkwy | 0 | | | 01/25/2023 | \$23,000.00 |
| Mailing Addr 800 Wood: City, State, Z Ridgeland | ess lands Pkwy ip Code d, MS 39157-520 ployer (Required) | 0 | | | 01/25/2023 | \$23,000.00 |
| Mailing Addr 800 Wood City, State, Z Ridgeland | ess lands Pkwy ip Code d, MS 39157–520 bloyer (Required) loyed | 0 | | | Aggregate | \$23,000.00 |

| Name of Candidate or Committee | Brandon | Presley |
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Reporting Period 1/1/2023 **through** 4/30/2023

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|---------------------------|---------------------------------|------|--------------|------|---------------------------|------------------------------------|
| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name James L. | Barksdale | | | | 04/28/2023 | \$25,000.00 |
| Mailing Addre | ess ands Pkwy | | | | | |
| City, State, Zi | | 00 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$50,000.00 |
| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name John D. B | arksdale | | | | 04/27/2023 | \$2,500.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code ns, LA 70130- | 5743 | | | ~ | |
| Name of Emp | loyer(Required) Capital | | | | 0. | |
| Occupation (F Business | | | | THIS | Aggregate year-to-date | \$2,500.00 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Marian Ba | rksdale | 40 | 1 | | 01/17/2023 | \$500.00 |
| Mailing Addre | ess | | O | | | |
| City, State, Zi | | | | | | |
| Name of Emp | loyer (Required) yed | | | | | |
| Occupation (F | • ' | | | | Aggregate year-to-date | \$500.00 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Roy Barne | ·S | | | | 02/07/2023 | \$5,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | 9 | | | | |
| | loyer (Required) | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$5,000.00 |
| | | | | | | |

| Name of Candidate or Committee | e Brandon | Presley |
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Reporting Period 1/1/2023 **through** 4/30/2023

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| int of each eipt this period |
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| Name of Candidate or Committee Brandon | Presley |
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| Name of Candidate of Committee Brandon | TTESTE |

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

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

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: Corporation PAC Individual Loan (Mo., Day, Year) Full Name Natalie Bernstein Mailing Address 2130 E Lake Rd NE City, State, Zip Code Atlanta, GA 30307-1836 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Barry Bertolet Mailing Address 988 Charleston Blvd City, State, Zip Code | Amount of each receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period \$500.00 |
|---|--|
| Mailing Address 2130 E Lake Rd NE City, State, Zip Code Atlanta, GA 30307-1836 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Barry Bertolet Mailing Address 988 Charleston Blvd | \$1,000.00 Amount of each receipt this period |
| Mailing Address 2130 E Lake Rd NE City, State, Zip Code Atlanta, GA 30307-1836 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Barry Bertolet Mailing Address 988 Charleston Blvd | Amount of each receipt this period |
| City, State, Zip Code Atlanta, GA 30307-1836 Name of Employer (Required) Not Employed Cocupation (Required) Retired Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Barry Bertolet Mailing Address 988 Charleston Blvd | Amount of each receipt this period |
| Atlanta, GA 30307-1836 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Barry Bertolet Mailing Address 988 Charleston Blvd | Amount of each receipt this period |
| Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Barry Bertolet Mailing Address 988 Charleston Blvd | Amount of each receipt this period |
| Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Barry Bertolet Mailing Address 988 Charleston Blvd | Amount of each receipt this period |
| Cother (please specify) Full Name Barry Bertolet Mailing Address 988 Charleston Blvd (Mo., Day, Year) 02/02/2023 | receipt this period |
| Full Name Barry Bertolet Mailing Address 988 Charleston Blvd | period |
| Barry Bertolet Mailing Address 988 Charleston Blvd | \$500.00 |
| 988 Charleston Blvd | |
| | |
| City, State, Zip Code | |
| Tupelo, MS 38801-8435 | |
| Name of Employer (Required) Cardiology Associates of North Mississippi | |
| Occupation (Required) Aggregate | \$500.00 |
| Physician year-to-date | , |
| Source: Corporation PAC Individual Loan Date Other (please specify) (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Barbara Blackmon 04/27/2023 | \$1,000.00 |
| Mailing Address | |
| 907 W Peace St | |
| City, State, Zip Code Canton, MS 39046-4126 | |
| Name of Employer (Required) | |
| Blackmon, PLLC | |
| Occupation (Required) Attorney Aggregate year-to-date | \$1,000.00 |
| Source: Corporation PAC Individual Loan Date | Amount of each |
| | receipt this period |
| Other (please specify) (Mo., Day, Year) | |
| Full Name 03/27/2023 | \$250.00 |
| Full Name Gary Blackwelder 03/27/2023 | \$250.00 |
| Full Name 03/27/2023 | \$250.00 |
| Full Name Gary Blackwelder Mailing Address 2603 Pargoud Blvd City, State, Zip Code | \$250.00 |
| Full Name Gary Blackwelder Mailing Address 2603 Pargoud Blvd City, State, Zip Code Monroe, LA 71201-2330 Name of Employer (Required) | \$250.00 |
| Full Name Gary Blackwelder Mailing Address 2603 Pargoud Blvd City, State, Zip Code Monroe, LA 71201-2330 | \$250 . 00 |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--------------------------|----------------------------------|--------|--------------|--------|---------------------------|------------------------------------|
| Full Name | Dischardi II | | | | 01/31/2023 | \$1,000.00 |
| | . Blackwell II | • | | | | |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| Gulfport, | MS 39503-3951 | | | | | |
| Name of Emp Brunini I | loyer(Required) Law Firm | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Leonard A | . Blackwell II | | | | 04/24/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | MS 39503-3951 | • | | | 04) | |
| Name of Emp Brunini I | loyer(Required) Law Firm | | | The co |) [*] | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | Oby | 4 | (Mo., Day, Year) | receipt this period |
| Full Name Katherine | T. Blessey | |) A OH | | 04/24/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| Oxford, M | IS 38655-4324 | | | | | |
| Name of Emp Chateau E | loyer (Required) Blessay | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Tamalane | Blessey | | | | 04/24/2023 | \$250.00 |
| Mailing Addre | ess Station Dr | | | | | |
| City, State, Zi | | '39 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | , (oquou) | | | | | |
| | yed | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$250.00 |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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Reporting Period 1/1/2023 **through** 4/30/2023

| Matthew Block Mailing Address 422 El st st City, State, Zip Code Thibodaux, La 70301-3328 Name of Employer (Required) Block Firm, LiC Cocupation (Required) Actorney Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Healen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Namio of Employer (Required) Not Employed Cocupation (Required) Not Employer (Required) Not Emp | | | | | | | |
|--|-----------------|------------------|----|--------------|------|------------|--------------|
| Matthew Block Malling Address 422 E 1st 5t City, State, Zip Code Thibodaux, Lia 70301-3328 Name of Employer (Required) Block Firm, Lic Cocupation (Required) Attorney Source: Corporation PAC Vindividual Loan Malling Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Full Name Relian Boone Source: Corporation PAC Vindividual Loan Date war-to-date Source: Corporation PAC Vindividual Roan Aggregate Source: Source: Source Aggregate Source: Source Source: Corporation PAC Vindividual Roan Aggregate Source: Source Source: Corporation PAC Vindividual Roan Aggregate Source: Source Source: Corporation Aggregate Source: Source Source: Source Source: Source Source: Source Source: Source Source Source Source Source Source Source Source | Source: | | | ✓ Individual | Loan | | receipt this |
| Aggregate St. St. City, State, Zip Code Thibodaux, LA 70301-3328 St. A00.00 Corporation PAC Individual Loan Date Mo., Day, Year) Part of each Source: Corporation PAC Individual Loan Date Mo., Day, Year) Part of each Part | | lock | | | | 04/27/2023 | \$1,000.00 |
| City, State, Zip Code Thibodaux, LA 70301-3328 Name of Employer (Required) Block Firm, LIC Cocupation (Required) Actorney Source: Corporation PAC Individual Loan City, State, Zip Code Source: Corporation PAC Individual Loan City, State, Zip Code Source: Corporation PAC Individual Loan City, State, Zip Code Source: Corporation PAC Individual Loan City, State, Zip Code Cocupation (Required) Retired Source: Corporation PAC Individual Loan Cocupation (Required) Retired Source: Corporation PAC Individual Loan Cotty, State, Zip Code Source: Corporation PAC Individual Loan Cotty, State, Zip Code Source: Corporation PAC Individual Loan Cotty, State, Zip Code Source: Corporation PAC Individual Loan Cotty, State, Zip Code Source: Corporation PAC Individual Loan City, State, Zip Code Source: Corporation PAC Individual Cotty, State, Zip Code Occupation (Required) Retired Source: Corporation PAC Individual Cotty, State, Zip Code Occupation (Required) Cotty, State, Zip Code Source: Corporation PAC Individual Cotty, State, Zip Code Source: Corporation State Representation Stat | Ū | | | | | | |
| Name of Employer (Required) Block Firm, LLC Cocupation (Required) Attorney Source: Corporation PAC Individual Loan L | City, State, Zi | p Code | 28 | | | | |
| Source: Corporation PAC Vindividual Loan Date (Mo., Day, Year) Pacific plants specify) Full Name Helen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216–3606 Mailing Address Mailing Address (Mo., Day, Year) Pacific plants period Full Name of Employer (Required) Not Employed Occupation (Required) Retired Occupation (Required) Name of Employer (Required) Not Employed Occupation (Required) Retired Occupation (Required) Retired Occupation (Required) Name of Employer (Required) Not Employed Occupation (Required) Retired Aggregate (Mo., Day, Year) PAC Vindividual Loan Date (Mo., Day, Year) Pacific Pac | Name of Emp | loyer (Required) | | | | | |
| Cither (please specify) Cither (please s | | Required) | | | | | \$1,000.00 |
| Maling Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employed Cocupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Helen Boone Maling Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Rot Employed Cocupation (Required) Retired Aggregate receipt this period City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Retired Source: Corporation PAC Individual Loan Date Maling Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Retired Source: Corporation PAC Individual Loan Date Monumation Address Source: Corporation PAC Individual Loan Other (please specify) Full Name Helen Boone Maling Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Rot Employer (Required) Rot Employer (Required) Rot Employer (Required) Not Employed Cocupation (Required) Raggregate \$300.00 | Source: | | | ✓ Individual | Loan | | receipt this |
| Signature Sign | | ne | | | _ | 01/25/2023 | \$100.00 |
| Jackson, MS 39216-3606 Name of Employer (Required) Not Employed Cocupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Helen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Source: Corporation PAC Individual Loan Other (please specify) Aggregate year-to-date (Mo., Day, Year) Period O3/11/2023 \$100.00 Aggregate year-to-date (Mo., Day, Year) Full Name (Mo., Day, Year) Full Name Helen Boone Aggregate year-to-date year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Aggregate \$300.00 Aggregate \$300.00 | _ | | | | | | |
| Not Employed Cocupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Helen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Not Employed Cocupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Aggregate year-to-date \$300.00 Aggregate year-to-date \$300.00 Amount of each receipt this period Amount of each receipt this period Amount of each receipt this period Full Name (Mo., Day, Year) Full Name Helen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Not Employer (Required) Not Employed Cocupation (Required) Not Employed Cocupation (Required) Not Employed Source: Saggregate Sa | | | | | | 000 | |
| Retired | - | • • • • | | | | O. | |
| Other (please specify) | | Required) | | | | | \$300.00 |
| Helen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Not Employed Coccupation (Required) Full Name Helen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Please specify) Full Name Helen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Not Employed Coccupation (Required) Not Employed Coccupation (Required) Aggregate \$300.00 | Source: | | | ✓Individual | Loan | | receipt this |
| State, Zip Code Jackson, MS 39216-3606 J | | ne | | 0 4 | | 03/11/2023 | \$100.00 |
| Jackson, MS 39216-3606 Name of Employer (Required) Not Employed Cocupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Helen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Not Employed Cocupation (Required) Cocupation (Required) Aggregate \$300.00 | | | | O | | | |
| Not Employed Cocupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Helen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Not Employed Cocupation (Required) Occupation (Required) Amount of each receipt this period Amount of each receipt this period PAC Individual Loan O4/25/2023 \$100.00 | | | | | | | |
| Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Helen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Not Employed Occupation (Required) Amount of each receipt this period 04/25/2023 \$100.00 | | | | | | | |
| City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Occupation (Required) City, Capacital (Required) Aggregate \$300.00 | | Required) | | | | | \$300.00 |
| Helen Boone Mailing Address 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$300.00 | Source: | | _ | ✓Individual | Loan | | receipt this |
| 3727 Crane Blvd City, State, Zip Code Jackson, MS 39216-3606 Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$300.00 | | ne | | | | 04/25/2023 | \$100.00 |
| Jackson, MS 39216-3606 Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$300.00 | _ | | | | | | |
| Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$300.00 | | | | | | | |
| Occupation (Required) Aggregate \$300.00 | Name of Emp | loyer (Required) | | | | | |
| I I | Occupation (F | | | | | | \$300.00 |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

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

| Other (please specify) | Date Amount of ea (Mo., Day, Year) receipt this period | |
|---|--|--------------|
| Full Name David Boonin | 02/08/2023 \$25 | 0.00 |
| | | |
| Mailing Address 203 Riverview Rd | | |
| City, State, Zip Code | | |
| Swarthmore, PA 19081-1217 | | |
| Name of Employer (Required) TBG Consulting | | |
| Occupation (Required) Economist | Aggregate \$35 year-to-date | 0.00 |
| Source: Corporation PAC Individual L | oan Date Amount of ea | ach |
| Other (please specify) | (Mo., Day, Year) receipt this period | |
| Full Name David Boonin | 04/19/2023 \$10 | 0.00 |
| Mailing Address 203 Riverview Rd | | |
| City, State, Zip Code | | |
| Swarthmore, PA 19081-1217 | 8 | |
| Name of Employer (Required) TBG Consulting | COX | |
| Occupation (Required) Economist | Aggregate \$35 | 0.00 |
| ECOHORISC | , · · · · · · · · · · · · · · · · · · · | |
| | pan Date Amount of ea | ach |
| | 4 | |
| Source: Corporation PAC Individual L | Date Amount of each of the company o | |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address | Date Amount of each of the company o | s |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address 2829 NE 33rd Ct | Date Amount of each of the company o | s |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address | Date Amount of each of the company o | s |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address 2829 NE 33rd Ct City, State, Zip Code | Date Amount of each of the company o | s |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address 2829 NE 33rd Ct City, State, Zip Code Fort Lauderdale, FL 33306-2028 | Date Amount of each of the company o | s |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address 2829 NE 33rd Ct City, State, Zip Code Fort Lauderdale, FL 33306-2028 Name of Employer (Required) | Date (Mo., Day, Year) O4/27/2023 \$25 | s |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address 2829 NE 33rd Ct City, State, Zip Code Fort Lauderdale, FL 33306-2028 Name of Employer (Required) Self Employed Occupation (Required) Attorney | Date (Mo., Day, Year) O4/27/2023 Aggregate year-to-date Amount of eareceipt this period \$25 | 0.00 0.00 |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address 2829 NE 33rd Ct City, State, Zip Code Fort Lauderdale, FL 33306-2028 Name of Employer (Required) Self Employed Occupation (Required) Attorney | Date (Mo., Day, Year) O4/27/2023 Aggregate year-to-date Amount of eareceipt this period Aggregate \$25 | 0.00 0.00 |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address 2829 NE 33rd Ct City, State, Zip Code Fort Lauderdale, FL 33306-2028 Name of Employer (Required) Self Employed Occupation (Required) Attorney Source: Corporation PAC Individual L | Aggregate year-to-date Amount of ear receipt this period Aggregate year-to-date Date Amount of ear receipt this period Aggregate year-to-date Amount of ear receipt this period | 0.00 0.00 |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address 2829 NE 33rd Ct City, State, Zip Code Fort Lauderdale, FL 33306-2028 Name of Employer (Required) Self Employed Occupation (Required) Attorney Source: Corporation PAC Individual L Other (please specify) Full Name John Bostick Mailing Address | Date (Mo., Day, Year) Aggregate year-to-date Date receipt this period Aggregate year-to-date Amount of earlier receipt this period Aggregate year-to-date Mo., Day, Year) Amount of earlier receipt this period | 0.00 0.00 |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address 2829 NE 33rd Ct City, State, Zip Code Fort Lauderdale, FL 33306-2028 Name of Employer (Required) Self Employed Occupation (Required) Attorney Source: Corporation PAC Individual L Other (please specify) Full Name John Bostick Mailing Address 35 County Road 84 City, State, Zip Code | Date (Mo., Day, Year) Aggregate year-to-date Date receipt this period Aggregate year-to-date Amount of earlier receipt this period Aggregate year-to-date Mo., Day, Year) Amount of earlier receipt this period | 0.00 0.00 |
| Source: Corporation PAC Individual L Other (please specify) Full Name William Booth Mailing Address 2829 NE 33rd Ct City, State, Zip Code Fort Lauderdale, FL 33306-2028 Name of Employer (Required) Self Employed Occupation (Required) Attorney Source: Corporation PAC Individual L Other (please specify) Full Name John Bostick Mailing Address 35 County Road 84 | Date (Mo., Day, Year) Aggregate year-to-date Date receipt this period Aggregate year-to-date Amount of earlier receipt this period Aggregate year-to-date Mo., Day, Year) Amount of earlier receipt this period | 0.00 0.00 |

| Name of Candidate or Committe | e Brandon | Presley |
|-------------------------------|------------------|---------|
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Reporting Period 1/1/2023 **through** 4/30/2023

| | | | · · L · · · · · · · · · · · · · · · · · | | | |
|------------------------|---------------------------------|--------|---|-------|---------------------------|------------------------------------|
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Juanita E | Boutin | | | | 01/19/2023 | \$100.00 |
| Mailing Addre | ess | | | | | |
| City, State, Zi | | | | | | |
| | 1S 38655-0400 | | | | | |
| Name of Emp | oloyer (Required) Dyed | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$350.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | Other (please sp | ecity) | | | (MO., Day, Teal) | period |
| Juanita E | Boutin | | | | 01/31/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code 4S 38655-0400 | | | | 40 | |
| Name of Emp | oloyer (Required) | | | 1 | COS | |
| Occupation (I | | | | J HIS | Aggregate year-to-date | \$350.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| Jource. | Other (please sp | | V Illuividuai | LUan | (Mo., Day, Year) | receipt this period |
| Full Name Juanita E | Boutin | | 04 | | 03/07/2023 | \$50.00 |
| Mailing Addre | | | 0 | | | |
| City, State, Zi | p Code 4S 38655-0400 | | | | | |
| | loyer (Required) | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$350.00 |
| Not Emplo | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| Jource. | Other (please sp | | V III UIVI UUAI | LUan | (Mo., Day, Year) | receipt this period |
| Full Name Juanita E | Boutin | | | | 03/16/2023 | \$50.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Not Emplo | | | | | Angressets | |
| Occupation (I | | | | | Aggregate year-to-date | \$350.00 |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

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

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

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

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

| | | | · · L · · · · · · · · · · · · · · · · · | | | |
|---------------------------|----------------------------------|--------|---|----------|---------------------------|--|
| Source: | Corporation Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Russ Brad | ford | | | | 04/28/2023 | \$250.00 |
| Mailing Addre | ess 1 Valley Rd | | | | | |
| City, State, Zi | | | | | | |
| | , TN 37214-421 | 9 | | | | |
| Name of Emp Cognosant | loyer (Required) e | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$405.40 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Allen Bra | dley | | | | 04/25/2023 | \$400.00 |
| Mailing Addre | ess view Rd NE | | | | | |
| City, State, Zi | p Code GA 30306-4661 | | | | -0 | |
| | loyer (Required) | | | | -O ² | |
| Occupation (F | | | | 115 | Aggregate | *400.00 |
| Attorney | vequireu) | | | | year-to-date | \$400.00 |
| Source: | Corporation Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | Other (please spe | | | <u> </u> | | period |
| John Brad | lley | | | | 01/18/2023 | \$1,000.00 |
| Mailing Addre | | | O. | | | |
| City, State, Zi | p Code IS 38655-2013 | | | | | |
| | loyer (Required) | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$5,500.00 |
| Not Emplo | | | | | • | |
| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | | | | 01/28/2023 | \$1,000.00 |
| John Brad | lley | | | | | ¥1 , 000.00 |
| Mailing Address 107 Phili | | | | | | |
| City, State, Zi | p Code IS 38655-2013 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$5,500.00 |
| TACC THILDTO | 100 | | | | 1 1 | |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|--------|--------------|---------|---|--|
| | Other (please sp | ecify) | | | (WIO., Day, Teal) | period |
| Full Name | 17 | | | | 02/17/2023 | \$1,000.00 |
| John Brac | | | | | | |
| Mailing Address 107 Phili | | | | | | |
| City, State, Zi | | | | | | |
| Oxford, N | MS 38655-2013 | | | | | |
| Name of Emp | oloyer (Required) oyed | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$5,500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name John Brac | dlev | | | | 02/28/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| 107 Phili | | | | | | |
| City, State, Zi | p Code | | | | | |
| Oxford, N | MS 38655-2013 | | | | 1 | |
| Name of Emp | oloyer (Required) Dyed | | | 60, | | |
| Occupation (I | Required) | | | , III's | Aggregate | \$5,500.00 |
| Not Emplo | oyed | | | | year-to-date | . , |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | Other (picuse sp | | | | | period |
| Full Name | | | | 9 | | |
| Full Name John Brac | dley | | 104 | | 03/27/2023 | \$1,000.00 |
| John Brad | ess | 9 | (BOR | | 03/27/2023 | \$1,000.00 |
| John Brace Mailing Addre | ess Lp Rd | 9 | 100 | | 03/27/2023 | \$1,000.00 |
| John Brace Mailing Addres 107 Phili City, State, Zi | ess Lp Rd | 9 | (40 14) | | 03/27/2023 | \$1,000.00 |
| John Brace Mailing Addres 107 Philii City, State, Zi Oxford, M Name of Emp | p Rd p Code 4S 38655-2013 | 9 | (40 %) | | 03/27/2023 | \$1,000.00 |
| John Brace Mailing Addres 107 Philis City, State, Zi Oxford, M Name of Emplo | ess ip Rd ip Code 4S 38655-2013 lloyer (Required) byed | | | | | |
| John Brace Mailing Addres 107 Philii City, State, Zi Oxford, M Name of Emp | ess ip Rd ip Code 4S 38655-2013 illoyer (Required) byed Required) | | 100 | | Aggregate year-to-date | \$1,000.00 \$5,500.00 |
| John Brace Mailing Addres 107 Philis City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I | ess ip Rd ip Code 4S 38655-2013 illoyer (Required) byed Required) | □PAC | ✓Individual | Loan | Aggregate year-to-date | \$5,500.00 Amount of each |
| John Brace Mailing Addre 107 Phili City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo | pess ip Rd ip Code 4S 38655-2013 bloyer (Required) byed Required) | | ✓Individual | Loan | Aggregate year-to-date | \$5,500.00 |
| John Brace Mailing Addre 107 Phili City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo | p Rd p Code 4S 38655-2013 ployer (Required) pyed Required) pyed Corporation Other (please sp | | ✓Individual | Loan | Aggregate year-to-date | \$5,500.00 Amount of each receipt this |
| John Brace Mailing Addre 107 Phili City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: | ess Lip Rd Lip Code 4S 38655-2013 Lloyer (Required) Dived Required) Dived Corporation Other (please sp | | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,500.00 Amount of each receipt this period |
| John Brace Mailing Addre 107 Phili City, State, Zi Oxford, M Name of Emplo Occupation (I Not Emplo Source: Full Name John Brace | ess Lip Rd Lip Code 4S 38655-2013 Lloyer (Required) Dived Required) Dived Corporation Other (please sp | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,500.00 Amount of each receipt this period |
| John Brace Mailing Addres 107 Philis City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name John Brace Mailing Addres 107 Philis City, State, Zi | pess ip Rd ip Code 4S 38655-2013 cloyer (Required) byed Corporation Other (please sp | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,500.00 Amount of each receipt this period |
| John Brace Mailing Addre 107 Philis City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name John Brace Mailing Addre 107 Philis City, State, Zi Oxford, M | pess ip Rd ip Code 4S 38655-2013 eloyer (Required) eyed Corporation Other (please sp | | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,500.00 Amount of each receipt this period |
| John Brace Mailing Addre 107 Philis City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name John Brace Mailing Addre 107 Philis City, State, Zi Oxford, M | p Rd ip Code 4S 38655-2013 loyer (Required) byed Corporation Other (please sp dley ess ip Rd ip Code 4S 38655-2013 loyer (Required) | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,500.00 Amount of each receipt this period |
| John Brace Mailing Addres 107 Philis City, State, Zi Oxford, M Name of Emp Not Emplos Occupation (I Not Emplos Source: Full Name John Brace Mailing Addres 107 Philis City, State, Zi Oxford, M Name of Emp | p Rd ip Code 4S 38655-2013 eloyer (Required) eloyed Corporation Other (please sp dley ess ip Rd ip Code 4S 38655-2013 eloyer (Required) eloyed Required Eloyed Corporation Other (please sp dley eloyed | | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,500.00 Amount of each receipt this period |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

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

| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|--|
| Full Name | 01/26/2023 | \$1,000.00 |
| Linda Breathitt | 01/20/2023 | 71,000.00 |
| Mailing Address 1405 Pendennis Cir | | |
| City, State, Zip Code | | |
| Lexington, KY 40502-2823 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Retired | Aggregate year-to-date | \$1,000.00 |
| | Dete | A |
| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 03/28/2023 | \$500.00 |
| John Brenke | 03/20/2023 | 7300.00 |
| Mailing Address | | |
| 3230 Dijon Ave | | |
| City, State, Zip Code | | |
| Ocean Springs, MS 39564-8520 | 4 | |
| Name of Employer (Required) | × | |
| Strat S.P.A., LLC | | |
| Occupation (Required) Consultant | Aggregate year-to-date | \$500.00 |
| | | |
| Source: Corporation PAC / Individual I can | Date | Amount of each |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | receipt this |
| Other (please specify) Full Name | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name David E. Brevard Mailing Address | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) | (Mo., Day, Year) | receipt this period |
| Tull Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) B & B Concrete Co., Inc. Occupation (Required) President | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date | receipt this period \$700.00 |
| Other (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) B & B Concrete Co., Inc. Occupation (Required) | (Mo., Day, Year) 01/20/2023 Aggregate | receipt this period \$700.00 |
| Other (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) B & B Concrete Co., Inc. Occupation (Required) President Source: □Corporation □PAC ✓Individual □Loan | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,200.00 Amount of each receipt this period |
| Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) B & B Concrete Co., Inc. Occupation (Required) President Other (please specify) | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date | \$700.00 \$1,200.00 Amount of each receipt this |
| Gother (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) B & B Concrete Co., Inc. Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,200.00 Amount of each receipt this period |
| Gother (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) B & B Concrete Co., Inc. Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name David E. Brevard Mailing Address | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,200.00 Amount of each receipt this period |
| Gother (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) B & B Concrete Co., Inc. Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,200.00 Amount of each receipt this period |
| □Other (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) B & B Concrete Co., Inc. Occupation (Required) President Source: □Corporation □PAC ☑Individual □Loan □Other (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,200.00 Amount of each receipt this period |
| City, State, Zip Corporation Cother (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) B & B Concrete Co., Inc. Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,200.00 Amount of each receipt this period |
| Gother (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) B & B Concrete Co., Inc. Occupation (Required) President Source: Corporation PAC Individual Loan Other (please specify) Full Name David E. Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804-2031 Name of Employer (Required) | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,200.00 Amount of each receipt this period |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
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 Reporting Period
 1/1/2023
 through
 4/30/2023

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|--|---|---|
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | _ | |
| Shawn S. Brevard | 01/20/2023 | \$700.00 |
| Mailing Address | | |
| 805 Oak Grove Rd | | |
| City, State, Zip Code | | |
| Tupelo, MS 38804-2031 | | |
| Name of Employer (Required) Mississippi Arts Commission | | |
| Occupation (Required) | Aggregate | \$1,200.00 |
| Commissioner | year-to-date | 71,200.00 |
| Source: Corporation PAC / Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 04/24/2023 | \$500.00 |
| Shawn S. Brevard | | |
| Mailing Address 805 Oak Grove Rd | | |
| City, State, Zip Code | - | |
| Tupelo, MS 38804-2031 | 4 | |
| Name of Employer (Required) Mississippi Arts Commission | 5 | |
| Occupation (Required) Commissioner | Aggregate year-to-date | \$1,200.00 |
| Source: Corporation PAC /Individual Loan | Date | Amount of each |
| Source: Corporation PAC Villulvidual Coan | Date | receipt this |
| Other (please specify) | (Mo., Day, Year) | period |
| Full Name Morton Brilliant | (Mo., Day, Year) 03/30/2023 | • |
| Full Name Morton Brilliant Mailing Address | | period |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code | | period |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 | | period |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) | | period |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 | 03/30/2023 Aggregate | period |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) The Strategy Group | 03/30/2023 | period \$250.00 |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan | Aggregate year-to-date Date | \$250.00 \$253.00 Amount of each |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant | Aggregate year-to-date | \$250.00 \$253.00 |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan | Aggregate year-to-date Date | \$250.00 \$253.00 Amount of each receipt this |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Morton Brilliant Mailing Address | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$253.00 Amount of each receipt this period |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$253.00 Amount of each receipt this period |
| Full Name Morton Brilliant Mailing Address 101 Duddington P1 SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Morton Brilliant Mailing Address 101 Duddington P1 SE City, State, Zip Code Washington, DC 20003-2610 | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$253.00 Amount of each receipt this period |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$253.00 Amount of each receipt this period |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) The Strategy Group | Aggregate year-to-date Date (Mo., Day, Year) 03/30/2023 | \$250.00 \$250.00 \$253.00 Amount of each receipt this period \$3.00 |
| Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Morton Brilliant Mailing Address 101 Duddington Pl SE City, State, Zip Code Washington, DC 20003-2610 Name of Employer (Required) | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$253.00 Amount of each receipt this period |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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Reporting Period 1/1/2023 **through** 4/30/2023

| Source: | ☐ Corporation☐ Other (please sp | | ∕ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|---------------------------------|-------------|---------------------|----------|---------------------------|------------------------------------|
| Full Name | | | | | 04/28/2023 | \$250.00 |
| Travis Br | | | | | | |
| Mailing Address 1352 Park | ess wood Pl NW | | | | | |
| City, State, Zi | p Code | | | | | |
| Washingto | on, DC 20010-1 | 315 | | | | |
| - | loyer (Required) LC Secretaries | of State Co | ommittee | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | / Individual | Loan | Date | Amount of each |
| | Other (please sp | | | | (Mo., Day, Year) | receipt this period |
| Full Name Cindy Bro | own | | | _ | 03/31/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| 219 Carol | | | | | | |
| City, State, Zi | | | | | | |
| | IS 38655-3403 | | | | 04 | |
| Name of Emp | loyer (Required) oyed | | | | 0, | |
| Occupation (I | | | | THIS | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | / Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Cindy Bro | own | | | | 04/11/2023 | \$50.00 |
| Mailing Addre | | | (P) | | | |
| City, State, Zi | | | | | | |
| | 1S 38655-3403 | | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | yed | | | | | |
| Occupation (I | • • | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | / Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | period |
| Full Name Gaydrea I |). Brown | | | | 04/29/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| 1 Hallen City, State, Zi | | | | | | |
| | ock, AR 72223- | 5092 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$500.00 |
| TOC TIMPIC | ,, | | | | - | |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | Corporation Other (please speci | _ | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|--|--------------|------|----------------------------------|--|
| Full Name Nancy Bro | own | | | | 01/19/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code 4S 38655-7718 | | | | | |
| Name of Emp Not Emplo | oloyer (Required) | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation Other (please speci | _ | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | Brown-Williams | <u>. </u> | | | 03/16/2023 | period \$250.00 |
| Mailing Addre | ess ncil Cir | | | | | |
| Name of Emp | MS 39206-5813 Nover (Required) Lucile Packard Fo | | | 60 | 20 | |
| Occupation (F | | Oundacton | | THIS | Aggregate year-to-date | \$300.00 |
| Source: | Corporation Other (please speci | _ | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Felicia B | Brown-Williams | 0 | No Pi |) | 04/14/2023 | \$50.00 |
| Mailing Addre | | | (0) | | | |
| | MS 39206-5813 | | | | | |
| - | Noyer(Required) Lucile Packard Fe | oundation | | | | |
| Occupation (F Advisor | Required) | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please spec | ify) | | | (Mo., Day, Year) | period |
| Full Name Nora Brow | | eify) | | | (Mo., Day, Year) - 01/30/2023 | • |
| Nora Brow Mailing Addre 105 Pomma | wnell ess ander Walk | eify) | | | _ ` ` ` ` ` ` | period |
| Mora Brow Mailing Addre 105 Pomma City, State, Zi Alexandri Name of Emp | wnell ess ander Walk p Code .a, VA 22314-384 | | | | _ ` ` ` ` ` ` | period |
| Mora Brow Mailing Addre 105 Pomma City, State, Zi Alexandri Name of Emp | wnell pss ander Walk p Code a, VA 22314-384 ployer (Required) agy Solutions Required) | | | | _ ` ` ` ` ` ` | period |

| Name of Candidate or Committee Ba | Brandon | Presley |
|-----------------------------------|---------|---------|
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Reporting Period 1/1/2023 **through** 4/30/2023

| Source: Corporation PAC Individual Loan | | |
|---|-------------------------------------|--|
| Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | · · · · · · · · · · · · · · · · · · · |
| James Bryan | 02/28/2023 | \$500.00 |
| Mailing Address | | |
| 1977 Old Waverly Rd | | |
| City, State, Zip Code | | |
| West Point, MS 39773 | | |
| Name of Employer (Required) Self Employed | | |
| | Aggregate | |
| Occupation (Required) Prairie Wildlife | year-to-date | \$500.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 04/04/2023 | \$1,000.00 |
| James D. Bryan | | |
| Mailing Address | | |
| PO Box 636 | | |
| City, State, Zip Code | | |
| West Point, MS 39773-0636 | 2 | |
| Name of Employer (Required) Prairie Wildlife Preserve |)* | |
| | A | |
| Occupation (Required) Business Owner | Aggregate year-to-date | \$1,400.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name James D. Bryan | 04/28/2023 | \$400.00 |
| | | |
| Mailing Address | | |
| PO Box 636 | | |
| PO Box 636 City, State, Zip Code | | |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 | | |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) | | |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) Prairie Wildlife Preserve | Aggregate | |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) | Aggregate year-to-date | \$1,400.00 |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) Prairie Wildlife Preserve Occupation (Required) | | Amount of each |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) Prairie Wildlife Preserve Occupation (Required) Business Owner | year-to-date | |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) Prairie Wildlife Preserve Occupation (Required) Business Owner Source: | year-to-date Date | Amount of each receipt this |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) Prairie Wildlife Preserve Occupation (Required) Business Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Bud Coley Trucking | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) Prairie Wildlife Preserve Occupation (Required) Business Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Bud Coley Trucking Mailing Address | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) Prairie Wildlife Preserve Occupation (Required) Business Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Bud Coley Trucking Mailing Address PO Box 3068 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) Prairie Wildlife Preserve Occupation (Required) Business Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Bud Coley Trucking Mailing Address PO Box 3068 City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) Prairie Wildlife Preserve Occupation (Required) Business Owner Source: | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) Prairie Wildlife Preserve Occupation (Required) Business Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name Bud Coley Trucking Mailing Address PO Box 3068 City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| PO Box 636 City, State, Zip Code West Point, MS 39773-0636 Name of Employer (Required) Prairie Wildlife Preserve Occupation (Required) Business Owner Source: | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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 Reporting Period
 1/1/2023
 through
 4/30/2023

| Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|
| 04/24/2023 | \$250.00 |
| 04/24/2023 | 7230.00 |
| | |
| | |
| | |
| | |
| | |
| Aggregate | \$250.00 |
| year-to-date | |
| Date (Mo., Day, Year) | Amount of each receipt this period |
| 04/23/2023 | \$500.00 |
| , , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | |
| | |
| 1 | |
| | |
| Aggregate year-to-date | \$500.00 |
| | |
| Date | Amount of each |
| Date (Mo., Day, Year) | Amount of each receipt this period |
| | receipt this |
| (Mo., Day, Year) | receipt this period |
| (Mo., Day, Year) | receipt this period |
| (Mo., Day, Year) | receipt this period |
| (Mo., Day, Year) | receipt this period |
| (Mo., Day, Year) | receipt this period |
| (Mo., Day, Year) | receipt this period |
| (Mo., Day, Year) 03/17/2023 Aggregate year-to-date | receipt this period \$250.00 |
| (Mo., Day, Year) 03/17/2023 Aggregate | receipt this period \$250.00 |
| Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| (Mo., Day, Year) 03/17/2023 Aggregate year-to-date Date | \$250.00 Amount of each receipt this |
| Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| | Aggregate year-to-date Date (Mo., Day, Year) 04/24/2023 Aggregate year-to-date Date (Mo., Day, Year) 04/23/2023 |

| Name of Candidate | e or Committee Brandor | n Presley | |
|--------------------|------------------------|-----------|-----------|
| Reporting Period _ | 1/1/2023 | through | 4/30/2023 |

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| | | | ZED RECEI | | |
|--|---|---------------------|---------------|-------------------------------------|------------------------------------|
| Source: | Corporation | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| F. II M | Other (please spe | сіту) | | | period |
| Thorne B | utler | | | 04/27/2023 | \$250.00 |
| Mailing Addr 3942 Oak | | | | | |
| City, State, Z | ip Code MS 39216-3411 | | | | |
| Name of Empl | oloyer (Required) oyed | | | | |
| Occupation (| | | | Aggregate year-to-date | \$350.00 |
| Source: | Corporation Other (please spe | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | Other (please spe | | | _ | period |
| Glenn Bu | | | | 04/17/2023 | \$500.00 |
| Mailing Addr 438 Milli | ess brook Pkwy | | | | |
| City, State, Z | ip Code , MS 39466-2322 | | | 20 | |
| Name of Emp | ployer (Required) | | 60 | | |
| Occupation (| | | THIS | Aggregate year-to-date | \$500.00 |
| Source: | Corporation Other (please spe | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | oss Brinegar | | 70 | 03/27/2023 | \$250.00 |
| Mailing Addr | ess | 100 | | | |
| 314 Balbo | | | | _ | |
| | urg, MS 39402-95 | 538 | | | |
| Name of Emp | olover (Required) | | | | |
| | | ommunication & Deve | elopment | | |
| | 's Center for Co | ommunication & Deve | elopment | Aggregate year-to-date | \$250.00 |
| Children Occupation (| 's Center for Co | PAC Individual | elopment Loan | year-to-date Date | Amount of each |
| Occupation (| 's Center for Co | PAC Individual | | year-to-date | |
| Occupation (| Sequired) Corporation Other (please spe | PAC Individual | | year-to-date Date | Amount of each receipt this |
| Occupation (Director Source: | Corporation Other (please spe | PAC Individual | | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Children Occupation (Director Source: Full Name Jayne Bu Mailing Addr 329 E Mag City, State, Z | Corporation Other (please spettross ess yes St | PAC Individual | | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Children Occupation (Director Source: Full Name Jayne Bu: Mailing Addr 329 E Ma: City, State, Z Jackson, | Corporation Other (please spettross ess yes St ip Code MS 39206-5718 Doloyer (Required) | PAC Individual | | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee Brandon Presle | эy |
|---|----|
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 Reporting Period
 1/1/2023
 through
 4/30/2023

| Source: | Corporation Other (please specify) | PAC / Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|------------------|----------|---|--|
| Full Name James N. | Butts | | | 02/21/2023 | \$500.00 |
| Mailing Addre | | | | | |
| 703 N 7th | | | | | |
| City, State, Zip | Code | | | | |
| | S 39440-3468 | | | | |
| | oyer(Required) derson Farms | | | | |
| Occupation (R | Required) | | | Aggregate year-to-date | \$500.00 |
| Source: | | PAC Individual | Loan | Date (Ma. Day Year) | Amount of each receipt this |
| | Other (please specify) | | | (Mo., Day, Year) | period |
| Full Name Bob Byrd | | | | 01/22/2023 | \$250.00 |
| Mailing Addre | | | | | |
| City, State, Zip | | | | | |
| | n, TN 38139-6850 | | | | |
| | oyer (Required) | | 4 | | |
| Bank of B | artlett | | | | |
| Occupation (R | Required) | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC / Individual | Loan | Date | Amount of each |
| | | | | 04 - D - V - A | receipt this |
| | Other (please specify) | | <u> </u> | (Mo., Day, Year) | period |
| Full Name Tommy D. | | 0 0 0 1 | 5 | 02/08/2023 | - |
| | Cable ss | 900 | 5 | | period |
| Tommy D. Mailing Addre 101 S Mai City, State, Zip | Cable ss n St | 100 P | 5 | | period |
| Tommy D. Mailing Addre 101 S Mai City, State, Zip Boonevill | Cable ss n St o Code | (do 1) | | | period |
| Tommy D. Mailing Addre 101 S Mai City, State, Zip Boonevill | Cable ss n St c Code e, MS 38829-3310 oyer (Required) | | | | period |
| Mailing Addre 101 S Mai City, State, Zip Boonevill Name of Empl | Cable ss n St c Code e, MS 38829-3310 oyer (Required) yed Required) | | | | period |
| Mailing Addre 101 S Mai City, State, Zip Boonevill Name of Empl Not Emplo Occupation (R | Cable ss n St c Code e, MS 38829-3310 oyer (Required) yed Required) | PAC Individual | Loan | 02/08/2023 Aggregate | period \$500.00 |
| Mailing Addre 101 S Mai City, State, Zip Boonevill Name of Empl Not Emplo Occupation (F Not Emplo Source: | Cable ss n St c Code e, MS 38829-3310 oyer (Required) yed Required) | PAC Individual | Loan | Aggregate year-to-date | \$500.00 \$500.00 |
| Mailing Addre 101 S Mai City, State, Zip Boonevill Name of Empl Not Emplo Occupation (F Not Emplo | Cable ss n St c Code e, MS 38829-3310 oyer (Required) yed Required) yed Corporation Other (please specify) | PAC / Individual | Loan | Aggregate year-to-date Date | \$500.00 \$500.00 Amount of each receipt this |
| Mailing Addre 101 S Mai City, State, Zip Boonevill Name of Empl Not Emplo Occupation (F Not Emplo Source: | Cable ss n St c Code e, MS 38829-3310 oyer (Required) yed dequired) yed Corporation Other (please specify) n ss | PAC / Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addre 101 S Mai City, State, Zip Boonevill Name of Empl Not Emplo Occupation (F Not Emplo Source: Full Name Bo Calhou Mailing Addre 2162 Peca City, State, Zip | Cable ss n St Code e, MS 38829-3310 oyer (Required) yed Cequired) yed Corporation Other (please specify) n ss n Hill Ln Code | PAC / Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addre 101 S Mai City, State, Zip Boonevill Name of Empl Not Emplo Occupation (F Not Emplo Source: Full Name Bo Calhou Mailing Addre 2162 Peca City, State, Zip Tupelo, M | Cable ss n St c Code e, MS 38829-3310 oyer (Required) yed Required) yed Corporation Other (please specify) n ss n Hill Ln c Code S 38801-7147 | PAC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addre 101 S Mai City, State, Zip Boonevill Name of Empl Not Emplo Occupation (F Not Emplo Source: Full Name Bo Calhou Mailing Addre 2162 Peca City, State, Zip Tupelo, M Name of Empl | Cable ss n St Code e, MS 38829-3310 oyer (Required) yed Cequired) yed Corporation Other (please specify) n ss n Hill Ln Code | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addre 101 S Mai City, State, Zip Boonevill Name of Empl Not Emplo Occupation (F Not Emplo Source: Full Name Bo Calhou Mailing Addre 2162 Peca City, State, Zip Tupelo, M Name of Empl | Cable ss n St c Code e, MS 38829-3310 oyer (Required) yed Cequired) yed Corporation Other (please specify) n ss n Hill Ln c Code S 38801-7147 oyer (Required) y Associates of No | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |

| Name of Candidate or Committee Brandon Presle | ЭУ |
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Reporting Period 1/1/2023

through 4/30/2023

| Source: Corporation PAC Individual Loan | | |
|--|-------------------------------------|------------------------------------|
| Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Camp Brothers Real Estate LLC | 01/31/2023 | \$1,000.00 |
| Mailing Address | | |
| 104 1/2 Maxwell St | _ | |
| City, State, Zip Code Starkville, MS 39759-3422 | | |
| Name of Employer (Required) | | |
| Occupation (Required) | Aggregate year-to-date | \$1,000.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Roy Campbell | 04/28/2023 | \$500.00 |
| Mailing Address 835 Avondale St | | |
| City, State, Zip Code Jackson, MS 39216-3316 | | |
| Name of Employer (Required) | | |
| Bradley | | |
| Occupation (Required) Attorney | Aggregate year-to-date | \$500.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 01/25/2023 | \$1,000.00 |
| | | |
| Jeffrey Cantin Mailing Address 5804 River Oaks Rd S | 1 | |
| Jeffrey Cantin Mailing Address 5804 River Oaks Rd S City, State, Zip Code | | |
| Jeffrey Cantin Mailing Address 5804 River Oaks Rd S | | |
| Jeffrey Cantin Mailing Address 5804 River Oaks Rd S City, State, Zip Code New Orleans, LA 70123-2155 Name of Employer (Required) Solar Alternatives Occupation (Required) | Aggregate year-to-date | \$1,000.00 |
| Jeffrey Cantin Mailing Address 5804 River Oaks Rd S City, State, Zip Code New Orleans, LA 70123-2155 Name of Employer (Required) Solar Alternatives | year-to-date Date | Amount of each |
| Jeffrey Cantin Mailing Address 5804 River Oaks Rd S City, State, Zip Code New Orleans, LA 70123-2155 Name of Employer (Required) Solar Alternatives Occupation (Required) Manager | year-to-date | . , |
| Mailing Address 5804 River Oaks Rd S City, State, Zip Code New Orleans, LA 70123-2155 Name of Employer (Required) Solar Alternatives Occupation (Required) Manager Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each receipt this |
| Mailing Address 5804 River Oaks Rd S City, State, Zip Code New Orleans, LA 70123-2155 Name of Employer (Required) Solar Alternatives Occupation (Required) Manager Source: Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Address 5804 River Oaks Rd S City, State, Zip Code New Orleans, LA 70123-2155 Name of Employer (Required) Solar Alternatives Occupation (Required) Manager Source: Corporation PAC Individual Loan Other (please specify) Full Name Capitol Magnolia LLC Mailing Address PO Box 1395 City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Address 5804 River Oaks Rd S City, State, Zip Code New Orleans, LA 70123-2155 Name of Employer (Required) Solar Alternatives Occupation (Required) Manager Source: | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Address 5804 River Oaks Rd S City, State, Zip Code New Orleans, LA 70123-2155 Name of Employer (Required) Solar Alternatives Occupation (Required) Manager Source: Corporation PAC Individual Loan Other (please specify) Full Name Capitol Magnolia LLC Mailing Address PO Box 1395 City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

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

| Source: Corporation PAC Individual Loan | Date (Mo. Day Year) | Amount of each receipt this |
|---|-------------------------------------|------------------------------------|
| Other (please specify) | (Mo., Day, Year) | period |
| Full Name Capitol Magnolia LLC | 02/15/2023 | \$200.00 |
| Mailing Address PO Box 1395 | | |
| City, State, Zip Code | | |
| Jackson, MS 39215-1395 | | |
| Name of Employer (Required) | | |
| Occupation (Required) | Aggregate year-to-date | \$400.00 |
| Source: | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Carby & Carby P.C. | 03/20/2023 | \$1,000.00 |
| Mailing Address PO Box 1047 | | |
| City, State, Zip Code Natchez, MS 39121-1047 | | |
| Name of Employer (Required) | | |
| Occupation (Required) | Aggregate year-to-date | \$1,000.00 |
| Source: | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Carpenter Construction Company | 01/31/2023 | \$2,500.00 |
| Mailing Address PO Box 1608 | | |
| | | |
| City, State, Zip Code Grenada, MS 38902-1608 | | |
| City, State, Zip Code Grenada, MS 38902-1608 Name of Employer (Required) | | |
| Grenada, MS 38902-1608 | Aggregate year-to-date | \$5,000.00 |
| Grenada, MS 38902-1608 Name of Employer (Required) | | Amount of each receipt this |
| Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) | year-to-date Date | Amount of each |
| Grenada, MS 38902-1608 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Carpenter Construction Company | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Grenada, MS 38902-1608 Name of Employer (Required) Occupation (Required) Source: | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Grenada, MS 38902-1608 Name of Employer (Required) Occupation (Required) Source: | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Grenada, MS 38902-1608 Name of Employer (Required) Occupation (Required) Source: | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

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

| Source: | Corporation Other (please specify | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|--------------------|------|---|--|
| Full Name | Carson Jr | | | 01/12/2023 | \$1,000.00 |
| Mailing Addre | | | | | |
| 2431 Lake | | | | | |
| City, State, Zij | Code | | | | |
| | MS 39211-6622 | | | | |
| Name of Empl | oyer (Required) | | | | |
| Carson La | w Group, PLLC | | | | |
| Occupation (F | Required) | | | Aggregate year-to-date | \$3,500.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | Other (please specify | y) | | (Mo., Day, Year) | receipt this period |
| Full Name | Carson Jr | | | 02/20/2023 | \$2,500.00 |
| Mailing Addre | | | | | |
| 2431 Lake | | | | | |
| City, State, Zij | | | | | |
| - | MS 39211-6622 | | | 4 | |
| Name of Empl | oyer (Required) | | 4 0 | | |
| | w Group, PLLC | | | | |
| Occupation (F | Required) | | THIS | Aggregate year-to-date | \$3,500.00 |
| | | | | | A |
| Source: | Corporation Other (please specify | PAC Individual () | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Massa | | | | | |
| Full Name | n | | | 02/01/2023 | \$500.00 |
| Lee Carso | | 0,00 | 3 | 02/01/2023 | \$500.00 |
| Lee Carso Mailing Addre | ss | 6 100 | | 02/01/2023 | \$500.00 |
| Lee Carso Mailing Addre 2288 Wagg | ss oner Rd | 600 | | 02/01/2023 | \$500.00 |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zi | ss oner Rd | 900 | | 02/01/2023 | \$500.00 |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zil Carthage, | ss oner Rd | 9 00 | | 02/01/2023 | \$500.00 |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl | ss oner Rd Code MS 39051-9303 | Co, Inc. | | 02/01/2023 | \$500.00 |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zij Carthage, Name of Empl N. L. Car Occupation (F | oner Rd Code MS 39051-9303 Oyer (Required) Son Construction | Co, Inc. | | Aggregate | \$500.00 \$1,600.00 |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zip Carthage, Name of Empl N. L. Car | oner Rd Code MS 39051-9303 Oyer (Required) Son Construction | Co, Inc. | | | |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zij Carthage, Name of Empl N. L. Car Occupation (F | oner Rd Code MS 39051-9303 Oyer (Required) Son Construction Required) ion Corporation | PAC ✓Individual | Loan | Aggregate year-to-date | |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl N. L. Car Occupation (F Construct Source: | oner Rd Code MS 39051-9303 Oyer (Required) Son Construction Required) | PAC ✓Individual | Loan | Aggregate year-to-date | \$1,600.00 Amount of each |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl N. L. Car Occupation (F Construct Source: | oner Rd Code MS 39051-9303 Over (Required) Son Construction Required) ion Corporation Other (please specify | PAC ✓Individual | Loan | Aggregate year-to-date | \$1,600.00 Amount of each receipt this |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl N. L. Car Occupation (F Construct Source: Full Name Lee Carso | oner Rd Code MS 39051-9303 Oyer (Required) son Construction Required) ion Corporation Other (please specify | PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,600.00 Amount of each receipt this period |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl N. L. Car Occupation (F Construct Source: Full Name Lee Carso Mailing Addre | oner Rd Code MS 39051-9303 Over (Required) Son Construction Required) ion Corporation Other (please specify n ss | PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,600.00 Amount of each receipt this period |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl N. L. Car Occupation (F Construct Source: Full Name Lee Carso Mailing Addre 2288 Wagg | oner Rd Code MS 39051-9303 oyer (Required) son Construction Required) ion Corporation Other (please specify n ss oner Rd | PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,600.00 Amount of each receipt this period |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl N. L. Car Occupation (F Construct Source: Full Name Lee Carso Mailing Addre 2288 Wagg City, State, Zig | oner Rd Code MS 39051-9303 Oyer (Required) Son Construction Required) ion Corporation Other (please specify n ss oner Rd Code | PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,600.00 Amount of each receipt this period |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl N. L. Car Occupation (F Construct Source: Full Name Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, | oner Rd Code MS 39051-9303 Oyer (Required) Son Construction Required) I on Corporation Other (please specify ss Oner Rd Code MS 39051-9303 | PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,600.00 Amount of each receipt this period |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl N. L. Car Occupation (F Construct Source: Full Name Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl | oner Rd Code MS 39051-9303 Oyer (Required) Son Construction Required) ion Corporation Other (please specify n ss oner Rd Code | □PAC ☑Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,600.00 Amount of each receipt this period |
| Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl N. L. Car Occupation (F Construct Source: Full Name Lee Carso Mailing Addre 2288 Wagg City, State, Zig Carthage, Name of Empl | oner Rd Code MS 39051-9303 Oyer (Required) Son Construction Cequired) Ion Corporation Other (please specify m ss oner Rd Code MS 39051-9303 Oyer (Required) Son Construction | □PAC ☑Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,600.00 Amount of each receipt this period |

| Name of Candidate or Committee B | 3randon | Presley |
|----------------------------------|---------|---------|
|----------------------------------|---------|---------|

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

| | 112141122 | | |
|------------------------|---|---------------------------|------------------------------------|
| Source: | □ Corporation □ PAC ✓ Individual □ Other (please specify) | Loan Date (Mo., Day, Yea | Amount of each receipt this period |
| Full Name Lee Carso | n | 03/16/202 | \$100.00 |
| Mailing Addre | | | |
| City, State, Zip | | | |
| Name of Emp | oyer (Required) son Construction Co, Inc. | | |
| Occupation (F | | Aggregate year-to-date | \$1,600.00 |
| Source: | □ Corporation □ PAC ✓ Individual □ Other (please specify) | Loan Date (Mo., Day, Yea | Amount of each receipt this period |
| Full Name Lee Carso | n | 04/18/2023 | \$500.00 |
| Mailing Addre | | | |
| | MS 39051-9303 | All a | |
| - | oyer(Required) son Construction Co, Inc. | 60, | |
| Occupation (F | | Aggregate year-to-date | \$1,600.00 |
| Source: | □ Corporation □ PAC ✓ Individual □ Other (please specify) | Loan Date (Mo., Day, Yea | Amount of each receipt this period |
| Full Name Robert Al | exander Carson | 03/20/202 | <u> </u> |
| Mailing Addre | ss | | |
| City, State, Zip | o Code e, MS 38614-9773 | | |
| Name of Emp | oyer (Required) Cocke | | |
| Occupation (F | Required) | Aggregate year-to-date | \$250.00 |
| Source: | □ Corporation □ PAC ✓ Individual □ Other (please specify) | Loan Date (Mo., Day, Yea | Amount of each receipt this period |
| Full Name Ricky Cas | h | 02/22/202 | \$500.00 |
| Mailing Addre | | | |
| City, State, Zip | o Code MS 38901-4613 | | |
| Name of Emp | oyer (Required) Pharmacy | | |
| Occupation (F | - Required) | Aggregate year-to-date | \$500.00 |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

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

| Source: | | | | | |
|---|--|------------------|------|-------------------------------------|--|
| | ✓ Corporation✓ Other (please specify) | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name CBS Prope | rties LLC | | | 01/31/2023 | \$1,000.00 |
| Mailing Addre | | | | | |
| City, State, Zip | · Codo | | | | |
| | 39071-0070 | | | | |
| Name of Empl | oyer (Required) | | | | |
| Occupation (F | Required) | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation Other (please specify) | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Julie Cha | <i></i> | | | 01/12/2023 | \$500.00 |
| Mailing Addre | | | | | |
| 142 North | wind Dr | | | | |
| City, State, Zi_l Brandon , | O Code MS 39047-8680 | | A | | |
| Name of Emplo | oyer (Required) yed | | 60, | | |
| Occupation (F | | | THIS | Aggregate year-to-date | \$525.00 |
| Source: | Corporation Other (please specify) | PAC / Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | 2 | 0 | 04/26/2023 | \$25.00 |
| Julie Cha | ffin | | | 1 | 420.00 |
| Julie Cha Mailing Addre | ss | 100 | | | 420.00 |
| Mailing Addre | ss wind Dr | 60, | | | ,2000 |
| Mailing Addre 142 North City, State, Zip | ss wind Dr | (40) | | | ,2000 |
| Mailing Addre 142 North City, State, Zij Brandon, | wind Dr Code MS 39047-8680 oyer (Required) | | | | , 2000 |
| Mailing Addre 142 North City, State, Zip Brandon, Name of Empl | wind Dr D Code MS 39047-8680 Over (Required) yed Required) | | | Aggregate year-to-date | \$525.00 |
| Mailing Addre 142 North City, State, Zip Brandon, Name of Emplo Occupation (F | wind Dr Code MS 39047-8680 Oyer (Required) Yed Required) Yed Corporation | PAC Individual | Loan | year-to-date Date | \$525.00 Amount of each receipt this |
| Mailing Addre 142 North City, State, Zig Brandon, Name of Empl Not Emplo Occupation (F Not Emplo Source: | ss wind Dr Code MS 39047-8680 oyer (Required) yed Required) | _ | Loan | year-to-date | \$525.00 Amount of each |
| Mailing Addre 142 North City, State, Zig Brandon, Name of Empl Not Emplo Occupation (F Not Emplo | ss wind Dr code MS 39047-8680 oyer (Required) yed dequired) yed Corporation Other (please specify) | _ | Loan | year-to-date Date | \$525.00 Amount of each receipt this |
| Mailing Addre 142 North City, State, Zig Brandon, Name of Empl Not Emplo Occupation (F Not Emplo Source: | ss wind Dr D Code MS 39047-8680 Oyer (Required) yed Required) yed Corporation Other (please specify) heek ss | _ | Loan | year-to-date Date (Mo., Day, Year) | \$525.00 Amount of each receipt this period |
| Mailing Addre 142 North City, State, Zig Brandon, Name of Empl Not Emplo Occupation (F Not Emplo Source: Full Name Lindsey C Mailing Addre 2207 Octa City, State, Zig | ss wind Dr c Code MS 39047-8680 oyer (Required) yed Required) yed Corporation Other (please specify) heek ss via St c Code | | Loan | year-to-date Date (Mo., Day, Year) | \$525.00 Amount of each receipt this period |
| Mailing Addre 142 North City, State, Zij Brandon, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Lindsey C Mailing Addre 2207 Octa City, State, Zij New Orlea | ss wind Dr c Code MS 39047-8680 oyer (Required) yed dequired) yed Corporation Other (please specify) heek ss via St | | Loan | year-to-date Date (Mo., Day, Year) | \$525.00 Amount of each receipt this period |
| Mailing Addre 142 North City, State, Zij Brandon, Name of Emplo Occupation (F Not Emplo Source: Full Name Lindsey C Mailing Addre 2207 Octa City, State, Zij New Orlea Name of Emplo | ss wind Dr Code MS 39047-8680 oyer (Required) yed Required) yed Corporation Other (please specify) heek ss via St Code ns, LA 70115-6563 | | Loan | year-to-date Date (Mo., Day, Year) | \$525.00 Amount of each receipt this period |

| Name of Candidate or Committee Ba | Brandon | Presley |
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Reporting Period 1/1/2023 **through** 4/30/2023

| I LIVILLED RECEI | IF I S | |
|--|---------------------------|------------------------------------|
| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | | period |
| Willy E. Cherry Sr | 02/13/2023 | \$250.00 |
| Mailing Address | | |
| 17 Christy Dr | | |
| City, State, Zip Code Cleveland, MS 38732-8780 | | |
| Name of Employer (Required) Healthcare Plus | | |
| Occupation (Required) Deputy Administrator | Aggregate year-to-date | \$250.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Travis Childers | 04/27/2023 | \$1,000.00 |
| Mailing Address | | |
| 100 Grand Vw | | |
| City, State, Zip Code Booneville, MS 38829-5914 | -0 | |
| Name of Employer (Required) | 2 | |
| Childers Realty & Associates | , | |
| Occupation (Required) Real Estate Broker | Aggregate year-to-date | \$1,000.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Thomas E. Childs Jr | 04/24/2023 | \$5,000.00 |
| Mailing Address | | |
| PO Box 1429 | | |
| City, State, Zip Code Fulton, MS 38843-5029 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Retired | Aggregate year-to-date | \$5,000.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name James L. Chrisman | 04/26/2023 | \$1,000.00 |
| Mailing Address | | |
| - | | |
| 2208 Shoreline Dr | | |
| - | | |
| 2208 Shoreline Dr City, State, Zip Code Tupelo, MS 38804-1118 | | |
| 2208 Shoreline Dr City, State, Zip Code | | |

| Name of Candidate or Committee Brandon | Presley |
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| Name of Candidate of Committee Brandon | TTESTE |

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

| | | | — | | | |
|------------------------|-----------------------------------|-----------|--------------|------|---------------------------|------------------------------------|
| Source: | Corporation Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Scott Chr | istensen | | | | 04/13/2023 | \$2,500.00 |
| Mailing Addre | ess Creek Trl NE | | | | | |
| City, State, Zij | | 591 | | | | |
| - | loyer(Required) ughters Medica | al Center | | | | |
| Occupation (F | Required) e Administrati | on | | | Aggregate year-to-date | \$2,500.00 |
| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name David Cla | rk | | | | 01/25/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zip | Code MS 39211-2509 | | | | 40 | |
| Name of Emplo | loyer (Required) yed | | | | CO | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$4,500.00 |
| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name David Cla | rk | | 0 4 | | 01/30/2023 | \$1,000.00 |
| Mailing Addre | | | No. | | | |
| City, State, Zi | | | | | | |
| Name of Emplo | loyer (Required) yed | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$4,500.00 |
| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name David Cla | rk | | | | 03/28/2023 | \$2,500.00 |
| Mailing Addre | | | | | | |
| City, State, Zip | Code MS 39211-2509 | | | | | |
| | loyer (Required) | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$4,500.00 |

| Name of Candidate or Committee Brandon Presle | эy |
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 Reporting Period
 1/1/2023
 through
 4/30/2023

| Source: | □ Corporation □ PAC □ Other (please specify) | ☑ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|---------------------|-------|---|--|
| Full Name John Clar | < | | | 02/07/2023 | \$1,000.00 |
| Mailing Addre | | | | - | |
| 703 Manto | | | | | |
| City, State, Zip | | | | 1 | |
| • | a, MS 39567-7388 | | | | |
| - | oyer (Required) | | | 1 | |
| Self Empl | oyed | | | | |
| Occupation (R | equired) | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation PAC | C √ Individual | Loan | Date | Amount of each |
| Jource. | Other (please specify) | V IIIuiviuuai | Loan | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 02/13/2023 | \$100.00 |
| John Clar | | | | | |
| Mailing Address 167 Rollis | ss ng Meadows Rd | | | | |
| City, State, Zip | Code | | 40. | 1 | |
| Ridgeland | , MS 39157-9488 | | | | |
| | oyer (Required) | | 4 0, | | |
| Not Emplo | yed | | | | |
| Occupation (R | | | THIE | Aggregate year-to-date | \$300.00 |
| | | | | _ | |
| Source: | Corporation PAC | : Individual | l oan | I Date | Amount of each |
| Source: | Corporation PAC Other (please specify) | ☑ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Source: Full Name John Clar | Other (please specify) | C | Loan | | receipt this |
| Full Name John Clar Mailing Addre | Other (please specify) | C ✓ Individual | Loan | (Mo., Day, Year) | receipt this period |
| Full Name John Clar Mailing Addre | Other (please specify) k ss ng Meadows Rd | C | Loan | (Mo., Day, Year) | receipt this period |
| Full Name John Clar Mailing Addre 167 Rolli City, State, Zip | Other (please specify) k ss ng Meadows Rd | C ✓Individual | Loan | (Mo., Day, Year) | receipt this period |
| Full Name John Clar Mailing Addre 167 Rolli: City, State, Zig | Other (please specify) K SS Ing Meadows Rd Code MS 39157-9488 Department of the control of | C ✓Individual | Loan | (Mo., Day, Year) | receipt this period |
| Full Name John Clar Mailing Addre 167 Rolli City, State, Zip Ridgeland Name of Emplo Not Emplo | Other (please specify) R SS Ing Meadows Rd Code MS 39157-9488 Description (Required) Yed equired) | C ✓ Individual | Loan | (Mo., Day, Year) | receipt this period |
| Full Name John Clar Mailing Addre 167 Rolli City, State, Zip Ridgeland Name of Empl Not Emplo Occupation (R Not Emplo | Other (please specify) K SS Ing Meadows Rd Code MS 39157-9488 Dyer (Required) yed equired) yed | | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date | receipt this period \$100.00 |
| Full Name John Clar Mailing Addre 167 Rolli City, State, Zip Ridgeland Name of Emplo Not Emplo | Other (please specify) R SS Ing Meadows Rd Code MS 39157-9488 Description (Required) Yed equired) | | Loan | (Mo., Day, Year) 03/21/2023 Aggregate | receipt this period \$100.00 |
| Full Name John Clar Mailing Addre 167 Rolli City, State, Zip Ridgeland Name of Empl Not Emplo Occupation (R Not Emplo Source: | Other (please specify) R SS Ing Meadows Rd Code Ing Ms 39157-9488 Description Other (please specify) Other (please specify) | | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Full Name John Clar Mailing Addre 167 Rolli: City, State, Zip Ridgeland Name of Empl Not Emplo Occupation (R Not Emplo | Other (please specify) R SS Ing Meadows Rd Code Ing Ms 39157-9488 Description Other (please specify) Other (please specify) | | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date | \$100.00 \$300.00 Amount of each receipt this |
| Full Name John Clar Mailing Addre 167 Rolli City, State, Zip Ridgeland Name of Emplo Not Emplo Occupation (R Not Emplo Source: Full Name John Clar Mailing Addre | Other (please specify) R SS Ing Meadows Rd Code MS 39157-9488 Description PAC Corporation Other (please specify) | | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Full Name John Clar Mailing Addres 167 Rollis City, State, Zig Ridgeland Name of Emplo Not Emplo Occupation (R Not Emplo Source: Full Name John Clar Mailing Addres 167 Rollis City, State, Zig | Other (please specify) R SS Ing Meadows Rd Code MS 39157-9488 Oyer (Required) Yed Corporation PAC Other (please specify) R SS Ing Meadows Rd | | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Full Name John Clar Mailing Addred 167 Rollid City, State, Zig Ridgeland Name of Emplo Occupation (R Not Emplo Source: Full Name John Clar Mailing Addred 167 Rollid City, State, Zig Ridgeland Name of Emplo | Other (please specify) R SS Ing Meadows Rd Code In MS 39157-9488 Diver (Required) Inved Corporation Cother (please specify) R SS Ing Meadows Rd Code Ind Ms 39157-9488 Diver (Required) | | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Full Name John Clar Mailing Addred 167 Rollid City, State, Zig Ridgeland Name of Emplo Occupation (R Not Emplo Source: Full Name John Clar Mailing Addred 167 Rollid City, State, Zig Ridgeland | Other (please specify) R SS Ing Meadows Rd Code MS 39157-9488 Oyer (Required) Yed Corporation PAC Other (please specify) R SS Ing Meadows Rd Code MS 39157-9488 Oyer (Required) Yed | | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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Reporting Period 1/1/2023 **through** 4/30/2023

| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------|--------------------------------|--------|--------------|------|---------------------------|------------------------------------|
| Full Name Susan Cla | rk | | | | 01/26/2023 | \$350.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| • | ee, FL 32308-0 | 0916 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$350.00 |
| Source: | ✓ Corporation | PAC | Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Classic F | inishes | | | | 02/23/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code IS 38803-3236 | | | | 40 | |
| | loyer (Required) | | | 1 | 508 | |
| Occupation (I | Required) | | // | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Claude Cl | auton | | 1 | 9 | 04/13/2023 | \$500.00 |
| Mailing Addre | ess | | (0) | | | |
| PO Box 75 | | | | | | |
| City, State, Zi Tupelo, M | p Code IS 38802-0755 | | | | | |
| | loyer(Required) | C | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Claude Cl | ayton | | | | 04/28/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| Name of Emp | loyer (Required) | ~ | | | | |
| | D'Donnell, PLL | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$1,000.00 |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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 Reporting Period
 1/1/2023
 through
 4/30/2023

| Source: | ☐ Corporation ☐ PA☐ ☐ Other (please specify) | AC ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-----------------|---------|---|---|
| Full Name Charles C | liett | | | 04/23/2023 | \$500.00 |
| Mailing Addre | | | | ┨ | |
| 1711 Cent | | | | | |
| City, State, Zip | Code | | | ┨ | |
| Little Ro | ck, AR 72206-1416 | | | | |
| - | oyer(Required) Williams Law Firm | | | 1 | |
| Occupation (R | equired) | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation PA | AC ✓ Individual | Loan | Date | Amount of each |
| | Other (please specify) | V III GITIGGE | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Henry L. | Coaxum Jr | | | 01/31/2023 | \$100.00 |
| Mailing Addre | | | | | |
| City, State, Zip | | | | - | |
| - | ns, LA 70126-1103 | | | | |
| | oyer (Required) | | 4 00 | 1 | |
| Coaxum En | terprises | | | | |
| Occupation (R | • • | | THIS | Aggregate year-to-date | \$350.00 |
| Source: | Corporation PA | AC ✓ Individual | Loan | Date | Amount of each |
| Jource. | | C V IIIuiviuuai | LUaii | (Mo., Day, Year) | receipt this |
| | Other (please specify) | | | (Mo., Day, Tear) | period |
| Full Name Henry L. | | 0 8 08 | 0 | 04/24/2023 | period \$250.00 |
| | Coaxum Jr | O NOW | <u></u> | | · |
| Mailing Addre 231 Harbo City, State, Zip | Coaxum Jr ss r Cir | 6004 | <u></u> | | · |
| Mailing Addre 231 Harbo City, State, Zip New Orlea | Coaxum Jr ss r Cir Code ns, LA 70126-1103 | DO N | <u></u> | | · |
| Mailing Addre 231 Harbo City, State, Zip New Orlea | Coaxum Jr ss r Cir o Code ns, LA 70126-1103 oyer (Required) | 100 H | | | · |
| Mailing Addre 231 Harbo City, State, Zig New Orlea Name of Empl | Coaxum Jr ss r Cir Code ns, LA 70126-1103 over (Required) terprises | 600 | | | <u> </u> |
| Mailing Addre 231 Harbo City, State, Zip New Orlea Name of Empl Coaxum En Occupation (F Restauran | Coaxum Jr ss r Cir Code ns, LA 70126-1103 oyer (Required) terprises lequired) teur | | | Aggregate year-to-date | \$250.00 |
| Mailing Addre 231 Harbo City, State, Zij New Orlea Name of Empl Coaxum En Occupation (F | Coaxum Jr ss r Cir Code ns, LA 70126-1103 over (Required) terprises | AC ✓ Individual | Loan | 04/24/2023 Aggregate | \$250.00 |
| Mailing Addre 231 Harbo City, State, Zip New Orlea Name of Empl Coaxum En Occupation (F Restauran | Coaxum Jr ss r Cir c Code ns, LA 70126-1103 oyer (Required) terprises lequired) teur Corporation PA | AC ☑Individual | Loan | Aggregate year-to-date Date | \$250.00 \$350.00 Amount of each receipt this |
| Mailing Addre 231 Harbo City, State, Zin New Orlea Name of Empl Coaxum En Occupation (F Restauran Source: Full Name Frances M Mailing Addre | Coaxum Jr ss r Cir c Code ns, LA 70126-1103 oyer (Required) terprises dequired) teur Corporation PA Other (please specify) Coleman | AC ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$350.00 Amount of each receipt this period |
| Mailing Addre 231 Harbo City, State, Zig New Orlea Name of Empl Coaxum En Occupation (F Restauran Source: Full Name Frances M Mailing Addre 108 Royal City, State, Zig | Coaxum Jr ss r Cir Code ns, LA 70126-1103 oyer (Required) terprises required) teur Corporation Other (please specify) Coleman ss Garden Ter | AC ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$350.00 Amount of each receipt this period |
| Mailing Addre 231 Harbo City, State, Zip New Orlea Name of Empl Coaxum En Occupation (F Restauran Source: Full Name Frances M Mailing Addre 108 Royal City, State, Zip Madison, | Coaxum Jr ss r Cir Code ns, LA 70126-1103 over (Required) terprises dequired) teur Corporation Other (please specify) Coleman ss Garden Ter Code MS 39110-7637 over (Required) | AC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$350.00 Amount of each receipt this period |
| Mailing Addre 231 Harbo City, State, Zin New Orlea Name of Empl Coaxum En Occupation (F Restauran Source: Full Name Frances M Mailing Addre 108 Royal City, State, Zin Madison, Name of Empl | Coaxum Jr ss r Cir c Code ns, LA 70126-1103 oyer (Required) terprises lequired) teur Corporation Other (please specify) Coleman ss Garden Ter Code MS 39110-7637 oyer (Required) yed lequired) | AC /Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$350.00 Amount of each receipt this period |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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 Reporting Period
 1/1/2023
 through
 4/30/2023

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|--|
| Full Name Frances M. Coleman | 02/28/2023 | \$250.00 |
| Mailing Address | | |
| 108 Royal Garden Ter | | |
| City, State, Zip Code Madison, MS 39110-7637 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$295.00 |
| Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Frances M. Coleman | 04/14/2023 | \$10.00 |
| Mailing Address | | |
| 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 | 0 | |
| | 4. | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$295.00 |
| Service: Dam creation DAO Uludhidual Dam | | |
| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) Full Name | | |
| Cother (please specify) Full Name Frances M. Coleman Mailing Address | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Frances M. Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Frances M. Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 Name of Employer (Required) | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Frances M. Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 Name of Employer (Required) Not Employed Occupation (Required) | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Frances M. Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan | (Mo., Day, Year) 04/29/2023 Aggregate year-to-date Date | \$25.00 \$295.00 |
| Other (please specify) Full Name Frances M. Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | (Mo., Day, Year) 04/29/2023 Aggregate year-to-date | \$25.00 \$295.00 |
| Other (please specify) Full Name Frances M. Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan | (Mo., Day, Year) 04/29/2023 Aggregate year-to-date Date | \$25.00 \$295.00 |
| Other (please specify) Full Name Frances M. Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$25.00 \$295.00 Amount of each receipt this period |
| Other (please specify) Full Name Frances M. Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) Full Name Thomas Coleman Mailing Address | Aggregate year-to-date Date (Mo., Day, Year) | \$25.00 \$295.00 Amount of each receipt this period |
| Gother (please specify) Full Name Frances M. Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 Name of Employer (Required) Not Employed Cocupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 Name of Employer (Required) | Aggregate year-to-date Date (Mo., Day, Year) | \$25.00 \$295.00 Amount of each receipt this period |
| Other (please specify) Full Name Frances M. Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Thomas Coleman Mailing Address 108 Royal Garden Ter City, State, Zip Code Madison, MS 39110-7637 | Aggregate year-to-date Date (Mo., Day, Year) | \$25.00 \$295.00 Amount of each receipt this period |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|----------------------------------|----------|-------------|------|---------------------------|------------------------------------|
| Full Name Thomas Co | leman | | | | 04/20/2023 | \$200.00 |
| Mailing Addre | ess Garden Ter | | | | | |
| City, State, Zi | | | | | | |
| | loyer (Required) | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$450.00 |
| Source: | Corporation Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Wilbur O. | Colom | | | | 04/04/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code MS 39701-7202 | | | | 3 | |
| • | loyer(Required) Law Firm LLC | | | | COL | |
| Occupation (I | Required) | | // | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Wilbur Co | olom | | 1 |) | 04/30/2023 | \$1,000.00 |
| Mailing Addre | | | (0) | | | |
| City, State, Zi | p Code MS 39703-0101 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (i | Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jonathan | Compretta | | | | 04/20/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| City, State, Zi | | | | | | |
| Name of Emp | loyer(Required) Litowitz Berg | er & Gro | ssmann, LLP | | | |
| Occupation (I | | | • | | Aggregate year-to-date | \$1,000.00 |
| | | | | | | |

| Name of Candidate or (| Committee | Brandon | Presley |
|------------------------|-----------|---------|---------|
| | | | |

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

| | | I I CIVIIZ | | . • | |
|---|---------|--------------|------|--|------------------------------------|
| Source: Corporation Other (please specif | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | <u></u> | | | (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | period |
| Full Name Richard Conville | | | | 03/27/2023 | \$250.00 |
| Mailing Address 104 Cherokee Ct | | | | | |
| City, State, Zip Code Hattiesburg, MS 39401-703 | 36 | | | | |
| Name of Employer (Required) Not Employed | | | | | |
| Occupation (Required) Retired | | | | Aggregate year-to-date | \$250.00 |
| Source: Corporation Other (please specif | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name John A. Conway Jr | | | | 02/04/2023 | \$50.00 |
| Mailing Address | | | | | |
| 202 Brae Burn Dr | | | | _ | |
| City, State, Zip Code Jackson, MS 39211-2504 | | | | 0 | |
| Name of Employer (Required) Not Employed | | | 10, | | |
| Occupation (Required) Not Employed | | | THE | Aggregate year-to-date | \$300.00 |
| Source: Corporation Other (please specif | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name John A. Conway Jr | 10 | 1 |) | 02/28/2023 | \$250.00 |
| Mailing Address | - 1 | | | _ | |
| 202 Brae Burn Dr | | | | | |
| City, State, Zip Code Jackson, MS 39211-2504 | | | | | |
| Name of Employer (Required) Not Employed | | | | | |
| Occupation (Required) | | | | | |
| NOT EMPLOYED | | | | Aggregate year-to-date | \$300.00 |
| Not Employed Source: Corporation | PAC | ✓ Individual | Loan | | \$300.00 |
| | _ | ✓Individual | Loan | year-to-date | |
| Source: Corporation | _ | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Source: Corporation Other (please specification) Full Name | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Source: Corporation Other (please specification) Toni Cooley Mailing Address 1028 Whitsett Walk City, State, Zip Code | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Source: Corporation Other (please specification) Toni Cooley Mailing Address 1028 Whitsett Walk City, State, Zip Code Jackson, MS 39206-6158 Name of Employer (Required) | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Source: Corporation Other (please specification) Toni Cooley Mailing Address 1028 Whitsett Walk City, State, Zip Code Jackson, MS 39206-6158 | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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Reporting Period 1/1/2023 **through** 4/30/2023

| Full Name Blake Corley Mailing Address 900 Fern St City, State, Zip Code New Orleans, J.A. 70118-3953 Name of Employer (Required) Self Employed Occupation (Required) Attorney Source: Corporation PAC Individual Loan Date receipt this period City, State, Zip Code Name of Employer (Required) Attorney Source: Corporation PAC Individual Loan Date receipt this period City, State, Zip Code Greenville, MS 38701-7760 Name of Employer (Required) The Pantry, Inc. Cocupation (Required) Event Planner Source: Corporation PAC Individual Loan Date (Mo., Day, Year) City, State, Zip Code Company (Required) C | Source: | Corporation | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|---|-----------|--------------|------------|--------------------------|-----------------------------|
| Blake Corley Mailing Address 900 Fern St. City, State, Zip Code New Orleans, LA 70118-3953 Name of Employer (Required) Actorney Source: _Corporation _PAC _Vindividual _Loan _Cocupation (Required) Act Let a La L | | Utner (please sp | респу) | | | | period |
| Mailing Address 900 Fern St City, State, Zip Code New Orleans, LA 70118-3953 Name of Employer (Required) Self Employed Scurce: Corporation PAC Individual Loan (Mo., Day, Year) Pacific His Period Pacific | | -1-12 | | | | 04/27/2023 | \$1,000.00 |
| Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Date (Mo., Day, Year) PAC Individual Loan Date PAC Packet Pack | | | | | | | |
| Crity, State, Zip Code Name of Employer Source: Corporation PAC Individual Loan Clity, State, Zip Code Name of Employer Source: Corporation PAC Individual Loan Clity, State, Zip Code Source: Corporation PAC Individual Date Crity, State, Zip Code Source: Corporation PAC Individual Date Crity, State, Zip Code Creenville, MS 38701-7760 Name of Employer (Required) The Pantry, Inc. Cocupation (Required) Event Planner Source: Corporation PAC Individual Date Cocupation (Required) Event Planner Source: Corporation PAC Individual Date Nate Coulter Mailing Address Total Name Nate Coulter Malling Address Cotty, State, Zip Code Cocupation (Required) Executive Director Source: Corporation PAC Individual Date Cocupation (Required) Executive Director Source: Corporation PAC Individual Date Cocupation (Required) Executive Director Source: Corporation PAC Individual Date Cocupation (Required) Executive Director Source: Corporation PAC Individual Date Cocupation (Required) Executive Director Source: Corporation PAC Individual Date Cocupation Required Executive Director Source: Corporation PAC Individual Date Cocupation Required Executive Director Source: Corporation PAC Individual Date Cocupation Required Cocupation Required Source: Corporation PAC Individual Date Cocupation Required Source: Cocupation Req | _ | | | | | | |
| New Orleans, LA 7018-3953 Name of Employer (Required) Self Employed Occupation (Required) Actorney Source: Corporation PAC Individual Loan Date (Mo., Day, Year) | | | | | | | |
| Name of Employer (Required) Self Employer (Required) Actorney Source: Corporation PAC Individual Loan Carl Cottingham Carl Cottingham Carl Cottingham Carl Cottingham City, State, Zip Code Eventrille, MS 38701-7760 Name of Employer (Required) The Pantry, Inc. Cocupation (Required) Event Planner Source: Corporation PAC Individual Loan Nate Coulter Nate Coulter Nate Coulter Nate, AR 72225-0112 Name of Employer (Required) Executive Director Source: Corporation PAC Individual Loan Name of Employer (Required) Executive Director Source: Corporation PAC Individual Date Nate Coulter Nate Nate Coulter Nate Nate Nate Nate Nate Nate Nate Nate | | • | 3953 | | | | |
| Occupation (Required) Aggregate year-to-date \$1,000.00 Aggregate year-to-date \$1,000.00 Amount of each receipt this period \$250.00 Full Name Carl Cottingham Mailing Address 140 Lela Ln City, State, Zip Code Greenville, MS 38701-7760 Name of Employer (Required) The Pantry, Inc. Occupation (Required) Tother (please specify) Full Name Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Partry, Inc. Occupation (Required) The Rock, AR 72225-0112 Name of Employer (Required) Executive Director Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Partry, Inc. Occupation (Required) Executive Director Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Partry Director Director Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Partry Director Director Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Partry Date (Mo., Day, | | | | | | | |
| Source: Corporation PAC Individual Loan Date receipt this period Full Name Carl Cottingham Carl City, State, Zip Code Carl Corporation PAC Individual Loan Carl City, State, Zip Code Carl Cottingham Carl City, State, Zip Code Carl City, State, Z | | | | | | | |
| Source: Corporation PAC Individual Loan Date receipt this period Full Name Carl Cottingham Carl City, State, Zip Code Carl Corporation PAC Individual Loan Carl City, State, Zip Code Carl Cottingham Carl City, State, Zip Code Carl City, State, Z | Occupation (| Required) | | | | Aggregate | \$1 000 00 |
| Other (please specify) (Mo., Day, Year) receipt this period | Attorney | | | | | | \$1,000.00 |
| Other (please specify) (Mo., Day, Year) receipt this period | Source: | Corporation | □РАС | √ Individual | | Date | Amount of each |
| Full Name Source: Other (please specify) Full Name Cocupation (Required) Full Name Source: Other (please specify) Full Name Nate Coulter Name of Employer (Required) Full Name Nate Coulter Name of Employer (Required) Full Name Nate Coulter N | 5 04.55. | _ · | | V marriada. | | | receipt this |
| Mailing Address | | Utner (please sp | ресіту) | | | (ino., bay, rear) | period |
| Mailing Address 140 Le1a Ln City, State, Zip Code Greenville, MS 38701-7760 Name of Employer (Required) The Pantry, Inc. Occupation (Required) Event Planner Source: Corporation PAC Individual Loan Date receipt this period Full Name Nate Coulter Mailing Address PO Box 250112 City, State, Zip Code Little Rock, AR 72225-0112 Name of Employer (Required) Executive Director Source: Corporation PAC Individual Loan Mailing Address PO Box 250112 City, State, Zip Code Little Rock, AR 72225-0112 Name of Employer (Required) Executive Director Source: Corporation PAC Individual Loan Date Amount of each receipt this period Aggregate year-to-date Source: Corporation PAC Individual Loan Other (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Not Employed | | | | | | 02/27/2023 | \$250.00 |
| 140 Tela In City, State, Zip Code Greenville, MS 38701-7760 Name of Employer (Required) The Pantry, Inc. Occupation (Required) Event Planner Source: Corporation PAC Individual Loan Nation Coulter Mailing Address PO Box 250112 City, State, Zip Code Little Rock, AR 72225-0112 Name of Employer (Required) Executive Director Source: Corporation PAC Individual Loan Occupation (Required) Executive Director Source: Corporation PAC Individual Loan Occupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify) Aggregate (Mo., Day, Year) PAC Individual Loan Other (Mo., Day, Year) Occupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify) Aggregate (Mo., Day, Year) Amount of each receipt this period Other (Mo., Day, Year) Amount of each receipt this period Other (Mo., Day, Year) Amount of each receipt this period Other (Mo., Day, Year) Amount of each receipt this period Amount of each receipt this period Other (Required) Amount of each receipt this period Amount of each receipt this period Other (Required) Amount of each receipt this period Aggregate Source: Amount of each receipt this period Aggregate Source: Amount of each receipt this period Amount of each receipt this period Aggregate Source: Amount of each receipt this period Aggregate Source: Amount of each receipt this period Aggregate So | | | | | | | |
| City, State, Zip Code Greenville, MS 38701-7760 Name of Employer (Required) Event Planner Source: Corporation PAC Individual Loan Date receipt this period Mailing Address PO Box 250112 City, State, Zip Code Executive Director Source: Corporation PAC Individual Loan Name of Employer (Required) Executive Director Source: Corporation PAC Individual Loan Name of Employer (Required) Central Arkansas Library System Occupation (Required) Cexecutive Director Source: Corporation PAC Individual Loan Date (Mo., Day, Year) PAC Vindividual Loan Date (Mo., Day, Year) PAC Vindividual Loan Date (Mo., Day, Year) PAC Vindividual Loan Date (Mo., Day, Year) Pariod Full Name Jackie Courson Mailing Address Amount of each receipt this period Full Name Jackie Courson Mailing Address Amount of each receipt this period Aggregate year-to-date Source: Corporation PAC Vindividual Loan Date (Mo., Day, Year) Pariod Amount of each receipt this period Amount of each receipt this period Amount of each receipt this period Aggregate S250.00 Aggregate S250.00 | _ | | | | | | |
| Second colling MS 38701-7760 Name of Employer (Required) PAC Individual Loan Date (Mo., Day, Year) Period Pace | | | | | | | |
| Name of Employer (Required) The Pantry, Inc. Occupation (Required) Event Planner Source: Corporation PAC Individual Loan Other (please specify) Full Name Nate Coulter Mailing Address PO Box 250112 City, State, Zip Code Little Rock, AR 72225-0112 Name of Employer (Required) Cother (please specify) Full Name Source: Corporation PAC Individual Loan Occupation (Required) Executive Director Aggregate year-to-date Aggregate (Mo., Day, Year) Aggregate year-to-date \$500.00 Aggregate year-to-date \$500.00 Aggregate year-to-date \$500.00 Aggregate year-to-date \$500.00 Aggregate year-to-date \$250.00 Aggregate year-to-date Amount of each receipt this period Adjusted Courson Aggregate year-to-date Amount of each receipt this period Adjusted Courson Aggregate year-to-date Amount of each receipt this period Aggregate year-to-date Amount of each receipt this period Aggregate year-to-date Amount of each receipt this period Full Name Jackie Courson Aggregate year-to-date Amount of each receipt this period Aggregate year-to-date Amount of each receipt this period Aggregate year-to-date | | | 760 | | | 0 | |
| The Pantry, Inc. Occupation (Required) Event Planner Source: Corporation PAC Individual Loan Other (please specify) Full Name Nate Coulter Mailing Address PO Box 250112 City, State, Zip Code Little Rock, AR 72225-0112 Name of Employer (Required) Central Arkansas Library System Occupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify) Aggregate year-to-date Anount of each receipt this period Aggregate year-to-date Anount of each receipt this period Aggregate year-to-date Amount of each receipt this period Full Name Other (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Aggregate \$250.00 | | | 700 | | | e ⁻¹ | |
| Occupation (Required) Event Planner Source: Corporation PAC Individual Loan Other (please specify) Date (Mo., Day, Year) Date (Mo., Day, Year) | | | | | |) " | |
| Source: Corporation PAC Individual Loan Source: Corporation PAC Individual Loan Cother (please specify) Full Name Nate Coulter Mailing Address PO Box 250112 City, State, Zip Code Little Rock, AR 72225-0112 Name of Employer (Required) Central Arkansas Library System Cocupation (Required) Executive Director Source: Corporation PAC Individual Loan Cother (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Cocupation (Required) Aggregate year-to-date \$500.00 \$250.00 Aggregate year-to-date \$500.00 Aggregate year-to-date \$500.00 Aggregate year-to-date \$500.00 Aggregate year-to-date \$500.00 Amount of each receipt this period Amount of each receipt this | | | | - | | | |
| Cother (please specify) Full Name Nate Coulter Mailing Address PO Box 250112 City, State, Zip Code Little Rock, AR 72225-0112 Name of Employer (Required) Central Arkansas Library System Occupation (Required) Executive Director Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Cocupation (Required) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Aggregate \$250.00 | | | | | | | \$250.00 |
| Other (please specify) Od/29/2023 S500.00 | Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| Mailing Address PO Box 250112 City, State, Zip Code Little Rock, AR 72225-0112 Name of Employer (Required) Central Arkansas Library System Occupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Aggregate y500.00 Aggregate y6500.00 Aggregate y250.00 | | Other (please sp | pecify) | <u> </u> | <u>√</u> . | (Mo., Day, Year) | |
| Mailing Address PO Box 250112 City, State, Zip Code Little Rock, AR 72225-0112 Name of Employer (Required) Central Arkansas Library System Cocupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Cocupation (Required) Aggregate year-to-date (Mo., Day, Year) 04/26/2023 \$250.00 Aggregate \$250.00 | | | | | | 04/29/2023 | \$500.00 |
| PO Box 250112 City, State, Zip Code Little Rock, AR 72225-0112 Name of Employer (Required) Central Arkansas Library System Coccupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Coccupation (Required) Aggregate year-to-date \$500.00 Aggregate (Mo., Day, Year) period \$250.00 Aggregate \$250.00 | | | | | | | |
| Name of Employer (Required) Central Arkansas Library System Coccupation (Required) Executive Director | - | | | | | | |
| Name of Employer (Required) Central Arkansas Library System Coccupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Coccupation (Required) Aggregate year-to-date \$500.00 Amount of each receipt this period 04/26/2023 \$250.00 Aggregate \$250.00 | City, State, Zi | p Code | | | | | |
| Coupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Occupation (Required) Aggregate \$250.00 | Little Ro | ock, AR 72225- | 0112 | | | | |
| Occupation (Required) Executive Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Aggregate year-to-date \$500.00 Amount of each receipt this period \$250.00 \$250.00 Aggregate \$250.00 | Name of Emp | loyer (Required) | | | | | |
| Executive Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$250.00 | Central A | Arkansas Libra | ry System | | | | |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$250.00 | Occupation (I | Required) | | | | | \$500.00 |
| Other (please specify) Full Name Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$250.00 | Executive | Director | | | | year-to-date | 4000.00 |
| Other (please specify) | Source: | Corporation | PAC | ✓ Individual | Loan | Date | |
| Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$250.00 | | Other (please sp | oecify) | | | (Mo., Day, Year) | |
| Jackie Courson Mailing Address 63 Hidden Crk City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$250.00 | Full Name | | | | | 0.4./0.6./0.000 | ĊOEO 00 |
| Gity, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$250.00 | Jackie Co | | | | | ■ 0/1/26/2023 I | |
| City, State, Zip Code Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$250.00 | OUCKIC CC | ourson | | | | 04/26/2023 | \$250.00 |
| Pontotoc, MS 38863-7514 Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$250.00 | | | | | | 04/26/2023 | \$250.00 |
| Name of Employer (Required) Not Employed Occupation (Required) Aggregate \$250.00 | Mailing Addre | ess | | | | 04/26/2023 | \$250.00 |
| Not Employed Occupation (Required) Aggregate \$250.00 | Mailing Addre | ess n Crk p Code | | | | 04/26/2023 | \$250.00 |
| Occupation (Required) Aggregate \$250.00 | Mailing Addre 63 Hidder City, State, Zi | p Code MS 38863-751 | 4 | | | 04/26/2023 | \$250.00 |
| 7250.00 | Mailing Address 63 Hidder City, State, Zi Pontotoc, Name of Emp | p Code MS 38863-751 | 4 | | | 04/26/2023 | \$250.00 |
| | Mailing Address 63 Hidder City, State, Zi Pontotoc, Name of Emp | p Code MS 38863-751 | 4 | | | 04/26/2023 | \$250.00 |
| | Mailing Addre 63 Hidder City, State, Zi Pontotoc, Name of Emp Not Emplo | p Code MS 38863-751 Noyer (Required) Depended Required) | 4 | | | Aggregate | |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

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

| | | | · · L · · · · · · · · · · · · · · · · · | | | |
|------------------------|---------------------------------|-----|---|------|---------------------------|------------------------------------|
| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Richard (| Courtney | | | | 02/28/2023 | \$100.00 |
| Mailing Addre | ess | | | | | |
| City, State, Z | | | | | | |
| | ployer (Required) Elder Law | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Richard (| Courtney | | | | 03/16/2023 | \$50.00 |
| Mailing Addre | ess | | | | | |
| City, State, Zi | ip Code MS 39225-3126 | | | | 4 | |
| | oloyer(Required) Elder Law | | | | COX | |
| Occupation (| Required) | | | THIS | Aggregate year-to-date | \$250.00 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Richard (| Courtney | | 0 4 | | 04/18/2023 | \$100.00 |
| Mailing Addre | ess | | (D | | | |
| City, State, Z | ip Code MS 39225-3126 | | | | | |
| | ployer(Required) Elder Law | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Geoffrey | Cowan | | | | 03/28/2023 | \$250.00 |
| Mailing Addre | ess deville Canyon | Rd | | | | |
| City, State, Z | | | | | | |
| | oloyer (Required) | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$250.00 |
| | | | | | | |

| Name of Candidate or Committee Brandon P | resley |
|--|--------|
|--|--------|

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

| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|-------------------------------|----------------------------------|--------|--------------|------|---------------------------|------------------------------------|
| Full Name Billy Cre | WS | | | | 01/26/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| 518 N 11t | | | | | | |
| City, State, Zip | p Code IS 38655-3108 | | | | | |
| Name of Emplo | loyer (Required) yed | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | | | | 04/30/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| 428 Highw | | | | | | |
| City, State, Zip Batesvill | e, MS 38606-30 | 00 | | | 2 | |
| Name of Emplo | loyer (Required) yed | | | | Ox. | |
| Occupation (F | Required) | | | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| Gource. | Other (please spe | | V marvidaa | Loan | (Mo., Day, Year) | receipt this period |
| Full Name William B | . Crowell | | 04 | | 03/09/2023 | \$5,000.00 |
| Mailing Addre | | | (0) | | | |
| City, State, Zip | | 0.0 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (F | • ' | | | | Aggregate year-to-date | \$5,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | period |
| Full Name Timothy J | . Cullen | | | | 04/29/2023 | \$300.00 |
| Mailing Addre | | | | | | |
| City, State, Zip | | 255 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Self Empl | oyed | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$300.00 |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

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

| Source: | Corporation P Other (please specify) | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--------------------------------|---------------------------------------|------------------|----------|---------------------------|------------------------------------|
| Full Name Richard Da | abbs | | | 03/20/2023 | \$250.00 |
| Mailing Addres | | | | ┨ | |
| 5 Turnbury | y Dr | | | | |
| City, State, Zip | | | | 7 | |
| | rg, MS 39401-8229 | | | | |
| | oyer(Required) tral Regional Medic | al Center | | | |
| Occupation (R | equired) | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation P | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Patrina R | | | | 03/10/2023 | \$100.00 |
| | | | | _ | |
| Mailing Address 105 Sutter | | | | | |
| City, State, Zip | | | | ┨ | |
| | 39170-5032 | | | | |
| | oyer (Required) | | 4 0, | ┨ | |
| VA | | | | l | |
| Occupation (R | | | THE | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC V Individual | Loan | Date | Amount of each |
| | Other (please specify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Patrina R | . Dace | 000 | | 04/18/2023 | \$200.00 |
| Mailing Addres | | 1 | | 7 | |
| City, State, Zip | Code 39170-5032 | | | 1 | |
| | oyer (Required) | | | 1 | |
| Occupation (R | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation P | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | | | 04/07/0003 | <u>-</u> |
| Beverly Da | | | | 04/27/2023 | \$5,000.00 |
| Mailing Address 245 Del Mo | | | | | |
| City, State, Zip Los Altos, | Code , CA 94022-1206 | | | 7 | |
| Name of Employ | oyer (Required) yed | | | | |
| Occupation (R | equired) | | | Aggregate year-to-date | \$5,000.00 |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | ✓ Corporation | PAC | Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|------------|--------------------------|----------|---|--|
| | Other (please spec | cify) | | | (WO., Day, Teal) | period |
| Full Name Dan Camp | Family Real Est | tate Co | | | 04/03/2023 | \$1,000.00 |
| Mailing Addr | | | | | 1 | |
| - | Maxwell St | | | | | |
| City, State, Z | | | | | 1 | |
| | le, MS 39759-342 | 22 | | | _ | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | ✓ Corporation | PAC | Individual | Loan | Date | Amount of each |
| | Other (please spe | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name DB McDan: | iel PLLC | | | | 04/29/2023 | \$1,000.00 |
| Mailing Addr | ess | | | | 7 | |
| 1307 W 41 | | | | | | |
| City, State, Z | | | | | | |
| Little Ro | ock, AR 72201-19 | 917 | | | ` | |
| Name of Emp | oloyer (Required) | | | 60, | | |
| Occupation (| Required) | | | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | | | | | | rocaint thia |
| | Other (please spec | cify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Doyce Dea | | cify) | O N | | (Mo., Day, Year) 01/30/2023 | • |
| Doyce Dea | as ess | cify) | 100 | | | period |
| Doyce Dea Mailing Addr 645 High | ess land Cir | cify) | (00 K | | | period |
| Mailing Addr 645 High: | ess land Cir | cify) | (40° k) | | | period |
| Mailing Addr 645 High: City, State, Z Tupelo, M | ess land Cir ip Code MS 38804-2003 | cify) | (B) (A) | | | period |
| Mailing Addr 645 High: City, State, Z Tupelo, 1 Name of Emp | ess land Cir | R | Skills Ce | nter | | period |
| Mailing Addr 645 High: City, State, Z Tupelo, 1 Name of Emp | ess land Cir ip Code MS 38804-2003 bloyer (Required) Deas Foundation Required) | R | Skills Ce | nter | | period |
| Mailing Addr 645 High: City, State, Z Tupelo, I Name of Emp Doyce H. Occupation (| ess land Cir ip Code MS 38804-2003 bloyer (Required) Deas Foundation Required) | n Learning | Skills Ce ✓Individual | nter | 01/30/2023 Aggregate | \$500.00 \$500.00 Amount of each |
| Mailing Addr 645 High: City, State, Z Tupelo, 1 Name of Emp Doyce H. Occupation (Education | ess land Cir ip Code MS 38804-2003 bloyer (Required) Deas Foundation Required) | n Learning | | | Aggregate year-to-date | \$500.00 \$500.00 |
| Mailing Addr 645 High: City, State, Z Tupelo, 1 Name of Emp Doyce H. Occupation (Education | ess land Cir ip Code MS 38804-2003 bloyer (Required) Deas Foundation Required) Corporation Other (please special | n Learning | | | Aggregate year-to-date Date | \$500.00 \$500.00 Amount of each receipt this |
| Mailing Addr 645 High: City, State, Z Tupelo, 1 Name of Emp Doyce H. Occupation (Education Source: | ess land Cir ip Code MS 38804-2003 bloyer (Required) Deas Foundation Required) Corporation Other (please spec | n Learning | | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addr 645 High: City, State, Z Tupelo, N Name of Emp Doyce H. Occupation (Education Source: | ess land Cir ip Code MS 38804-2003 bloyer (Required) Deas Foundation Required) Corporation Other (please specials) am Deas | n Learning | | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addr 645 High: City, State, Z Tupelo, Mame of Emp Doyce H. Occupation (Education Source: Full Name J. Willia Mailing Addr 645 High: City, State, Z | ess land Cir ip Code MS 38804-2003 Doyer (Required) Deas Foundation Required) Corporation Other (please spectate) am Deas ess land Cir ip Code | n Learning | | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addr 645 High: City, State, Z Tupelo, I Name of Emp Doyce H. Occupation (Education Source: Full Name J. Willia Mailing Addr 645 High: City, State, Z Tupelo, I | ess land Cir ip Code MS 38804-2003 bloyer (Required) Deas Foundation Required) Corporation Other (please special code) am Deas land Cir ip Code MS 38804-2003 | n Learning | | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addr 645 High: City, State, Z Tupelo, I Name of Emp Doyce H. Occupation (Education Source: Full Name J. Willia Mailing Addr 645 High: City, State, Z Tupelo, I Name of Emp | ess land Cir ip Code MS 38804-2003 bloyer (Required) Deas Foundation Required) Corporation Other (please special parts) am Deas land Cir ip Code MS 38804-2003 bloyer (Required) | n Learning | | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Address 645 High: City, State, Z Tupelo, I Name of Emp Doyce H. Occupation (Education Source: Full Name J. Willia Mailing Address 645 High: City, State, Z Tupelo, I Name of Emp Not Emplo | ess land Cir ip Code MS 38804-2003 Ployer (Required) Deas Foundation Corporation Other (please spectation) Deas Band Cir ip Code MS 38804-2003 Ployer (Required) Deas Double (Required) Deas Deas Deas Deas Deas Deas Deas Dea | n Learning | | | Aggregate year-to-date Date (Mo., Day, Year) 04/26/2023 | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addr 645 High: City, State, Z Tupelo, P Name of Emp Doyce H. Occupation (Education Source: Full Name J. Willia Mailing Addr 645 High: City, State, Z Tupelo, P | ess land Cir ip Code MS 38804-2003 Ployer (Required) Deas Foundation Corporation Corporation Other (please spectation) am Deas ess land Cir ip Code MS 38804-2003 Ployer (Required) Dyed Required) | n Learning | | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |

| Name of Candidate or Committe | e Brandon | Presley |
|-------------------------------|------------------|---------|
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 Reporting Period
 1/1/2023
 through
 4/30/2023

| Source: Corporation PAC Individual Loan | | |
|---|---|---|
| Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 03/31/2023 | \$100.00 |
| Heather Denison | 03/31/2023 | \$100.00 |
| Mailing Address | | |
| 104 Temple Ter | | |
| City, State, Zip Code | | |
| Ocean Springs, MS 39564-5402 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$350.00 |
| Source: Corporation PAC Individual Loan | Date (Mo. Day Year) | Amount of each receipt this |
| Other (please specify) | (Mo., Day, Year) | period |
| Full Name Heather Denison | 04/03/2023 | \$250.00 |
| Mailing Address 104 Temple Ter | | |
| City, State, Zip Code | | |
| Ocean Springs, MS 39564-5402 | | |
| Name of Employer (Required) | | |
| Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$350.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this |
| | (1, 13, 11, | period |
| Full Name William Denman | 03/09/2023 | period \$100.00 |
| Full Name | | <u>-</u> |
| Full Name William Denman Mailing Address | | <u>-</u> |
| Full Name William Denman Mailing Address 417 Main St City, State, Zip Code | | <u>-</u> |
| Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 | | ` |
| Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 Name of Employer (Required) | | ` |
| Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 Name of Employer (Required) Massachusetts General Physicians Organization Occupation (Required) Physician | Aggregate year-to-date | \$100.00 |
| Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 Name of Employer (Required) Massachusetts General Physicians Organization Occupation (Required) | 03/09/2023 Aggregate | \$100.00 |
| Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 Name of Employer (Required) Massachusetts General Physicians Organization Occupation (Required) Physician Source: Corporation PAC Individual Loan | Aggregate year-to-date Date | \$100.00 \$218.30 Amount of each receipt this |
| Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 Name of Employer (Required) Massachusetts General Physicians Organization Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$218.30 Amount of each receipt this period |
| Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 Name of Employer (Required) Massachusetts General Physicians Organization Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name William Denman Mailing Address 417 Main St City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$218.30 Amount of each receipt this period |
| Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 Name of Employer (Required) Massachusetts General Physicians Organization Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$218.30 Amount of each receipt this period |
| Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 Name of Employer (Required) Massachusetts General Physicians Organization Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name William Denman Mailing Address 417 Main St City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$218.30 Amount of each receipt this period |
| Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 Name of Employer (Required) Massachusetts General Physicians Organization Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name William Denman Mailing Address 417 Main St City, State, Zip Code Winchester, MA 01890-2925 Name of Employer (Required) | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$218.30 Amount of each receipt this period |

| Name of Candidate or Committee B | Brandon | Presley |
|----------------------------------|---------|---------|
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 Reporting Period
 1/1/2023
 through
 4/30/2023

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|------------------------------------|
| Full Name William Denman | 04/30/2023 | \$25.00 |
| Mailing Address 417 Main St | | |
| City, State, Zip Code Winchester, MA 01890-2925 | 1 | |
| Name of Employer (Required) Massachusetts General Physicians Organization | 1 | |
| Occupation (Required) Physician | Aggregate year-to-date | \$218.30 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Andrew Dickson | 03/24/2023 | \$250.00 |
| Mailing Address 807 S 19th Ave | | |
| City, State, Zip Code Hattiesburg, MS 39401-7464 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Retired | Aggregate year-to-date | \$250.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Louisa O. Dixon | 04/05/2023 | \$1,000.00 |
| Mailing Address 25 Executive Dr | 1 | |
| City, State, Zip Code Stoneham, MA 02180-0037 | 1 | |
| Name of Employer (Required) Self Employed | 1 | |
| Occupation (Required) Business Consultant | Aggregate year-to-date | \$1,000.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Double S, INC. | 03/30/2023 | \$1,000.00 |
| Mailing Address 200 Houston Dr | 1 | |
| City, State, Zip Code Grenada, MS 38901-9002 | 1 | |
| Name of Employer (Required) | 1 | |
| Occupation (Required) | Aggregate year-to-date | \$1,000.00 |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | Corporation Other (please sp | | dividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--------------------------|------------------------------|----------|----------|------|---------------------------|------------------------------------|
| Full Name | | <u> </u> | | | 03/24/2023 | \$100.00 |
| Bertis Do | | | | | | |
| Mailing Address 738 Cobb | | | | | | |
| City, State, Zi | • | | | | | |
| | SA 30606-2942 | | | | | |
| Self Empl | loyer (Required) Loyed | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$1,100.00 |
| Source: | Corporation | PAC In | dividual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Bertis Do | owns | | | | 04/15/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| 738 Cobb | St | | | | | |
| City, State, Zi | • | | | | | |
| | SA 30606-2942 | | | | 2 | |
| Self Empl | loyer (Required) Loyed | | | | Co. | |
| Occupation (I | Required) | | | THIS | Aggregate year-to-date | \$1,100.00 |
| Source: | Corporation | □PAC ✓In | dividual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | X | (Mo., Day, Year) | receipt this period |
| Full Name John Drak | <u>c</u> e | | | | 04/05/2023 | \$1,000.00 |
| Mailing Addre | ess | | 0 | | | |
| 1220 Suns | | | | | | |
| City, State, Zi | p Code rings, MS 3956 | 4-2943 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$1,100.00 |
| Source: | Corporation | ☐PAC ✓In | dividual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name John Drak | se. | | | | 04/24/2023 | \$100.00 |
| Mailing Addre | ess | | | | | |
| 1220 Suns | | | | | | |
| City, State, Zi | p Code rings, MS 3956 | 4-2943 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$1,100.00 |
| Retired | | | | | year-to-date | |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

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

| Source: | Corporation Other (please s | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|-----------------------------------|---------|--------------|--|---------------------------|------------------------------------|
| Full Name | | | | | 02/08/2023 | \$1,000.00 |
| Wayne Dri | inkwater | | | | 02/00/2023 | 71,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | 4S 38655-0009 | | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 01/17/2023 | \$2,500.00 |
| Joey Duma | | | | | | |
| Mailing Address 14239 Pen | e ss cdido Key Dr | | | | | |
| City, State, Zi | • | | | | | |
| | a, FL 32507-52 | 36 | | | A 1 | |
| | oloyer(Required) v Firm, LLC | | | 1 |)* | |
| Occupation (| Required) | | | A THIS | Aggregate year-to-date | \$7,500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please s | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | (Mo., Day, Year) | receipt this period |
| Full Name Joey Duma | as | | 9 6 | | 04/25/2023 | \$5,000.00 |
| Mailing Addre | | | P | | | |
| | rdido Key Dr | | | | | |
| City, State, Zi | i p Code a, FL 32507-52 | 36 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Dumas Lav | v Firm, LLC | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$7,500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please s | pecify) | | | (Mo., Day, Year) | period |
| Full Name Charles I | Dunagin | | | | 03/18/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | AS 38655-4424 | | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| | oyed | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$250.00 |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

Page <u>54</u> of <u>320</u>

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

| Source: | Corporation Other (please spec | | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|------------|--------------|------|---|--|
| Full Name John Dunb | 22.5 | | | | 03/28/2023 | \$1,000.00 |
| | | | | | _ | |
| Mailing Address 621 N Lam | | | | | | |
| City, State, Zi | p Code | | | | | |
| Oxford, M | MS 38655-3207 | | | | | |
| Name of Emp | oloyer (Required) byed | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 03/09/2023 | \$10,000.00 |
| R. H. Dur | | | | | | , = 0, 000000 |
| Mailing Address PO Box 72 | | | | | | |
| City, State, Zi | | | | | | |
| | Le, MS 38606-072 | 20 | | | 0 | |
| | loyer (Required) Kyle Co, Inc. | | | COL | | |
| Occupation (I | | | | 115 | Aggregate | *10.000.00 |
| CEO | Kequireu) | | | | year-to-date | \$10,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | | .: 6.3 | | | (Mo., Day, Year) | receipt this |
| | Other (please spec | сіту) | | | | period |
| Full Name | | спу) | 1 | > | 04/26/2023 | \$1,000.00 |
| Dorothy D | Duval | | 1000 |) | 04/26/2023 | - |
| | Duval | | (D) H | · | 04/26/2023 | - |
| Dorothy D | Ouval ess onore St | | (100 11) |) | 04/26/2023 | - |
| Mailing Address 1015 Electric City, State, Zi | Ouval ess onore St | R | 100 | | 04/26/2023 | - |
| Mailing Address 1015 Electric City, State, Zin New Orleas Name of Emp | Duval pss pnore St p Code ans, LA 70115-43 lloyer (Required) | R | (100 10 | | 04/26/2023 | - |
| Mailing Address 1015 Elect City, State, Zi New Orlea Name of Emp | Duval pess promote St p Code ans, LA 70115-43 ployer (Required) pyed | R | 100 100 | | | - |
| Mailing Address 1015 Electric City, State, Zin New Orleas Name of Emp | Duval pess promote St p Code ans, LA 70115-43 ployer (Required) pyed | R | 100 | | Aggregate year-to-date | - |
| Mailing Address 1015 Elect City, State, Zi New Orlea Name of Emp Not Emplo Occupation (I | Duval pess promote St p Code ans, LA 70115-43 ployer (Required) pyed | 310 | √Individual | Loan | Aggregate year-to-date | \$1,000.00 \$1,000.00 Amount of each |
| Mailing Address 1015 Elect City, State, Zi New Orleas Name of Emp Not Emplo Occupation (I Retired | Duval ess prode ans, LA 70115-43 cloyer (Required) byed Required) | | ✓Individual | Loan | Aggregate year-to-date | \$1,000.00 |
| Mailing Address 1015 Elect City, State, Zi New Orleas Name of Emp Not Emplo Occupation (I Retired Source: | Duval pess proofe St p Code ans, LA 70115-43 ployer (Required) pyed Required) Corporation Other (please spec | | ✓Individual | Loan | Aggregate year-to-date | \$1,000.00 \$1,000.00 Amount of each receipt this |
| Mailing Address 1015 Elect City, State, Zi New Orleas Name of Emp Not Emplo Occupation (I Retired Source: Full Name Ashley Ea | Duval pess pronore St p Code ans, LA 70115-43 ployer (Required) pyed Corporation Other (please spec | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Mailing Address 1015 Elect City, State, Zi New Orlea Name of Emp Not Emplo Occupation (I Retired Source: Full Name Ashley Ea | Duval pess pronore St p Code ans, LA 70115-43 ployer (Required) pyed Required) Corporation Other (please specialsterling) | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Mailing Address 1015 Elect City, State, Zi New Orless Name of Emp Not Emplo Occupation (I Retired Source: Full Name Ashley Est Mailing Address 415 Demon | Duval pess prone St p Code ans, LA 70115-43 ployer (Required) pyed Required) Corporation Other (please special sterling) pess attuzin Ave | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Mailing Address 1015 Elect City, State, Zi New Orleas Name of Emp Not Emplo Occupation (I Retired Source: Full Name Ashley Ea Mailing Address 415 Demon City, State, Zi | Duval pess prone St p Code ans, LA 70115-43 ployer (Required) pyed Required) Corporation Other (please special sterling) pess attuzin Ave | PAC [cify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Mailing Address 1015 Elect City, State, Zi New Orleas Name of Emp Not Emplo Occupation (I Retired Source: Full Name Ashley Eas Mailing Address 415 Demor City, State, Zi Bay Saint Name of Emp | Duval pess prone St p Code ans, LA 70115-43 ployer (Required) pyed Required) Corporation Other (please special sterling) pess atluzin Ave p Code Louis, MS 3952 ployer (Required) | PAC [cify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Mailing Address 1015 Elect City, State, Zi New Orleas Name of Emp Not Emplo Occupation (I Retired Source: Full Name Ashley Ea Mailing Address 415 Demon | Duval pess prone St p Code ans, LA 70115-43 ployer (Required) pyed Required) Corporation Other (please special sterling) pess atluzin Ave p Code Louis, MS 3952 ployer (Required) | PAC [cify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Mailing Address 1015 Elect City, State, Zi New Orleas Name of Emp Not Emplo Occupation (I Retired Source: Full Name Ashley Eas Mailing Address 415 Demor City, State, Zi Bay Saint Name of Emp | Duval pess prone St p Code ans, LA 70115-43 ployer (Required) pyed Corporation Other (please spectation) asterling pess attluzin Ave p Code Louis, MS 3952 ployer (Required) pyed Required) | PAC [cify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |

| Name of Candidate or Committee Brandon Presle | эy |
|---|----|
|---|----|

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

| Source: | ✓ Corporation Other (please sp | | ndividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---------|-----------|------|---------------------------|------------------------------------|
| Full Name | Soulfood Rest | 21172n+ | | | 03/27/2023 | \$250.00 |
| Mailing Addr | | auranc | | | _ | |
| PO Box 1 | | | | | | |
| City, State, Z | • | | | | | |
| | urg, MS 39403- | 1554 | | | | |
| Name of Em | ployer (Required) | | | | | |
| Occupation (| (Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC 🗸 | ndividual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Marcia E | a+ an | | | | 04/30/2023 | \$250.00 |
| | | | | | | |
| Mailing Addr 1031 Jus | | | | | | |
| City, State, Z | ip Code | | | | | |
| Fulton, | MS 38843-9529 | | | | 1 | |
| Name of Empl | ployer (Required) oyed | | | 60, | | |
| Occupation | | | | THIS | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC 🗸 | ndividual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | , X | (Mo., Day, Year) | receipt this period |
| Full Name Catherin | e Edmonson | | P 64 | | 01/30/2023 | \$1,000.00 |
| Mailing Addr | | | 0 | | | |
| 1202 S 3 | 4th Ave | | | | | |
| City, State, Z | lip Code urg, MS 39402 | 30.60 | | | | |
| | ployer (Required) | | | | _ | |
| Self Emp | | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$1,000.00 |
| | - | | | | year-to-date | |
| Source: | Corporation | PAC 🗸 | ndividual | Loan | Date | Amount of each |
| Source: | | | ndividual | Loan | | Amount of each receipt this period |
| Full Name | ☐ Corporation☐ Other (please sp | | ndividual | Loan | Date | receipt this period |
| Full Name Andrea E | ☐ Corporation ☐ Other (please sp | | ndividual | Loan | Date (Mo., Day, Year) | receipt this |
| Full Name Andrea E Mailing Addr | Corporation Other (please spectrum) | | ndividual | Loan | Date (Mo., Day, Year) | receipt this period |
| Full Name Andrea E Mailing Addr | Corporation Other (please specification) dney ress gton Park | | ndividual | Loan | Date (Mo., Day, Year) | receipt this period |
| Full Name Andrea E Mailing Addr 16 Arlin City, State, Z | Corporation Other (please specification) dney ress gton Park | | ndividual | Loan | Date (Mo., Day, Year) | receipt this period |
| Full Name Andrea E Mailing Addr 16 Arlin City, State, Z Jackson, Name of Em | Corporation Other (please specifies) diney ress gton Park lip Code MS 39211-2952 ployer (Required) | | ndividual | Loan | Date (Mo., Day, Year) | receipt this period |
| Full Name Andrea E Mailing Addr 16 Arlin City, State, Z Jackson, | Corporation Other (please specifies) diney ress gton Park lip Code MS 39211-2952 ployer (Required) | | ndividual | Loan | Date (Mo., Day, Year) | receipt this period |
| Full Name Andrea E Mailing Addr 16 Arlin City, State, Z Jackson, Name of Em | Corporation Other (please specified) Tess Group Park Cip Code MS 39211-2952 ployer (Required) now, LLP (Required) | | ndividual | Loan | Date (Mo., Day, Year) | receipt this period |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: Corporation PAC Individual Loan | Date | Amount of each |
|--|---|--|
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Daniel Edwards | 02/01/2023 | \$500.00 |
| | | |
| Mailing Address 103 S 21st Ave | | |
| City, State, Zip Code | | |
| Hattiesburg, MS 39401-6002 | | |
| Name of Employer (Required) | | |
| Forrest General Hospital | | |
| Occupation (Required) | Aggregate year-to-date | \$500.00 |
| Faculty Physician | · | |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jonathan Eichelberger | 04/29/2023 | \$500.00 |
| | | |
| Mailing Address 741 Gillespie St | | |
| City, State, Zip Code | | |
| Jackson, MS 39202-1712 | 4 | |
| Name of Employer (Required) | Og | |
| Eichelberger Law Firm | | |
| Occupation (Required) Attorney | Aggregate year-to-date | \$500.00 |
| Source: Corporation PAC / Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Wooten Epes | 04/13/2023 | \$250.00 |
| Mailing Address 27 Ridgeview Dr | | |
| City, State, Zip Code | | |
| Little Rock, AR 72227-2339 | | |
| 11 COTO 100M 111 12221 2000 | | |
| | | |
| Name of Employer (Required) Self Employed | | |
| Name of Employer (Required) Self Employed Occupation (Required) | Aggregate year-to-date | \$250.00 |
| Name of Employer (Required) Self Employed Occupation (Required) Real Estate | year-to-date | |
| Name of Employer (Required) Self Employed Occupation (Required) | | \$250.00 Amount of each receipt this period |
| Name of Employer (Required) Self Employed Occupation (Required) Real Estate Source: Corporation PAC Individual Loan Other (please specify) Full Name | year-to-date Date | Amount of each receipt this |
| Name of Employer (Required) Self Employed Occupation (Required) Real Estate Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald Erbach | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Self Employed Occupation (Required) Real Estate Source: Corporation PAC Individual Loan Other (please specify) Full Name | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Self Employed Occupation (Required) Real Estate Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald Erbach Mailing Address 2805 Foxcroft Rd City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Self Employed Occupation (Required) Real Estate Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald Erbach Mailing Address 2805 Foxcroft Rd City, State, Zip Code Little Rock, AR 72227-2410 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Self Employed Occupation (Required) Real Estate Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald Erbach Mailing Address 2805 Foxcroft Rd City, State, Zip Code Little Rock, AR 72227-2410 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Self Employed Occupation (Required) Real Estate Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald Erbach Mailing Address 2805 Foxcroft Rd City, State, Zip Code Little Rock, AR 72227-2410 | year-to-date Date (Mo., Day, Year) 04/28/2023 | Amount of each receipt this period |
| Name of Employer (Required) Self Employed Occupation (Required) Real Estate Source: Corporation PAC Individual Loan Other (please specify) Full Name Donald Erbach Mailing Address 2805 Foxcroft Rd City, State, Zip Code Little Rock, AR 72227-2410 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

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

| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|-------------------------------------|--|
| Full Name Dennis J. | Erby | 01/24/2023 | \$500.00 |
| Mailing Addre | ss | | |
| PO Box 28 | 11 | | |
| City, State, Zip Columbus, | OCOde MS 39704-2811 | | |
| Name of Emplo | oyer (Required) yed | | |
| Occupation (F | | Aggregate year-to-date | \$600.00 |
| Source: | Corporation | Date | Amount of each |
| Gource. | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Dennis J. | Erby | 02/25/2023 | \$100.00 |
| Mailing Addre | | • | |
| City, State, Zip | MS 39704-2811 | | |
| | oyer (Required) | | |
| Not Emplo | | | |
| Occupation (F | | Aggregate year-to-date | \$600.00 |
| Source: | Corporation | Date (Mo., Day, Year) | Amount of each receipt this |
| Fall Name | | (1, 13, 11, | period |
| Full Name Dennis Er | ру | 03/20/2023 | \$250.00 |
| Mailing Addre | | | |
| | $\perp \perp$ | | |
| City, State, Zip Columbus, | Code | | |
| Columbus, Name of Emp | | | |
| Columbus, Name of Emp | MS 39704-2611 oyer(Required) iangle Development Link | Aggregate year-to-date | \$250.00 |
| Columbus, Name of Employed Golden Tr Occupation (F Director | OCode MS 39704-2611 Over (Required) iangle Development Link equired) | year-to-date | |
| Columbus, Name of Emplored Golden Tr Occupation (F | MS 39704-2611 oyer(Required) iangle Development Link | | \$250.00 Amount of each receipt this period |
| Columbus, Name of Employed Golden Tr Occupation (F Director | oCode MS 39704-2611 oyer (Required) i angle Development Link lequired) Corporation PAC Individual Loan Other (please specify) | year-to-date Date | Amount of each receipt this |
| Columbus, Name of Employed Golden Tr Occupation (F Director Source: Full Name Gail Evan | oCode MS 39704-2611 oyer (Required) iangle Development Link equired) Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Columbus, Name of Employed Golden Tr Occupation (F Director Source: Full Name Gail Evan Mailing Addre | oCode MS 39704-2611 oyer (Required) iangle Development Link lequired) Corporation PAC Individual Loan Other (please specify) s s s y Road 521 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Columbus, Name of Employed Golden Tr Occupation (F Director Source: Full Name Gail Evan Mailing Addre 274 Count City, State, Zi | oCode MS 39704-2611 oyer (Required) iangle Development Link lequired) Corporation PAC Individual Loan Other (please specify) s s s y Road 521 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Columbus, Name of Employed Golden Tr Occupation (F Director Source: Full Name Gail Evan Mailing Addre 274 Count City, State, Zig Saltillo, | oCode MS 39704-2611 oyer (Required) i angle Development Link equired) Corporation PAC Individual Loan Other (please specify) s s y Road 521 oCode MS 38866-5722 oyer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Columbus, Name of Employed Golden Tr Occupation (F Director Source: Full Name Gail Evan Mailing Addre 274 Count City, State, Zi Saltillo, Name of Employed | oCode MS 39704-2611 oyer (Required) i angle Development Link equired) Corporation PAC Individual Loan Other (please specify) s ss y Road 521 OCode MS 38866-5722 oyer (Required) yed equired) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

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|----|
| 9 |

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Reporting Period 1/1/2023

through 4/30/2023

| | | | | | , <u> </u> | |
|------------------------|----------------------------------|--------|---------------------|------|---------------------------|--|
| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Patrick F | alkner | | | | 01/18/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | Acres Rd Code | | | | | |
| | IS 38804-2945 | | | | | |
| Name of Emp | loyer (Required) yed | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$400.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Patrick F | alkner | | | | 02/18/2023 | \$100.00 |
| Mailing Addre | ess Acres Rd | | | | | |
| City, State, Zi | | | | | 20 | |
| Name of Emp | loyer (Required) | | | 17 | COR | |
| Occupation (F | | | | THIS | Aggregate year-to-date | \$400.00 |
| | | | | | _ | Amazzat of a all |
| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Patrick F | alkner | | 0 4 | | 03/18/2023 | \$100.00 |
| Mailing Addre | ess Acres Rd | | 0 | | | |
| City, State, Zi | p Code IS 38804-2945 | | | | | |
| Name of Emp | loyer (Required) yed | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$400.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Patrick F | alkner | | | | 04/18/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | Acres Rd | | | | | |
| • | S 38804-2945 | | | | | |
| Name of Emp | loyer (Required) yed | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$400.00 |
| | | | | | • | |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|-------------------------------------|-----------|--------------|------------|---------------------------|------------------------------------|
| Full Name | | | | | 01/31/2023 | \$2,500.00 |
| Mailing Addre | | | | | | |
| • | minster Dr | | | | | |
| City, State, Z | • | | | | | |
| | 4S 38655-6099 | | | | | |
| | oloyer (Required) arese & Farese | P. A. | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$2,500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | _ | _ | (Mo., Day, Year) | receipt this period |
| Full Name Madeline | Farmer | | | | 03/05/2023 | \$500.00 |
| Mailing Address 201 S 25t | | | | | | |
| City, State, Z | | | | | | |
| Philadelp | phia, PA 19103- | -6004 | | | at Comment | |
| Name of Emp American | bloyer (Required) Water | | | 60 | | |
| Occupation (| Required) | | | THIS | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | 205 Y | ₹ <u>~</u> | (Mo., Day, Year) | receipt this period |
| Full Name Alton Far | cris | | | | 02/09/2023 | \$42.10 |
| Mailing Address 313 Color | ess ny Ridge Ct | | | | | |
| City, State, Z | ip Code d, MS 39157-203 | 32 | | | | |
| | oloyer (Required) | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$1,542.10 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| 000.001 | Other (please sp | | - Individual | | (Mo., Day, Year) | receipt this period |
| Full Name Alton Fai | rris | | | | 03/15/2023 | \$1,500.00 |
| Mailing Addre | ess ny Ridge Ct | | | | | |
| City, State, Z | | 22 | | | | |
| | oloyer (Required) |) <u></u> | | | | |
| Not Emplo | | | | | | |
| Occupation (| | | | | | |
| Retired | Required) | | | | Aggregate year-to-date | \$1,542.10 |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each receipt this |
|---------------------------|-------------------|----------|--------------|------|---------------------------|-----------------------------|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Sarah Fau | ıl len o x | | | | 02/18/2023 | \$2,500.00 |
| | | | | | | |
| Mailing Address 108 Sumac | | | | | | |
| City, State, Zi | ip Code | | | | | |
| | Mountai, TN 37 | 350-1132 | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$7,500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Sarah Fau | ılkner | | | | 04/16/2023 | \$5,000.00 |
| Mailing Addre | | | | | | |
| 108 Sumao | | | | | | |
| City, State, Zi | • | 250 1120 | | | 0 | |
| | Mountai, TN 373 | 330-1132 | | | Q ⁻¹ | |
| None | oloyer (Required) | | | 1 | | |
| Occupation (| | | | THIS | Aggregate year-to-date | \$7,500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | OS. | 4 | (Mo., Day, Year) | receipt this period |
| Full Name Calvin Fa | ayard Jr | |) A 04 | | 04/25/2023 | \$1,000.00 |
| Mailing Addre | | | . 0 | | | |
| City, State, Zi | | | | | | |
| • . | eld, LA 70462- | 0458 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Calvin C. | . Fayard, Jr., | APC | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | _ , | | | | 04/24/2023 | \$1,000.00 |
| Misty L. | | | | | | |
| Mailing Address 1201 Hill | | | | | | |
| City, State, Zi | • | | | | | |
| | rings, MS 3956 | 4-2814 | | | | |
| | oloyer (Required) | · | | | | |
| K&B Feder | r Foundation | | | | 1 | |
| Occupation / | | | | | | |
| Marketing | Required) | | | | Aggregate year-to-date | \$1,000.00 |

Reporting Period 1/1/2023

through

4/30/2023

| Source: | □ Corporation □ PAC ✓ Individual □ Other (please specify) | Loan Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---|--|
| Full Name | dim a in | 01/30/2023 | \$250.00 |
| Diane Fel Mailing Addre | | | |
| 915 Gille | | | |
| City, State, Zi | | | |
| | MS 39202-1717 | | |
| Name of Emp | loyer (Required) oyed | | |
| Occupation (F | Required) | Aggregate year-to-date | \$250.00 |
| Source: | Corporation PAC /Individual | Loan Date | Amount of each |
| | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Jean Fenw | rick | 03/30/2023 | \$100.00 |
| Mailing Addre | | | |
| City, State, Zi | p Code o, MS 39090-3946 | 400 | |
| | loyer (Required) | | |
| Not Emplo | | 100 | |
| Occupation (F | | Aggregate year-to-date | \$400.00 |
| Source: | Corporation PAC ✓Individual | Loan Date | Amount of each |
| oouroc. | | A | |
| | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Jean Fenw | 7 2 | (Mo., Day, Year) 04/13/2023 | |
| Jean Fenw Mailing Addre | rick | | period |
| Jean Fenw Mailing Addre 208 S Mad City, State, Zi | rick Pss lison St p Code | | period |
| Jean Fenw Mailing Addre 208 S Mad City, State, Zi Kosciusko Name of Emp | rick ess lison St p Code p, MS 39090-3946 loyer (Required) | | period |
| Jean Fenw Mailing Addre 208 S Mad City, State, Zi Kosciusko | rick Piss Dison St Picode Piss Dison St Piss Piss Dison St Piss Piss | | period |
| Jean Fenw Mailing Addre 208 S Mad City, State, Zi Kosciusko Name of Emp Not Emplo Occupation (F | rick Piss Dison St Picode Piss Dison St Piss Piss Dison St Piss Piss | 04/13/2023 Aggregate | \$100.00 \$400.00 Amount of each |
| Jean Fenw Mailing Addre 208 S Mac City, State, Zi Kosciusko Name of Emp Not Emplo Occupation (F | rick ess lison St p Code o, MS 39090-3946 loyer (Required) eyed Required) eyed | Aggregate year-to-date | \$100.00 \$400.00 |
| Jean Fenw Mailing Addre 208 S Mad City, State, Zi Kosciusko Name of Emp Not Emplo Occupation (F Not Emplo Source: | rick ess lison St p Code p, MS 39090-3946 loyer (Required) eyed Required) eyed Corporation PAC Individual Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$400.00 Amount of each receipt this period |
| Jean Fenw Mailing Addre 208 S Mac City, State, Zi Kosciusko Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Jean Fenw | rick ess lison St p Code p, MS 39090-3946 loyer (Required) eyed Required) eyed Corporation PAC Individual Other (please specify) | Aggregate year-to-date Loan Date | \$400.00 Amount of each receipt this |
| Jean Fenw Mailing Addre 208 S Mad City, State, Zi Kosciusko Name of Emp Not Emplo Occupation (F Not Emplo Source: | rick ess lison St p Code p, MS 39090-3946 loyer (Required) eyed Corporation PAC Individual Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$400.00 Amount of each receipt this period |
| Mailing Address 208 S Made City, State, Zi Kosciuske Name of Emp Not Emple Occupation (F Not Emple Source: Full Name Jean Fenw Mailing Address 208 S Made City, State, Zi | rick ess lison St p Code p, MS 39090-3946 loyer (Required) eyed Corporation PAC Individual Other (please specify) rick ess lison St | Aggregate year-to-date Date (Mo., Day, Year) | \$400.00 Amount of each receipt this period |
| Mailing Address 208 S Made City, State, Zi Kosciuske Name of Emp Not Emple Occupation (F Not Emple Source: Full Name Jean Fenw Mailing Addres 208 S Made City, State, Zi Kosciuske Name of Emp | rick ess lison St p Code p, MS 39090-3946 loyer (Required) eyed Corporation PAC Individual Other (please specify) rick ess lison St p Code p, MS 39090-3946 loyer (Required) | Aggregate year-to-date Date (Mo., Day, Year) | \$400.00 Amount of each receipt this period |
| Jean Fenw Mailing Addre 208 S Made City, State, Zi Kosciuske Name of Emp Not Emple Occupation (F Not Emple Source: Full Name Jean Fenw Mailing Addre 208 S Made City, State, Zi Kosciuske | rick p Code p, MS 39090-3946 loyer (Required) pyed Corporation PAC Individual Other (please specify) rick p Code p, MS 39090-3946 loyer (Required) pyed | Aggregate year-to-date Date (Mo., Day, Year) | \$400.00 Amount of each receipt this period |

Reporting Period 1/1/2023

through

4/30/2023

| | | | — | | • | |
|--------------------------------|------------------------------|------------|--------------|------|---------------------------|------------------------------------|
| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jean Fenwic | k | | | | 04/30/2023 | \$100.00 |
| Mailing Address 208 S Madis | | | | | | |
| City, State, Zip Co | ode | 16 | | | | |
| Name of Employe | | | | | | |
| Occupation (Requ | | | | | Aggregate year-to-date | \$400.00 |
| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Walter Ferg | uson | | | | 04/24/2023 | \$300.00 |
| Mailing Address 606 Epernay | Pl | | | | | |
| City, State, Zip Co | | 5528 | | | 20 | |
| Name of Employed Self Employed | | | | | O. | |
| Occupation (Requ Attorney | uired) | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Wayne E. Fe | rrell Jr | | 1 |) | 02/10/2023 | \$500.00 |
| Mailing Address PO Box 2444 | | | No. | | | |
| City, State, Zip Co | | | | | | |
| Name of Employed | | Terrell Jr | £ | | | |
| Occupation (Requ | uired) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name James M. Fie | eld | | | | 04/24/2023 | \$250.00 |
| Mailing Address 8743 W Fair | way Dr | | | | | |
| City, State, Zip Co | | 1312 | | | | |
| Name of Employer Self Employer | er (Required) | | | | | |
| Occupation (Requ | | | | | Aggregate year-to-date | \$250.00 |

Reporting Period 1/1/2023 through

4/30/2023

| Source: | ☐ Corporation ☐ Other (please speci | PAC Individua | al Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|---|---|---------------------|---|---|
| Full Name | | ·y/ | | | period |
| Mittie R. | Field | | | 04/18/2023 | \$250.00 |
| Mailing Addre | SS | | | | |
| PO Box 19 | 26 | | | | |
| City, State, Zip | | | | | |
| | MS 39130-1926 | | | | |
| | oyer(Required) louf, P.A. | | | | |
| | | | | | |
| Occupation (R Attorney | (equired) | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | ☐ PAC ✓ Individua | al Loan | Date | Amount of each |
| | Other (please speci | fy) | | (Mo., Day, Year) | receipt this period |
| Full Name | | | <u> </u> | 02/26/2023 | \$100.00 |
| Robert Fi | nnell | | | 02/20/2023 | 7100.00 |
| Mailing Addre | ss | | | | |
| PO Box 63 | | | | | |
| City, State, Zip | | | | 0 | |
| | 30162-0063 | | | 7. | |
| Name of Empl | oyer (Required) oyed | | 60. | | |
| Occupation (R | equired) | | | Aggregate | \$1,100.00 |
| Attorney | | | | year-to-date | |
| Source: | Corporation Other (please speci | ☐ PAC ✓ Individua | al Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| | _ " . | • | _ ^ ` | | poriou |
| Full Name | | | 70 | 04/07/0000 | \$1 000 00 |
| Full Name Robert Fi | nnell | | 4 | 04/27/2023 | \$1,000.00 |
| | | 0 | , No. of the London | 04/27/2023 | \$1,000.00 |
| Robert Fi | ss | 8 60 | | 04/27/2023 | \$1,000.00 |
| Robert Fi | o Code | | | 04/27/2023 | \$1,000.00 |
| Robert Final Mailing Address PO Box 63 City, State, Zip Rome, GA | o Code 30162-0063 | | | 04/27/2023 | \$1,000.00 |
| Robert Fi. Mailing Addre PO Box 63 City, State, Zip Rome, GA Name of Empl | o Code 30162-0063 oyer (Required) | | | 04/27/2023 | \$1,000.00 |
| Mailing Address PO Box 63 City, State, Zip Rome, GA Name of Empl Self Empl | o Code 30162-0063 oyer (Required) oyed | | | | \$1,000.00 |
| Robert Fi. Mailing Addre PO Box 63 City, State, Zip Rome, GA Name of Empl | o Code 30162-0063 oyer (Required) oyed | | | Aggregate year-to-date | \$1,000.00 |
| Robert Final Mailing Address PO Box 63 City, State, Zip Rome, GA Name of Employee Self Employee Occupation (Recomplished) | o Code 30162-0063 oyer (Required) oyed | □PAC ✓Individua | alLoan | Aggregate | \$1,100.00 Amount of each |
| Mailing Address PO Box 63 City, State, Zip Rome, GA Name of Empl Self Empl Occupation (R Attorney | o Code 30162-0063 oyer (Required) oyed dequired) | | alLoan | Aggregate year-to-date | \$1,100.00 |
| Robert Final Mailing Address PO Box 63 City, State, Zip Rome, GA Name of Employer Employer Cocupation (RAttorney Source: | o Code 30162-0063 oyer (Required) oyed dequired) Corporation Other (please speci | | al Doan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |
| Mailing Address PO Box 63 City, State, Zip Rome, GA Name of Empl Self Empl Occupation (R Attorney Source: | o Code 30162-0063 oyer (Required) oyed dequired) Corporation Other (please speci | | alLoan | Aggregate year-to-date | \$1,100.00 Amount of each receipt this |
| Mailing Address PO Box 63 City, State, Zip Rome, GA Name of Empl Self Empl Occupation (R Attorney Source: Full Name Harold Fin | o Code 30162-0063 oyer (Required) oyed equired) Corporation Other (please speciess | | alLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |
| Robert Final Mailing Address PO Box 63 City, State, Zip Rome, GA Name of Emploself Emploccupation (RAttorney) Source: Full Name Harold Final Mailing Address Parkers P | o Code 30162-0063 oyer (Required) oyed (equired) Corporation Other (please speci | | alLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |
| Robert Final Rober | code 30162-0063 oyer (Required) oyed dequired) Corporation Other (please special core ss ferson Ave Code | | alLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |
| Robert Fire Mailing Addres PO Box 63 City, State, Zip Rome, GA Name of Empl Self Empl Occupation (R Attorney Source: Full Name Harold Fire Mailing Addres 118 W Jef City, State, Zip Greenwood | code 30162-0063 oyer (Required) oyed dequired) Corporation Other (please specione ss ferson Ave o Code , MS 38930-3536 | | alLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |
| Robert Firmal Robert Firmal Robert Firmal Robert Firmal Robert Firmal Robert Ro | code 30162-0063 oyer (Required) oyed equired) Corporation Other (please special ore ss ferson Ave 0 Code , MS 38930-3536 oyer (Required) | | alLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |
| Robert Final Robert Final Robert Final Robert Final Robert Final Robert Final Robert Full Name Harold Final Robert Final R | code 30162-0063 oyer (Required) oyed dequired) Corporation Other (please special ore ss ferson Ave code , MS 38930-3536 oyer (Required) yed | | alLoan | Aggregate year-to-date Date (Mo., Day, Year) 01/30/2023 | \$1,100.00 Amount of each receipt this period \$100.00 |
| Robert Fire Mailing Addres PO Box 63 City, State, Zip Rome, GA Name of Empl Self Empl Occupation (R Attorney Source: Full Name Harold Fire Mailing Addres 118 W Jef City, State, Zip Greenwood Name of Empl | o Code 30162-0063 oyer (Required) oyed Required) Corporation Other (please specions ferson Ave Code MS 38930-3536 oyer (Required) yed Required) | | al | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |

Reporting Period 1/1/2023

through

4/30/2023

| | | | I I CIVIIZ | ED KECEI | r i o | |
|-----------------------------|--|--------|--------------|----------|---------------------------|------------------------------------|
| Source: [| Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | other (please sp | | | | | period |
| Harold Fio | re | | | | 02/28/2023 | \$100.00 |
| Mailing Address | | | | | | |
| City, State, Zip (| Code MS 38930-353 | 36 | | | | |
| Name of Employ | | | | | | |
| Occupation (Re | | | | | Aggregate year-to-date | \$250.00 |
| Source: [| Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Harold Fio | re | | | | 04/08/2023 | \$50.00 |
| Mailing Address | | | | | | |
| City, State, Zip Greenwood, | Code MS 38930-353 | 36 | | | 20 | |
| Name of Employ | | | | 60 | | |
| Occupation (Re | | | | THIS | Aggregate year-to-date | \$250.00 |
| Source: [| Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Sarah Fland | agan | | 1 |) | 03/29/2023 | \$250.00 |
| Mailing Address | 6 | | O | | | |
| City, State, Zip | | | | | | |
| Name of Employ | yer (Required) | | | | | |
| Occupation (Re | • , | | | | Aggregate year-to-date | \$264.60 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| [| Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Sarah Flan | agan | | | | 04/20/2023 | \$14.60 |
| Mailing Address | | | | | | |
| 4010 Eastw | ood Rd | | | | | |
| City, State, Zip | | | | | | |
| City, State, Zip | Code S 39211-6116 yer (Required) | | | | | |

Reporting Period

Not Employed

1/1/2023

through

4/30/2023

| | | | ITEMIZ | ZED RECE | IPTS | |
|--------------------------|-------------------------------------|---------|---------------|------------|--|------------------------------------|
| Source: | Corporation Other (please sp | _ | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Victor Fl | leitas | | | | 03/03/2023 | \$500.00 |
| Mailing Addr | | | | | | |
| 148 Midwa | | | | | | |
| City, State, Zi | ip Code MS 38804-2800 | | | | | |
| | oloyer(Required) . Fleitas, P.A | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 01/12/2023 | \$250.00 |
| Ernest G | . Flora IV | | | | 01, 12, 2020 | 4200.00 |
| Mailing Addre | | | | | | |
| 200 Longe City, State, Z | | | | | | |
| | MS 38655-2216 | | | | The state of the s | |
| - | oloyer (Required) ty of Mississi | ppi | | 0 | 25 | |
| Occupation (| | | | A LILIS | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | ~ <u>~</u> | (Mo., Day, Year) | receipt this period |
| Full Name | shee | | 1 | 9 | 01/18/2023 | \$10.00 |
| Mailing Addre | | | 0 | | | |
| Not Emplo | | | | | | |
| City, State, Zi | ip Code arg, MS 39402 | | | | | |
| | oloyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (| • • | | | | Aggregate year-to-date | \$205.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Linda Fos | shee | | | | 01/23/2023 | \$10.00 |
| Mailing Addr | ess | | | | | |
| Not Emplo | | | | | | |
| City, State, Zi | ip Code urg, MS 39402 | | | | | |
| | oloyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (| Required) | | | | Aggregate | \$205.00 |
| Not Emplo | | | | | year-to-date | 7200.00 |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| | | | | | 🔾 | |
|------------------------|---------------------------------|---------------|---------------------|--------|---------------------------|--|
| Source: | Corporation Other (please sp | PAC ecify) | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | hee | | | | 01/28/2023 | \$5.00 |
| Mailing Addre | | | | | | |
| Not Emplo | | | | | | |
| City, State, Zi | p Code .rg, MS 39402 | | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$205.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | hee | | | | 01/29/2023 | \$10.00 |
| Mailing Addre | | | | | | |
| Not Emplo | | | | | | |
| City, State, Zi | | | | | | |
| | rg, MS 39402 | | | | 2 | |
| Not Emplo | loyer (Required) yed | | | | ,0 * | |
| Occupation (F | | | | A THIS | Aggregate year-to-date | \$205.00 |
| Not Emplo | | | _ 4/ | | | |
| Source: | ☐ Corporation☐ Other (please sp | PAC ecify) | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Linda Fos | hee | | D 4 | | 02/16/2023 | \$5.00 |
| Mailing Addre | | | | | | |
| Not Emplo | | | | | | |
| City, State, Zi | | | | | | |
| | rg, MS 39402 | | | | | |
| Not Emplo | loyer (Required) yed | | | | | |
| Occupation (F | • • | | | | Aggregate year-to-date | \$205.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| 000.00. | Other (please sp | | - Individual | | (Mo., Day, Year) | receipt this period |
| Full Name | 1 | | | | 02/17/2023 | \$25.00 |
| Linda Fos | | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | rg, MS 39402 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| | | | | | Į. | |
| Occupation (F | | | | | Aggregate year-to-date | \$205.00 |

| Name of Candidate or Committe | e Brandon | Presley |
|-------------------------------|------------------|---------|
|-------------------------------|------------------|---------|

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

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|--------------------------------|---------|--------------|------|---------------------------|------------------------------------|
| Full Name | ah a a | | | | 02/22/2023 | \$25.00 |
| Mailing Addre | | | | | | |
| Not Emplo | | | | | | |
| City, State, Zi | | | | | | |
| | irg, MS 39402 | | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (Not Emplo | | | | | Aggregate year-to-date | \$205.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Linda Fos | shee | | | | 03/01/2023 | \$25.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| Hattiesbu | rg, MS 39402 | | | | 2 | |
| Name of Emp | loyer (Required) oyed | | | | 2,4 | |
| Occupation (Not Emplo | | | | THIS | Aggregate year-to-date | \$205.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | ×. | (Mo., Day, Year) | receipt this period |
| Full Name Linda Fos | shee | | 9 04 | | 03/11/2023 | \$25.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code arg, MS 39402 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (Not Emplo | | | | | Aggregate year-to-date | \$205.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Linda Fos | shee | | | | 03/18/2023 | \$5.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (Not Emplo | | | | | Aggregate year-to-date | \$205.00 |
| ос пирто | ., | | | | | |

| Name of Candidate or Committe | e Brandon | Presley |
|-------------------------------|------------------|---------|
|-------------------------------|------------------|---------|

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

| | | | | | -11 1 0 | |
|------------------------------|-----------------------------------|--------|--------------|------|---------------------------|--|
| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | hee | | | | 03/23/2023 | \$10.00 |
| Mailing Addre | | | | | | |
| Not Emplo | | | | | | |
| City, State, Zi | p Code irg, MS 39402 | | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$205.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Linda Fos | hee | | | | 04/13/2023 | \$15.00 |
| Mailing Addre | | | | | | |
| Not Emplo | | | | | | |
| City, State, Zi Hattiesbu | rg, MS 39402 | | | | 20 | |
| Name of Emp | loyer (Required) | | | 1 | 04 | |
| Occupation (I | | | | J H | Aggregate | \$205.00 |
| Not Emplo | yed | | | | year-to-date | |
| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | hee | | 1 |) | 04/22/2023 | \$10.00 |
| Mailing Addre | | - 4 | | | | |
| Not Emplo | | | | | | |
| City, State, Zi | | | | | | |
| | lrg, MS 39402 loyer (Required) | | | | | |
| Not Emplo | • • • • | | | | | |
| Occupation (I | • • | | | | Aggregate year-to-date | \$205.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | 1 | | | | 04/26/2023 | \$25.00 |
| Linda Fos | | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | irg, MS 39402 | | | | | |
| Name of Emp | loyer (Required) yed | | | | | |
| Occupation (I | Required) | | | | Aggregate | \$205.00 |
| Not Emplo | ved | | | | year-to-date | |

| Name of Candidate or Committee Brandon Presle | эy |
|---|----|
|---|----|

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

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|-------------------------------|----------------------------------|--------|--------------|------|---------------------------|------------------------------------|
| Full Name | lor | | | | 02/06/2023 | \$1,000.00 |
| Sammy Fow Mailing Addre | | | | | | |
| 282 Main | | | | | | |
| City, State, Zip | p Code ., MS 38858-601 | 2 | | | | |
| | loyer (Required) | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Tom Foy | | | | | 02/14/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| City, State, Zip | p Code IS 38804-9774 | | | | 47 | |
| Name of Emp | loyer (Required) yed | | | 60 | | |
| Occupation (F | Required) | | // | THIS | Aggregate year-to-date | \$250.00 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Terance F | razior | | 1 | 9 | 01/14/2023 | \$250.00 |
| Mailing Addre | ess | | O | | | |
| 2141 Tuol City, State, Zi | | | | | | |
| | A 93721-1235 | | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (F | Required) te Investor | | | | Aggregate year-to-date | \$250.00 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 1 | | | | 04/10/2023 | \$100.00 |
| Gary Fred | | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zip Gulfport, | p Code MS 39506-6723 | 3 | | | | |
| - | loyer(Required) Health System | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$350.00 |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

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

| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|---|------|--------------|------|---------------------------|------------------------------------|
| Full Name Gary Fred | lericks | | | | 04/24/2023 | \$250.00 |
| Mailing Addre | ess | | | | | |
| City, State, Zi | | 3 | | | | |
| Name of Emp | loyer (Required) Health System | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$350.00 |
| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Bob Freem | ıan | | | | 04/25/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| | , TN 37203-751 | L 6 | | | 2 | |
| | loyer(Required) General Asser | nbly | | | 0, | |
| Occupation (F | Required) | | 10 | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name William H | . Freeman | | 1 |) | 02/21/2023 | \$100.00 |
| Mailing Addre | | | O | | | |
| City, State, Zi | p Code e, TN 37202 | | | | | |
| Name of Emp | loyer (Required) Jebb Com | | | | | |
| Occupation (F | • ' | | | | Aggregate year-to-date | \$810.00 |
| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name William H | . Freeman | | | | 02/26/2023 | \$10.00 |
| Mailing Addre | ess | | | | | |
| City, State, Zi | | | | | | |
| | loyer (Required) | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$810.00 |
| | | | | | | |

| Name of Candidate | e or Committee Brandor | Presley | |
|--------------------|------------------------|---------|-----------|
| Reporting Period _ | 1/1/2023 | through | 4/30/2023 |

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| ITEMIZED REG | JEIP I S | |
|--|---------------------------|---------------------|
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name William H. Freeman | 03/29/2023 | \$100.00 |
| Mailing Address | | |
| PO Box 23867 | | |
| City, State, Zip Code Nashville, TN 37202 | | |
| Name of Employer (Required) | | |
| Freeman Webb Com | | |
| Occupation (Required) Real Estate | Aggregate year-to-date | \$810.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 04/17/2023 | \$250.00 |
| William H. Freeman | 01/11/2023 | ¥230 : 00 |
| Mailing Address PO Box 23867 | | |
| City, State, Zip Code Nashville, TN 37202 | 2 | |
| Name of Employer (Required) | 08 | |
| Freeman Webb Com | | |
| Occupation (Required) Real Estate | Aggregate year-to-date | \$810.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name William H. Freeman | 04/17/2023 | \$100.00 |
| Mailing Address PO Box 23867 | | |
| City, State, Zip Code | | |
| Nashville, TN 37202 | | |
| Name of Employer (Required) Freeman Webb Com | | |
| Occupation (Required) Real Estate | Aggregate year-to-date | \$810.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name William H. Freeman | 04/29/2023 | \$250.00 |
| Mailing Address PO Box 23867 | | |
| City, State, Zip Code | | |
| Nashville, TN 37202 | | |
| Name of Employer (Required) Freeman Webb Com | | |
| Occupation (Required) | Aggregate | \$810.00 |
| Real Estate | year-to-date | |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

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

| Source: | Corporation Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------|----------------------------------|----------|--------------|------|---------------------------|------------------------------------|
| Full Name Ray Fried | lman | | | | 04/30/2023 | \$250.00 |
| Mailing Addre | ess | | | | | |
| City, State, Zi | | | | | | |
| • . | e, TN 37212-411 | 5 | | | | |
| - | loyer(Required) t University | | | | | |
| Occupation (I | • • | | | | Aggregate year-to-date | \$250.00 |
| Source: | ✓ Corporation | PAC | Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Frontier | Contracting LL | C | | | 03/30/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | MS 38901-4448 | | | | 2 | |
| Name of Emp | loyer (Required) | | | | COX | |
| Occupation (I | Required) | | | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Leslie Fy | 70 | | 1 | · | 02/03/2023 | \$25.00 |
| Mailing Addre | | | | | | |
| 5439 Enni | | | | | | |
| City, State, Zi | p Code .e, MS 39759-48 | 61 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (I | Required) Professional C | ounselor | | | Aggregate year-to-date | \$480.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| Cource. | Other (please spe | _ | v marviduai | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Leslie Fy | re | | | | 02/21/2023 | \$50.00 |
| Mailing Addre | ess | | | | | |
| 5439 Enni | s Rd | | | | | |
| City, State, Zi Starkvill | p Code .e, MS 39759-48 | 61 | | | | |
| | loyer (Required) | | | | | |
| Occupation (I | Required) | | | | Aggregate | \$480.00 |
| Licensed | Professional C | ounselor | | | year-to-date | |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|------------------------------------|
| Full Name Leslie Fye | 03/12/2023 | \$25.00 |
| Mailing Address 5439 Ennis Rd |] | |
| City, State, Zip Code Starkville, MS 39759-4861 |] | |
| Name of Employer (Required) Self Employed | | |
| Occupation (Required) Licensed Professional Counselor | Aggregate year-to-date | \$480.00 |
| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name Leslie Fye | 03/16/2023 | period \$250.00 |
| Mailing Address 5439 Ennis Rd | | |
| City, State, Zip Code Starkville, MS 39759-4861 | | |
| Name of Employer (Required) Self Employed | | |
| Occupation (Required) Licensed Professional Counselor | Aggregate year-to-date | \$480.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Leslie Fye | 04/11/2023 | \$100.00 |
| Mailing Address 5439 Ennis Rd | 1 | |
| City, State, Zip Code Starkville, MS 39759-4861 | 1 | |
| Name of Employer (Required) Self Employed | | |
| Occupation (Required) Licensed Professional Counselor | Aggregate year-to-date | \$480.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Leslie Fye | 04/16/2023 | \$25.00 |
| Mailing Address 5439 Ennis Rd |] | |
| City, State, Zip Code Starkville, MS 39759-4861 |] | |
| Name of Employer (Required) Self Employed | | |
| Occupation (Required) Licensed Professional Counselor | Aggregate year-to-date | \$480.00 |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

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

| Source: | ☐ Corporation☐ Other (please sp | PAC ecify) | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|---------------------------------|---------------|-------------|------|---------------------------|------------------------------------|
| Full Name Leslie Fy | re | | | | 04/27/2023 | \$5.00 |
| Mailing Addre | ess | | | | | |
| City, State, Zi | | 361 | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (F | Required) Professional (| Counselor | | | Aggregate year-to-date | \$480.00 |
| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jan F. Ga | dow | | | | 01/28/2023 | \$50.00 |
| Mailing Addre | | | | | | |
| | MS 39211-2501 | | | | - A | |
| Name of Emplo | loyer (Required) | | | | COX | |
| Occupation (F | | | | | Aggregate year-to-date | \$350.00 |
| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jan F. Ga | .dow | | 9 4 | | 02/17/2023 | \$50.00 |
| Mailing Addre | | | (D) | | | |
| City, State, Zi | p Code MS 39211-2501 | | | | | |
| Name of Emp | loyer (Required) yed | | | | | |
| Occupation (F | • ' | | | | Aggregate year-to-date | \$350.00 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jan F. Ga | dow | | | | 02/28/2023 | \$250.00 |
| Mailing Addre | Burn Dr | | | | | |
| City, State, Zi | p Code MS 39211-2501 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$350.00 |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

Page <u>75</u> of <u>320</u>

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

| Source: | | | | | | |
|--|---|------------------------|--------------|-------------|---|---|
| Source. | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | period |
| Full Name Graham Ga | allagher | | | | 01/13/2023 | \$75.00 |
| Mailing Address 2659 NE | | | | | | |
| City, State, Z | ip Code | | | | | |
| Pompano H | Beach, FL 33062 | -8255 | | | | |
| | ployer (Required) ty of Florida | | | | | |
| Occupation (| Required) Researcher | | | | Aggregate year-to-date | \$238.30 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | - | 01/13/2023 | \$25.00 |
| Graham Ga | | | | | | , |
| Mailing Address 2659 NE | | | | | | |
| City, State, Zi | <mark>ip Code</mark> Beach, FL 33062 | - 9255 | | | 0 | |
| | oloyer (Required) | 0233 | | | Q*** | |
| | ty of Florida | | | 1 | | |
| Occupation (Graduate | Required) Researcher | | | J. Lillia | Aggregate year-to-date | \$238.30 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | 7 | (Mo., Day, Year) | receipt this |
| Full Name | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Graham Ga | | ecify) | | 5 | | receipt this |
| | allagher | ecify) | 100 | 5 | (Mo., Day, Year) | receipt this period |
| Graham Ga Mailing Addre 2659 NE 3 City, State, Z | ess 15th St | - | 100 | 5 | (Mo., Day, Year) | receipt this period |
| Graham Ga Mailing Addre 2659 NE 2 City, State, Zi Pompano B | ess 15th St ip Code Beach, FL 33062 | - | | | (Mo., Day, Year) | receipt this period |
| Graham Ga Mailing Addre 2659 NE 3 City, State, Z Pompano H Name of Emp | ess 15th St | - | | | (Mo., Day, Year) | receipt this period |
| Graham Ga Mailing Addre 2659 NE 1 City, State, Zi Pompano H Name of Emp Universit | ess 15th St ip Code Beach, FL 33062 bloyer (Required) ty of Florida | - | 1000 | <u> </u> | (Mo., Day, Year) | receipt this period |
| Graham Ga Mailing Addre 2659 NE 1 City, State, Zi Pompano H Name of Emp Universit | ess 15th St ip Code Beach, FL 33062 bloyer (Required) ty of Florida Required) | - | ✓Individual | Loan | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date | \$50.00 \$238.30 |
| Graham Ga Mailing Addr 2659 NE 1 City, State, Z Pompano I Name of Emp Universit Occupation (Graduate | ess 15th St ip Code Beach, FL 33062 bloyer (Required) ty of Florida Required) | 2-8255 □ PAC | | | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date | receipt this period \$50.00 |
| Graham Ga Mailing Addr 2659 NE 1 City, State, Z Pompano I Name of Emp Universit Occupation (Graduate | ess 15th St ip Code Beach, FL 33062 bloyer (Required) ty of Florida Required) Researcher Corporation Other (please specific page 12) | 2-8255 □ PAC | | | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date | \$50.00 \$238.30 Amount of each receipt this |
| Graham Ga Mailing Address 2659 NE 3 City, State, Z Pompano F Name of Emp Universit Occupation (Graduate Source: | allagher ess 15th St ip Code Beach, FL 33062 bloyer (Required) ty of Florida Required) Researcher Corporation Other (please special agher ess | 2-8255 □ PAC | | | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$238.30 Amount of each receipt this period |
| Graham Ga Mailing Address 2659 NE 1 City, State, Z Pompano F Name of Emp Universit Occupation (Graduate Source: Full Name Graham Ga Mailing Address 2659 NE 1 City, State, Z | allagher ess 15th St ip Code Beach, FL 33062 bloyer (Required) ty of Florida Required) Researcher Corporation Other (please special lagher ess 15th St ip Code | PAC ecify) | | | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$238.30 Amount of each receipt this period |
| Graham Ga Mailing Addr 2659 NE 1 City, State, Z Pompano I Name of Emp Universit Occupation (Graduate Source: Full Name Graham Ga Mailing Addr 2659 NE 1 City, State, Z Pompano I | allagher ess 15th St ip Code Beach, FL 33062 bloyer (Required) ty of Florida Required) Researcher Corporation Other (please special agher) ess 15th St ip Code Beach, FL 33062 | PAC ecify) | | | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$238.30 Amount of each receipt this period |
| Graham Ga Mailing Addr 2659 NE 1 City, State, Zi Pompano I Name of Emp Universit Occupation (Graduate Source: Full Name Graham Ga Mailing Addr 2659 NE 1 City, State, Zi Pompano I Name of Emp | allagher ess 15th St ip Code Beach, FL 33062 ployer (Required) ty of Florida Required) Researcher Corporation Other (please special agher ess 15th St ip Code Beach, FL 33062 ployer (Required) | PAC ecify) | | | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$238.30 Amount of each receipt this period |
| Graham Ga Mailing Address 2659 NE 3 City, State, Z Pompano F Name of Emp Universit Occupation (Graduate Source: Full Name Graham Ga Mailing Address 2659 NE 3 City, State, Z Pompano F Name of Emp Universit Occupation (| allagher ess 15th St ip Code Beach, FL 33062 ployer (Required) ty of Florida Required) Researcher Corporation Other (please spontable) allagher ess 15th St ip Code Beach, FL 33062 ployer (Required) ty of Florida | PAC ecify) | | | (Mo., Day, Year) 01/20/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$238.30 Amount of each receipt this period |

| ame of Candidate or | Committee | Brandon | Presley |
|---------------------|-----------|---------|---------|
| | | | |

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

| Source: Corporation PAC / Individual Loan | Date | Amount of each |
|--|-------------------------------------|--|
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 02/17/2023 | \$25.00 |
| Graham Gallagher | 02/11/2020 | 420 . 00 |
| Mailing Address | | |
| 2659 NE 15th St | | |
| City, State, Zip Code Pompano Beach, FL 33062-8255 | | |
| Name of Employer (Required) | | |
| University of Florida | | |
| Occupation (Required) | Aggregate year-to-date | \$238.30 |
| Graduate Researcher | year-to-date | |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 03/20/2023 | \$10.00 |
| Graham Gallagher | 03/20/2023 | 710.00 |
| Mailing Address 2659 NE 15th St | | |
| City, State, Zip Code | _ | |
| Pompano Beach, FL 33062-8255 | 1 | |
| Name of Employer (Required) | | |
| University of Florida | | |
| Occupation (Required) Graduate Researcher | Aggregate year-to-date | \$238.30 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name James Galloway | 01/14/2023 | \$500.00 |
| Mailing Address | | |
| 4672 Trawick Dr | | |
| City, State, Zip Code | | |
| Jackson, MS 39211-5834 | _ | |
| Name of Employer (Required) Not Employed | | |
| | | |
| - | Aggregate | + |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$608.60 |
| Occupation (Required) | | Amount of each |
| Occupation (Required) Not Employed | year-to-date | |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each receipt this |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name James Galloway Mailing Address 4672 Trawick Dr City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name James Galloway Mailing Address 4672 Trawick Dr City, State, Zip Code Jackson, MS 39211-5834 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name James Galloway Mailing Address 4672 Trawick Dr City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name James Galloway Mailing Address 4672 Trawick Dr City, State, Zip Code Jackson, MS 39211-5834 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee Brandon Presle | эy |
|---|----|
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Reporting Period 1/1/2023 **through** 4/30/2023

| Source: Corporation PAC Individual Loan | | |
|---|--|---|
| Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 02/26/2023 | \$100.00 |
| James Galloway | | |
| Mailing Address 4672 Trawick Dr | | |
| City, State, Zip Code | | |
| Jackson, MS 39211-5834 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$608.60 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Geeville Plantation LLC | 03/01/2023 | \$1,000.00 |
| Mailing Address PO Box 7213 | | |
| City, State, Zip Code | | |
| Tupelo, MS 38802-7213 | 2 | |
| Name of Employer (Required) | O. | |
| Occupation (Required) | Aggregate | \$1,000.00 |
| | year-to-date | , |
| Source: Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) | Date | Amount of each receipt this |
| Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Cother (please specify) Full Name Peter Giangreco Mailing Address | Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zip Code | Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zip Code New Buffalo, MI 49117-9225 Name of Employer (Required) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) Full Name Peter Giangreco Mailing Address 11489 Marquette Dr City, State, Zip Code New Buffalo, MI 49117-9225 Name of Employer (Required) The Strategy Group Occupation (Required) | Date (Mo., Day, Year) 03/30/2023 Aggregate | Amount of each receipt this period \$250.00 |
| City, State, Zip Code New Buffalo, MI 49117-9225 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) 03/30/2023 Aggregate year-to-date | Amount of each receipt this period \$250.00 |
| City, State, Zip Code New Buffalo, MI 49117-9225 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) 03/30/2023 Aggregate year-to-date Date | Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this |
| City, State, Zip Code New Buffalo, MI 49117-9225 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name C. C. Gibson III | Date (Mo., Day, Year) O3/30/2023 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period |
| City, State, Zip Code New Buffalo, MI 49117-9225 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name C. C. Gibson III Mailing Address PO Box 447 | Date (Mo., Day, Year) O3/30/2023 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period |
| Cother (please specify) Full Name Peter Giangreco Mailing Address 11489 Marquette Dr City, State, Zip Code New Buffalo, MI 49117-9225 Name of Employer (Required) The Strategy Group Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name C. C. Gibson III Mailing Address PO Box 447 City, State, Zip Code Monticello, AR 71657-0447 | Date (Mo., Day, Year) O3/30/2023 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period |
| City, State, Zip Code Name of Employer (Required) The Strategy Group Coccupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name C. C. Gibson III Mailing Address PO Box 447 City, State, Zip Code | Date (Mo., Day, Year) O3/30/2023 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this period |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

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

| Source: | Corporation | PAC Individu | al Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|---|-----------------|----------|---|--|
| Full Name | Other (please specify) | | | | period |
| Brian W. | Gildea | | | 03/30/2023 | \$500.00 |
| Mailing Addre | ss | | | | |
| 1105 Park | | | | | |
| Columbus | Code MS 39701-3520 | | | | |
| | oyer (Required) | | | | |
| | terprises, LLC | | | | |
| Occupation (F | | | | Aggregate year-to-date | \$500.00 |
| Source: | ✓ Corporation | PAC Individu | al Loan | Date | Amount of each |
| | Other (please specify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Gillespie | Law Firm, PLLC | | | 04/24/2023 | \$2,000.00 |
| Mailing Addre | | | | | |
| City, State, Zip | | | | _ | |
| | MS 39502-0850 | | | 0 | |
| Name of Empl | oyer (Required) | | 60, | | |
| Occupation (F | Required) | | THIS | Aggregate year-to-date | \$2,000.00 |
| Source: | Corporation | PAC / Individua | al Loan | Date | Amount of each |
| | Other (please specify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | No. 1 E. | (Mo., Day, Year) 04/15/2023 | receipt this period \$600.00 |
| Lele W. G | illespie | | NOTE | | period |
| Lele W. G | illespie ss | | No. | | period |
| Lele W. G Mailing Addre 1013 S La City, State, Zip | illespie ss mar Blvd | | Not | | period |
| Lele W. G Mailing Addre 1013 S La City, State, Zip Oxford, M | illespie ss mar Blvd o Code S 38655-4739 | | Notice | | period |
| Lele W. G Mailing Addre 1013 S La City, State, Zig Oxford, M Name of Empl | illespie ss mar Blvd | | Not | | period |
| Lele W. G Mailing Addre 1013 S La City, State, Zig Oxford, M Name of Empl | illespie ss mar Blvd o Code S 38655-4739 over (Required) y of Mississippi | | Notice | | period \$600.00 |
| Lele W. G Mailing Addre 1013 S La City, State, Zip Oxford, M Name of Empl Universit Occupation (F | illespie ss mar Blvd o Code S 38655-4739 over (Required) y of Mississippi | | Not | 04/15/2023 | period |
| Lele W. G Mailing Addre 1013 S La City, State, Zip Oxford, M Name of Empl Universit Occupation (F | illespie ss mar Blvd c Code S 38655-4739 loyer (Required) y of Mississippi Required) oordinator | | alLoan | 04/15/2023 Aggregate | \$600.00 \$600.00 Amount of each |
| Lele W. G Mailing Addre 1013 S La City, State, Zig Oxford, M Name of Empl Universit Occupation (F Project C | illespie ss mar Blvd c Code S 38655-4739 loyer (Required) y of Mississippi Required) oordinator | PAC Individua | alLoan | Aggregate year-to-date | \$600.00 \$600.00 |
| Lele W. G Mailing Addre 1013 S La City, State, Zig Oxford, M Name of Empl Universit Occupation (F Project C Source: | illespie ss mar Blvd c Code S 38655-4739 loyer (Required) y of Mississippi Required) oordinator Corporation Other (please specify) | PAC ✓Individua | alLoan | Aggregate year-to-date Date | \$600.00 \$600.00 Amount of each receipt this |
| Lele W. G Mailing Addre 1013 S La City, State, Zij Oxford, M Name of Empl Universit Occupation (F Project C Source: Full Name John Gira | illespie ss mar Blvd c Code S 38655-4739 loyer (Required) y of Mississippi Required) oordinator Corporation Other (please specify) | PAC ✓Individua | alLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 \$600.00 Amount of each receipt this period |
| Lele W. G Mailing Addre 1013 S La City, State, Zig Oxford, M Name of Empl Universit Occupation (F Project C Source: Full Name John Gira Mailing Addre | illespie ss mar Blvd c Code S 38655-4739 loyer (Required) y of Mississippi Required) oordinator Corporation Other (please specify) rdi ss | PAC ✓Individua | alLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 \$600.00 Amount of each receipt this period |
| Lele W. G Mailing Addre 1013 S La City, State, Zij Oxford, M Name of Empl Universit Occupation (F Project C Source: Full Name John Gira | illespie ss mar Blvd c Code S 38655-4739 loyer (Required) y of Mississippi Required) oordinator Corporation Other (please specify) rdi ss Ln | PAC ✓Individua | al Doan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 \$600.00 Amount of each receipt this period |
| Mailing Addre 1013 S La City, State, Zig Oxford, M Name of Empl Universit Occupation (F Project C Source: Full Name John Gira Mailing Addre 5 Burrell City, State, Zig | illespie ss mar Blvd c Code S 38655-4739 loyer (Required) y of Mississippi Required) oordinator Corporation Other (please specify) rdi ss Ln | PAC Individua | alLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 \$600.00 Amount of each receipt this period |
| Lele W. G Mailing Addre 1013 S La City, State, Zij Oxford, M Name of Empl Universit Occupation (F Project C Source: Full Name John Gira Mailing Addre 5 Burrell City, State, Zij Rancho Pa Name of Empl | illespie ss mar Blvd c Code S 38655-4739 coyer (Required) y of Mississippi Required) oordinator Corporation Other (please specify) rdi ss Ln c Code | PAC Individua | al Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 \$600.00 Amount of each receipt this period |
| Lele W. G Mailing Addre 1013 S La City, State, Zij Oxford, M Name of Empl Universit Occupation (F Project C Source: Full Name John Gira Mailing Addre 5 Burrell City, State, Zij Rancho Pa Name of Empl | illespie ss mar Blvd c Code S 38655-4739 loyer (Required) y of Mississippi Required) oordinator Corporation Other (please specify) rdi ss Ln c Code los Ve, CA 90275- loyer (Required) es of John Girard | PAC Individua | al Doan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 \$600.00 Amount of each receipt this period |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | ☐ Corporation☐ Other (please spec | PAC Individ | lual Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|----------------|-----------|-------------------------------------|--|
| Full Name Cornelis | Cienen | | | 01/24/2023 | \$100.00 |
| Mailing Addre | | | | | |
| 1112 S 11 | | | | | |
| City, State, Zi | | | | | |
| | 4S 38655-4610 | | | | |
| Name of Emp | oloyer (Required) oyed | | | | |
| Occupation (Retired | Required) | | | Aggregate year-to-date | \$450.00 |
| Source: | Corporation | ☐PAC ✓ Individ | lual Loan | Date | Amount of each |
| | Other (please spec | cify) | | (Mo., Day, Year) | receipt this period |
| Full Name Cornelis | Gispen | | | 02/15/2023 | \$100.00 |
| Mailing Addre | | | | | |
| City, State, Zi | | | | | |
| | 4S 38655-4610 | | | 2 | |
| | loyer (Required) | | | O ^Q | |
| Occupation (| Required) | | , III | Aggregate | \$450.00 |
| Retired | | | | year-to-date | |
| Source: | ☐ Corporation ☐ Other (please spec | □PAC ✓Individ | lual Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | | 40 | 03/07/2023 | \$100.00 |
| Full Name | Cianon | | | | |
| Cornelis | | | ,0 | | |
| Cornelis Mailing Addre | ess | | ,0 | | |
| Cornelis Mailing Addre | ess Lth St | | 0 | | |
| Cornelis Mailing Addre 1112 S 11 City, State, Zi | ess Lth St | | | | |
| Cornelis Mailing Addre 1112 S 11 City, State, Zi Oxford, N | ess Lth St p Code | | 0 | | |
| Cornelis Mailing Addre 1112 S 11 City, State, Zi Oxford, N Name of Emp | pess Lth St p Code 4S 38655-4610 lloyer (Required) | | | | |
| Cornelis Mailing Addre 1112 S 11 City, State, Zi Oxford, N Name of Emp | ess Lth St ip Code 4S 38655-4610 bloyer (Required) | | | Aggregate year-to-date | \$450.00 |
| Mailing Address 1112 S 11 City, State, Zi Oxford, N Name of Emplo Occupation (| ess Lth St ip Code 4S 38655-4610 bloyer (Required) | □PAC ✓Individ | lualLoan | year-to-date Date | Amount of each |
| Mailing Address 1112 S 11 City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (Retired | pess Lth St prode AS 38655-4610 ployer (Required) pyed Required) | | lual | year-to-date | |
| Mailing Address 1112 S 11 City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (Retired | pess Lth St property | | lualLoan | year-to-date Date | Amount of each receipt this |
| Mailing Address 1112 S 11 City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (Retired Source: | pess Lth St pp Code 4S 38655-4610 ployer (Required) pyed Required) Corporation Other (please spec | | lualLoan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Cornelis Mailing Addre 1112 S 11 City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (Retired Source: Full Name Cornelis Mailing Addre | ess Lth St p Code 4S 38655-4610 ployer (Required) pyed Corporation Other (please spec Gispen ess Lth St | | lual | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Cornelis Mailing Addre 1112 S 11 City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Retired Source: Full Name Cornelis Mailing Addre 1112 S 11 City, State, Zi | ess Lth St p Code 4S 38655-4610 ployer (Required) pyed Corporation Other (please spec Gispen ess Lth St | | lualLoan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Address 1112 S 11 City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Retired Source: Full Name Cornelis Mailing Address 1112 S 11 City, State, Zi Oxford, M Name of Emp | pess Lth St pp Code AS 38655-4610 ployer (Required) pyed Required) Corporation Other (please spectors) Ess Lth St pp Code AS 38655-4610 ployer (Required) | | lual Doan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Cornelis Mailing Address 1112 S 11 City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Retired Source: Full Name Cornelis Mailing Address 1112 S 11 City, State, Zi Oxford, M | pess Lth St pp Code AS 38655-4610 ployer (Required) pyed Required) Corporation Other (please spectors) Ess Lth St pp Code AS 38655-4610 ployer (Required) | | lualLoan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Address 1112 S 11 City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Retired Source: Full Name Cornelis Mailing Address 1112 S 11 City, State, Zi Oxford, M Name of Emp | pess Lth St p Code AS 38655-4610 ployer (Required) pyed Corporation Other (please spec Ess Lth St p Code AS 38655-4610 pyed | | lualLoan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate | e or Committee Brandor | n Presley | |
|--------------------|------------------------|-----------|-----------|
| Reporting Period _ | 1/1/2023 | through | 4/30/2023 |

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| Source: | | | | | |
|--|---|---------------------------------------|------|-------------------------------------|------------------------------------|
| oouroc. | Corporation Other (please specify | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Cornelis | Gispen | | | 04/18/2023 | \$25.00 |
| Mailing Addre | ss | | | | |
| 1112 S 11 | | | | | |
| City, State, Zip Oxford, M | Code S 38655-4610 | | | | |
| Name of Emplo | oyer (Required) yed | | | | |
| Occupation (F | lequired) | | | Aggregate year-to-date | \$450.00 |
| Source: | Corporation | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | Other (please specif | у) | | (mo., bay, rear) | period |
| Full Name Cornelis | Gispen | | | 04/30/2023 | \$25.00 |
| Mailing Addre | | | | | |
| City, State, Zij | | | | | |
| | oyer (Required) | | | - | |
| Not Emplo | • • • • | _ | | | |
| Occupation (F Retired | lequired) | | | Aggregate year-to-date | \$450.00 |
| Source: | Corporation Other (please specifi | PAC ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Kathryn G | off | | 0 | 02/27/2023 | \$250.00 |
| Mailing Addre | ss | 100 | | | |
| TOO LOTINO | | | | | |
| City State 7i | | · · · · · · · · · · · · · · · · · · · | | - | |
| City, State, Zip | | | | - | |
| Brandon, | Code | | | | |
| Brandon, Name of Empl | O Code MS 39047-7911 | | | | |
| Brandon, Name of Empl | o Code MS 39047-7911 oyer(Required) w Group, PLLC | | | Aggregate year-to-date | \$281.85 |
| Brandon, Name of Empl Carson La Occupation (F | o Code MS 39047-7911 oyer(Required) w Group, PLLC | PAC ✓ Individual | Loan | | Amount of each |
| Brandon, Name of Empl Carson La Occupation (F Attorney | o Code MS 39047-7911 oyer (Required) w Group, PLLC required) | | Loan | year-to-date | • |
| Brandon, Name of Empl Carson La Occupation (F Attorney Source: | o Code MS 39047-7911 oyer (Required) w Group, PLLC required) Corporation Other (please specified) | | Loan | year-to-date Date | Amount of each receipt this |
| Brandon, Name of Empl Carson La Occupation (F Attorney Source: Full Name Kathryn G | o Code MS 39047-7911 over (Required) w Group, PLLC dequired) Corporation Other (please specification) | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Brandon, Name of Empl Carson La Occupation (F Attorney Source: | o Code MS 39047-7911 oyer (Required) w Group, PLLC dequired) Corporation Other (please specifies | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Brandon, Name of Empl Carson La Occupation (F Attorney Source: Full Name Kathryn G Mailing Addre 108 Formo City, State, Zi | o Code MS 39047-7911 oyer (Required) w Group, PLLC dequired) Corporation Other (please specifies sa Dr Code | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Brandon, Name of Empl Carson La Occupation (F Attorney Source: Full Name Kathryn G Mailing Addre 108 Formo City, State, Zi | o Code MS 39047-7911 oyer (Required) w Group, PLLC dequired) Corporation Other (please specifies ss sa Dr | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Brandon, Name of Empl Carson La Occupation (F Attorney Source: Full Name Kathryn G Mailing Addre 108 Formo City, State, Zij Brandon, Name of Empl | o Code MS 39047-7911 oyer (Required) w Group, PLLC dequired) Corporation Other (please specifies sa Dr Code | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Brandon, Name of Empl Carson La Occupation (F Attorney Source: Full Name Kathryn G Mailing Addre 108 Formo City, State, Zij Brandon, Name of Empl | o Code MS 39047-7911 oyer (Required) w Group, PLLC required) Corporation Other (please specifies as Dr o Code MS 39047-7911 oyer (Required) w Group, PLLC | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: Corporation PAC Individual Loan | Date | Amount of each |
|---|---------------------------|--|
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 03/28/2023 | \$100.00 |
| Wilson Golden | | |
| Mailing Address 3136 White Magnolia Chase SW | | |
| City, State, Zip Code | | |
| Gainesville, GA 30504-5587 | | |
| Name of Employer (Required) | | |
| Not Employed | | |
| Occupation (Required) | Aggregate year-to-date | \$250.00 |
| Not Employed | year-to-date | |
| Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Other (please specify) | (, 24), 1841/ | period |
| Full Name Wilson Golden | 04/07/2023 | \$50.00 |
| Mailing Address | | |
| 3136 White Magnolia Chase SW | | |
| City, State, Zip Code | | |
| Gainesville, GA 30504-5587 | 2 | |
| Name of Employer (Required) Not Employed | ,0 ' | |
| Occupation (Required) | Aggregate | \$250.00 |
| Not Employed | year-to-date | |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 04/27/2023 | \$50.00 |
| Wilson Golden | 01/2//2023 | ¥30 . 00 |
| Mailing Address | | |
| 3136 White Magnolia Chase SW City, State, Zip Code | | |
| Gainesville, GA 30504-5587 | | |
| Name of Employer (Required) | | |
| Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$250.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 04/30/2023 | \$50.00 |
| Wilson Golden | 01/30/2023 | ¥30 . 00 |
| Mailing Address 3136 White Magnolia Chase SW | | |
| | | |
| | | |
| City, State, Zip Code Gainesville, GA 30504-5587 | | |
| City, State, Zip Code | | |
| City, State, Zip Code Gainesville, GA 30504-5587 Name of Employer (Required) | | |
| City, State, Zip Code Gainesville, GA 30504-5587 | Aggregate year-to-date | \$250.00 |

| Name of Candidate or Committe | e Brandon | Presley |
|-------------------------------|------------------|---------|
|-------------------------------|------------------|---------|

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

| Source: | Corporation Other (please specify) | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|-----------------|---|---|--|
| Full Name Elise Gom | ez-Sanchez | | | 02/14/2023 | \$1,000.00 |
| Mailing Addre | ss | | | - | |
| 536 Count | ryside Pl | | | | |
| City, State, Zip | | | | | |
| | MS 39110-9301 | | | | |
| - | oyer(Required) y of Mississippi | | | | |
| Occupation (R | equired) | | | Aggregate year-to-date | \$1,000.00 |
| Source: | | PAC Individual | Loan | Date | Amount of each receipt this |
| | Other (please specify) | | | (Mo., Day, Year) | period |
| Full Name Dustin Gr | anger | | | 04/19/2023 | \$250.00 |
| Mailing Addre | ss | | | | |
| City, State, Zip | | | | - | |
| | les, LA 70601-4318 | } | | | |
| | oyer (Required) | | 1 | 1 | |
| Generatio | n Wealth | | | | |
| Occupation (R Financial | • • | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | | | | | |
| | Other (please specify) | | A | (Mo., Day, Year) | receipt this period |
| Full Name Garret Gr | | 0 | of Control | (Mo., Day, Year) 04/27/2023 | |
| Garret Gr | ay | 000 | | | period |
| Garret Grandling Address 1466 Biens | ay ss veneda Ave | O BON | | | period |
| Garret Grandling Address 1466 Biens City, State, Zip | ay ss veneda Ave | 2346 | | | period |
| Mailing Address 1466 Bien Pacific Panale of Empl | ay ss veneda Ave) Code | 2346 | | | period |
| Mailing Address 1466 Biens City, State, Zip Pacific P Name of Empl CoreLogic | ay ss veneda Ave Code alisad, CA 90272-2 oyer (Required) | 2346 | | 04/27/2023 | \$5,000.00 |
| Mailing Address 1466 Bien Pacific Panale of Empl | ay ss veneda Ave Code alisad, CA 90272-2 oyer (Required) | 2346 | | | period |
| Mailing Address 1466 Biens City, State, Zip Pacific P Name of Empl CoreLogic Occupation (R | ay ss veneda Ave Code alisad, CA 90272-2 oyer (Required) Executive | PAC ✓Individual | Loan | 04/27/2023 Aggregate | \$5,000.00 \$5,000.00 Amount of each |
| Mailing Address 1466 Bien Pacific Pacific Pame of Emplore CoreLogic Occupation (Resource) | ay ss veneda Ave Code alisad, CA 90272-2 oyer (Required) equired) | | Loan | Aggregate year-to-date | \$5,000.00 \$5,000.00 |
| Mailing Address 1466 Biens City, State, Zip Pacific Poly Name of Empl CoreLogic Occupation (R Software Source: | ay ss veneda Ave Code alisad, CA 90272-2 oyer (Required) Executive Corporation Other (please specify) | | Loan | Aggregate year-to-date Date | \$5,000.00 \$5,000.00 Amount of each receipt this period |
| Mailing Address 1466 Biens City, State, Zip Pacific P Name of Empl CoreLogic Occupation (R Software Source: | ay ss veneda Ave Code alisad, CA 90272-2 oyer (Required) Executive Corporation Other (please specify) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this |
| Mailing Address 1466 Biens City, State, Zip Pacific Poly Name of Empl CoreLogic Occupation (R Software Source: | ay ss veneda Ave cocode alisad, CA 90272-2 oyer (Required) Executive Corporation Other (please specify) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this period |
| Mailing Address 1466 Biens City, State, Zip Pacific P Name of Empl CoreLogic Occupation (R Software: Source: Full Name Lloyd Gra Mailing Address 4931 4th City, State, Zip | ay ss veneda Ave cocode alisad, CA 90272-2 oyer (Required) Executive Corporation Other (please specify) y ss Ave cocode | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this period |
| Mailing Address 1466 Biens City, State, Zip Pacific Poly Name of Empl CoreLogic Occupation (R Software Source: Full Name Lloyd Grass Mailing Address 4931 4th Source; Meridian, | ay ss veneda Ave Code alisad, CA 90272-2 oyer (Required) Executive Corporation Other (please specify) y ss Ave Code MS 39305-2026 | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this period |
| Mailing Address 1466 Biens City, State, Zip Pacific Poly Name of Empl CoreLogic Occupation (R Software Source: Full Name Lloyd Grass Mailing Address 4931 4th City, State, Zip Meridian, Name of Empl | ay ss veneda Ave cocode alisad, CA 90272-2 oyer (Required) Executive Corporation Other (please specify) y ss Ave cocode | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this period |
| Mailing Addret 1466 Bien City, State, Zip Pacific P Name of Empl CoreLogic Occupation (R Software Source: Full Name Lloyd Gra Mailing Addret 4931 4th City, State, Zip Meridian, Name of Empl | ay ss veneda Ave code alisad, CA 90272-2 oyer (Required) Executive Corporation Other (please specify) y ss Ave code MS 39305-2026 oyer (Required) Hardin Foundation lequired) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this period |

| Name of Candidate or Committe | e Brandon | Presley |
|-------------------------------|------------------|---------|
|-------------------------------|------------------|---------|

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

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

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

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

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|-------------------------------------|------------------------------------|
| Full Name Tomie Green | 04/20/2023 | \$25.00 |
| Mailing Address | | |
| 114 Pine Island Dr | | |
| City, State, Zip Code Jackson, MS 39206-3234 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$225.00 |
| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | 01/12/2023 | period \$500.00 |
| Robert Grenfell | 01/12/2023 | 7300.00 |
| Mailing Address 313 Northbay Dr | | |
| City, State, Zip Code Madison, MS 39110-9174 | 0 | |
| Name of Employer (Required) | | |
| Not Employed | Aggregate | |
| Occupation (Required) Not Employed | year-to-date | \$500.00 |
| Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 01/30/2023 | \$25.00 |
| Francis Gresock | | |
| Mailing Address | | |
| Mailing Address 609 Washington St City, State, Zip Code | | |
| Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 | | |
| Mailing Address 609 Washington St City, State, Zip Code | | |
| Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) | Aggregate year-to-date | \$225.00 |
| Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) Not Employed Occupation (Required) | year-to-date Date | Amount of each |
| Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) Not Employed Occupation (Required) Not Employed | year-to-date | |
| Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each receipt this |
| Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis Gresock Mailing Address | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis Gresock | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis Gresock Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis Gresock Mailing Address 609 Washington St City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Francis Gresock Mailing Address 609 Washington St City, State, Zip Code Natchez, MS 39120-3526 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|---------------------------------|--------|--------------|---------|---------------------------|------------------------------------|
| Full Name Francis (| Gresock | | | | 03/16/2023 | \$25.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | ington St | | | | | |
| | MS 39120-3526 | | | | | |
| Name of Emp | oloyer (Required) oyed | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$225.00 |
| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | | | | | 02/21/2022 | period |
| Francis (| Gresock | | | | 03/31/2023 | \$25.00 |
| Mailing Addre | ess ington St | | | | | |
| City, State, Zin Natchez, | ip Code MS 39120-3526 | | | | 3 | |
| Name of Emp | oloyer (Required) | | | | ,01 | |
| Occupation (| | | | A LIHIS | Aggregate year-to-date | \$225.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | | | 7 | (Mo., Day, Year) | receipt this period |
| Full Name Francis (| Gresock | | - P | | 04/07/2023 | \$50.00 |
| Mailing Addre | ess ington St | | | | | |
| City, State, Zi | ip Code MS 39120-3526 | | | | | |
| Name of Emp | ployer (Required) | | | | | |
| Occupation (| • • | | | | Aggregate year-to-date | \$225.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Francis (| Gresock | | | | 04/26/2023 | \$50.00 |
| Mailing Addre | ess ington St | | | | | |
| City, State, Zi | = | | | | | |
| | oloyer (Required) | | | | | |
| Occupation (| oyeu | | | | | |
| | Required) | | | | Aggregate | \$225.00 |

023 through

4/30/2023

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--------------------------------------|------------------------------------|
| Full Name Francis Gresock | 04/29/2023 | \$25.00 |
| Mailing Address | | |
| 609 Washington St | | |
| City, State, Zip Code | | |
| Natchez, MS 39120-3526 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$225.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Benjamin Griffith | 04/19/2023 | \$250.00 |
| Mailing Address | | |
| 162 Oxford Creek Dr | | |
| City, State, Zip Code | _ | |
| Oxford, MS 38655-2242 | 4 | |
| Name of Employer (Required) Griffith Law Firm | | |
| Occupation (Required) Attorney | Aggregate year-to-date | \$250.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each receipt this |
| Other (please specify) | (Mo., Day, Year) | period |
| Full Name Jerry L. Griffith | 04/24/2023 | \$250.00 |
| Mailing Address 11388 Palm Valley Cv | | |
| City, State, Zip Code | | |
| Gulfport, MS 39503-7911 | | |
| Gulfport, MS 39503-7911 Name of Employer (Required) | | |
| | | |
| Name of Employer (Required) | Aggregate year-to-date | \$250.00 |
| Name of Employer (Required) Express Employment Professionals Occupation (Required) | | Amount of each |
| Name of Employer (Required) Express Employment Professionals Occupation (Required) Construction | year-to-date | |
| Name of Employer (Required) Express Employment Professionals Occupation (Required) Construction Source: Corporation PAC Individual Loan Other (please specify) | year-to-date Date | Amount of each receipt this |
| Name of Employer (Required) Express Employment Professionals Occupation (Required) Construction Source: Corporation PAC Individual Loan Other (please specify) Full Name Veta Griffith Mailing Address | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Express Employment Professionals Occupation (Required) Construction Source: Corporation PAC Individual Loan Other (please specify) Full Name Veta Griffith Mailing Address 11388 Palm Valley Cv City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Express Employment Professionals Occupation (Required) Construction Source: Corporation PAC Individual Loan Other (please specify) Full Name Veta Griffith Mailing Address 11388 Palm Valley Cv City, State, Zip Code Gulfport, MS 39503-7911 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Express Employment Professionals Occupation (Required) Construction Source: Corporation PAC Individual Loan Other (please specify) Full Name Veta Griffith Mailing Address 11388 Palm Valley Cv City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Express Employment Professionals Occupation (Required) Construction Source: Corporation PAC Individual Loan Other (please specify) Full Name Veta Griffith Mailing Address 11388 Palm Valley Cv City, State, Zip Code Gulfport, MS 39503-7911 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committe | e Brandon | Presley |
|-------------------------------|------------------|---------|
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Reporting Period 1/1/2023 **through** 4/30/2023

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|----------------------------|----------------------------------|-------|--------------|------|---------------------------|------------------------------------|
| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name James Gri | sham Jr | | | | 02/23/2023 | \$2,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zip | | | | | | |
| Name of Emp | oyer (Required) rican RV-Tupe | lo | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$2,000.00 |
| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name John Gris | ham | | | | 04/26/2023 | \$5,000.00 |
| Mailing Addre | ss Garden Rd | | | | | |
| | den, VA 22959 | -2334 | | | 2 | |
| Name of Empl | oyer (Required) oyed | | | | ,0 | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$5,000.00 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name David Gro | berg | | 1 |) | 03/25/2023 | \$1,000.00 |
| Mailing Addre | | | (O | | | |
| City, State, Zip | Code X 78703-0240 | | | | | |
| | oyer(Required) Power, LLC | | | | | |
| Occupation (F Solar Dev | • | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Frank Gru | ber | | | | 02/03/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| City, State, Zip | o Code ica, CA 90405 | -3717 | | | | |
| | oyer (Required) | - • • | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$500.00 |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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Reporting Period 1/1/2023 **through** 4/30/2023

| | | | 1 1 - 14112 | | | |
|------------------------|--|------------|---------------------|------|---------------------------|------------------------------------|
| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name David Gue | errv | | | | 04/30/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| City, State, Zi | | | | | | |
| • | p code lge, LA 70809-1 | L572 | | | | |
| Name of Emp | loyer (Required) .oyed | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | Other (please sp | еспу) | | | | period |
| Judy M. G | Guice | | | | 04/24/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code sings, MS 39564 | 1-5028 | | | 40 | |
| Name of Emp | loyer (Required) | | | 1 | COS | |
| Occupation (| • • | | 1 | THIS | Aggregate year-to-date | \$1,000.00 |
| | | | □ZII. ar. tat. at. | | Data | Amount of each |
| Source: | ☐ Corporation☐ Other (please sp | PAC ecify) | ✓ Individual | Loan | Date (Mo., Day, Year) | receipt this period |
| Full Name Kevin Gun | ın | | 1 | | 01/25/2023 | \$2,500.00 |
| Mailing Addre | | | | | | |
| 17 Larkda | | | | | | |
| City, State, Zi | p Code uis, MO 63124-1 | 715 | | | | |
| | loyer (Required) | 1713 | | | | |
| - | Inergy Resource | es | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$3,500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | _ | | (Mo., Day, Year) | receipt this period |
| Full Name Kevin Gun | ın | | | | 04/27/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| 17 Larkda | | | | | | |
| City, State, Zi | p Code uis, MO 63124-1 | 715 | | | | |
| | loyer (Required) | .,10 | | | | |
| - | Inergy Resource | es | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$3,500.00 |
| | | | | | | |

1/2023 through

4/30/2023

| Source: | Date | Amount of each |
|---|-------------------------------------|--|
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Willie H. Gunn | 04/30/2023 | \$2,500.00 |
| Mailing Address | | |
| 310 S Hickory St | | |
| City, State, Zip Code | | |
| Aberdeen, MS 39730-3110 | | |
| Name of Employer (Required) | | |
| W. Howard Gunn and Associates, LLC | | |
| Occupation (Required) | Aggregate | \$2,500.00 |
| Attorney | year-to-date | 72,300.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name C. Paige Gutierrez | 04/10/2023 | \$5,000.00 |
| Mailing Address | | |
| 2577 Chatham Ct | | |
| City, State, Zip Code | _ | |
| Biloxi, MS 39531-2758 | 2) | |
| Name of Employer (Required) | - | |
| Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$5,000.00 |
| | | |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name H.C.B. Inc | 04/18/2023 | \$500.00 |
| Mailing Address | | |
| PO Box 1511 | | |
| City, State, Zip Code | | |
| | | |
| Grenada, MS 38902-1511 | | |
| Grenada, MS 38902-1511 Name of Employer (Required) | | |
| Name of Employer (Required) | Aggregate | ¢500.00 |
| | Aggregate year-to-date | \$500.00 |
| Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each |
| Name of Employer (Required) Occupation (Required) | year-to-date | |
| Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each receipt this |
| Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Michelle Haimson Mailing Address | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Michelle Haimson Mailing Address 5050 W Beach Blvd City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Michelle Haimson Mailing Address 5050 W Beach Blvd City, State, Zip Code Gulfport, MS 39501-1025 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Michelle Haimson Mailing Address 5050 W Beach Blvd City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Michelle Haimson Mailing Address 5050 W Beach Blvd City, State, Zip Code Gulfport, MS 39501-1025 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee Brandon Presle | эy |
|---|----|
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Reporting Period 1/1/2023 **through** 4/30/2023

| Source: | Corporation Other (please spec | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|-------|---------------------|------|---|------------------------------------|
| Full Name | | | | | 02/06/2023 | \$1,000.00 |
| Tray Hair | ston | | | | 02/00/2023 | 71,000.00 |
| Mailing Addre | ss | | | | | |
| 1020 High | land Colony Pkw | УУ | | | | |
| City, State, Zip | | | | | | |
| | , MS 39157-2139 |) | | | | |
| | oyer (Required) | | | | | |
| Butler Sn | ow, LLP | | | | | |
| Occupation (R Attorney | equired) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 01/14/2023 | \$250.00 |
| Debbie Ha | 11 | | | | 01/11/2023 | 7200.00 |
| Mailing Addre | ss | | | | | |
| 127 Sesam | e Rd | | | | | |
| City, State, Zip | | | | | | |
| | S 38801-8615 | | | | 54 | |
| - | oyer (Required) | | | 1 | | |
| Universit | y of Mississipp |)i | _ | | | |
| Occupation (R | dequired) | | | | Aggregate year-to-date | \$412.40 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | | | A | (Mo., Day, Year) | receipt this period |
| Full Name Debbie Ha | 11 | | | | 02/23/2023 | \$112.40 |
| Mailing Addre | | | | | | |
| City, State, Zip | | | | | | |
| | S 38801-8615 | | | | | |
| | oyer (Required) | | | | | |
| - | y of Mississipp | oi | | | | |
| Occupation (R | loguirod) | | | | | |
| | leguirea) | | | | Aggregate | \$412 40 |
| Professor | equirea) | | | | Aggregate year-to-date | \$412.40 |
| Professor Source: | Corporation | PAC | ✓Individual | Loan | year-to-date Date | Amount of each |
| | | _ | ✓ Individual | Loan | year-to-date | |
| Source: | Corporation Other (please spec | _ | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Source: | Corporation Other (please spec | _ | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Source: Full Name Debbie Ha Mailing Addre | Corporation Other (please spec | _ | √ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Source: Full Name Debbie Ha Mailing Addre | Corporation Other (please spec | _ | √ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Source: Full Name Debbie Ha Mailing Addre 127 Sesam City, State, Zip | Corporation Other (please spectage) Real Rd Code | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Debbie Ha Mailing Addre 127 Sesam City, State, Zip | Corporation Other (please special) Ss e Rd o Code S 38801-8615 | _ | √ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Debbie Ha Mailing Addre 127 Sesam City, State, Zip Tupelo, M Name of Empl | Corporation Other (please spectal) SS e Rd Code S 38801-8615 Oyer (Required) | eify) | √ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Debbie Ha Mailing Addre 127 Sesam City, State, Zip Tupelo, M Name of Empl | Corporation Other (please special) Ss e Rd o Code S 38801-8615 | eify) | √ Individual | Loan | year-to-date Date (Mo., Day, Year) 03/16/2023 | Amount of each receipt this period |
| Full Name Debbie Ha Mailing Addre 127 Sesam City, State, Zip Tupelo, M Name of Empl | Corporation Other (please spectal) ss e Rd c Code S 38801-8615 over (Required) y of Mississipp | eify) | √ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee Brandon Presle | эy |
|---|----|
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Reporting Period 1/1/2023 through 4/30/2023

| <u> </u> | | | |
|---|---|---|---|
| Source: | □ Corporation □ PAC ✓ Individual □ Other (please specify) | Loan Date (Mo., Day, Year | Amount of each receipt this period |
| Full Name Debbie Ha | 11 | 04/16/2023 | \$25.00 |
| Mailing Addres | | | |
| 127 Sesame | | | |
| City, State, Zip | | | |
| | 3 38801-8615 | | |
| | oyer(Required) y of Mississippi | | |
| Occupation (R | equired) | Aggregate year-to-date | \$412.40 |
| Source: | Corporation | Loan Date (Mo., Day, Year | Amount of each receipt this |
| Full Name | Guine (biogog abreer)) | | period |
| John Hall | | 02/12/2023 | \$250.00 |
| Mailing Address 801 Kentwe | | | |
| City, State, Zip | Code g, VA 24060-5316 | | |
| | oyer (Required) | | |
| CHPC | oyer (Required) | 1 200 | |
| Occupation (R Executive | equired) | Aggregate year-to-date | \$275.00 |
| Source: | ☐ Corporation ☐ PAC ✓ Individual | Loan Date (Mo., Day, Year | Amount of each receipt this |
| | Other (please specify) | (, 24), | / period |
| Full Name John Hall | Other (please specify) | 03/18/2023 | period |
| | as (III) | | period |
| John Hall Mailing Addres 801 Kentwo | ss pod Dr Code | | period |
| John Hall Mailing Addres 801 Kentwo City, State, Zip Blacksburg | ss pod Dr | | period |
| John Hall Mailing Addres 801 Kentwe City, State, Zip Blacksbure Name of Empl | Code g, VA 24060-5316 Description (Required) | | period |
| John Hall Mailing Address 801 Kentwo City, State, Zip Blacksbure Name of Emplo | Code g, VA 24060-5316 Description (Required) | 03/18/2023 Aggregate | \$25.00 \$275.00 |
| John Hall Mailing Address 801 Kentwo City, State, Zip Blacksburg Name of Employ CHPC Occupation (R Executive | cod Dr Code g, VA 24060-5316 Description Corporation PAC Individual Other (please specify) | Aggregate year-to-date Loan Date | \$25.00 \$275.00 Amount of each receipt this period |
| John Hall Mailing Address 801 Kentwee City, State, Zip Blacksburg Name of Employ CHPC Occupation (R Executive Source: | code g, VA 24060-5316 coyer (Required) corporation PAC Individual Other (please specify) | Aggregate year-to-date Loan Date (Mo., Day, Year | \$25.00 \$275.00 Amount of each receipt this period |
| John Hall Mailing Address 801 Kentwee City, State, Zip Blacksburg Name of Employ CHPC Occupation (R Executive Source: Full Name Nikki Hall Mailing Address 3713 26th City, State, Zip | cod Dr Code g, VA 24060-5316 Dequired) Corporation PAC Individual Other (please specify) | Aggregate year-to-date Loan Date (Mo., Day, Year | \$25.00 \$275.00 Amount of each receipt this period |
| John Hall Mailing Address 801 Kentwee 801 Kentwee Blacksburg Name of Employ CHPC Occupation (R Executive Source: Full Name Nikki Hall Mailing Address 3713 26th City, State, Zip Washington | Code g, VA 24060-5316 pyer (Required) equired) Corporation PAC Individual Other (please specify) ss St NE Code | Aggregate year-to-date Loan Date (Mo., Day, Year | \$25.00 \$275.00 Amount of each receipt this period |
| John Hall Mailing Address 801 Kentwood City, State, Zip Blacksburg Name of Employ CHPC Occupation (R Executive Source: Full Name Nikki Hall Mailing Address 3713 26th City, State, Zip Washington | Code g, VA 24060-5316 pyer (Required) equired) Corporation PAC Individual Other (please specify) ss St NE Code n, DC 20018-3124 pyer (Required) | Aggregate year-to-date Loan Date (Mo., Day, Year | \$25.00 \$275.00 Amount of each receipt this period |

| Name of Candidate or Committee Bran | ndon Presley |
|-------------------------------------|--------------|
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 Reporting Period
 1/1/2023
 through
 4/30/2023

| | <u> </u> | |
|--|---------------------------|--|
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Kerry Hamilton | 04/28/2023 | \$250.00 |
| Mailing Address | | |
| PO Box 197 | _ | |
| City, State, Zip Code Taylor, MS 38673-0197 | | |
| Name of Employer (Required) | | |
| Kerry W Hamilton, Inc. | | |
| Occupation (Required) Consulting | Aggregate year-to-date | \$250.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Eric Hampton | 01/19/2023 | \$10,000.00 |
| Mailing Address | | |
| 2386 Edgemont Cir | | |
| City, State, Zip Code Tupelo, MS 38804-1083 | | |
| Name of Employer (Required) Hope Transportation | | |
| Occupation (Required) CEO | Aggregate year-to-date | \$15,000.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Eric Hampton | 04/30/2023 | \$5,000.00 |
| Mailing Address 2386 Edgemont Cir | | |
| City, State, Zip Code Tupelo, MS 38804-1083 | | |
| Name of Employer (Required) Hope Transportation | | |
| Occupation (Required) | Aggregate year-to-date | \$15,000.00 |
| Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Under (please specify) | (11101, 24), 1041, | period |
| Carol V. Hardwick | 01/18/2023 | \$250.00 |
| Mailing Address | 7 | |
| 113 Academy Ln | _ | |
| City, State, Zip Code Canton, GA 30114-9904 | | |
| Name of Employer (Required) | | |
| Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$250.00 |

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

| Source: Corporation PAC ✓Individual Loan | Date | Amount of each |
|--|---------------------------|------------------------------------|
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 01/18/2023 | \$250.00 |
| Phillip D. Hardwick | 01/10/2023 | 7230:00 |
| Mailing Address | | |
| 113 Academy Ln | | |
| City, State, Zip Code Canton, GA 30114-9904 | | |
| Name of Employer (Required) Self Employed | | |
| Occupation (Required) Writer | Aggregate year-to-date | \$250.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each receipt this |
| Other (please specify) | (Mo., Day, Year) | period |
| Full Name Jamie Harris | 01/12/2023 | \$250.00 |
| Mailing Address 2943 Tishomingo Ln | | |
| City, State, Zip Code Memphis, TN 38111-2631 | | |
| Name of Employer (Required) | 3 | |
| Not Employed | 200 | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$253.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jamie Harris | 04/23/2023 | \$3.00 |
| Mailing Address | | |
| 2943 Tishomingo Ln | | |
| City, State, Zip Code Memphis, TN 38111-2631 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) | Aggregate | \$253.00 |
| Not Employed | year-to-date | |
| Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Other (please specify) | (, 24,, 104.) | period |
| | 03/11/2023 | \$250.00 |
| Full Name Julie S. Harris | | |
| | | |
| Julie S. Harris Mailing Address 1208 Pine St City, State, Zip Code | | |
| Julie S. Harris Mailing Address 1208 Pine St | | |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|-------------------------------------|---------|--------------|----------|---------------------------|------------------------------------|
| Full Name Julie S. | Uarric | | | | 04/27/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| 1208 Pine | | | | | | |
| City, State, Z | | F010 | | | | |
| | ans, LA 70118- ployer (Required) | 5219 | | | | |
| Magnit | noyer (itequired) | | | | | |
| Occupation (| Required) on Advisor | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name William H | Harris Jr | | | | 03/29/2023 | \$25,000.00 |
| Mailing Addr | ess | | | | | |
| 1311 14th | n Ter | | | | | |
| City, State, Z | i p Code ach, FL 33139 | 2700 | | | | |
| | oloyer (Required) | 3709 | | | 2 | |
| - | n Money Corpor | ation | | 0 | | |
| Occupation (| | | | THIS | Aggregate year-to-date | \$25,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Yvonne Ha | arrison | | | | 02/21/2023 | \$25.00 |
| Mailing Addre | | | | | | |
| City, State, Z | | | | | | |
| | 4S 39530-3308 | | | | | |
| Name of Emp | oloyer (Required) Dyed | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$277.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | period |
| Full Name Yvonne Ha | arrison | | | | 03/31/2023 | \$2.00 |
| Mailing Addre | | | | | | |
| City, State, Z | | | | | | |
| | MS 39530-3308 | | | | | |
| | oloyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$277.00 |
| | | | | | | |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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Reporting Period 1/1/2023 **through** 4/30/2023

| Source: | ☐ Corporation☐ Other (please spec | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|-------------------------------------|------------------|--------------|-------|---------------------------|------------------------------------|
| Full Name Yvonne Ha | rrison | | | | 04/18/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| 149 Acaci | | | | | | |
| City, State, Zi | s 39530-3308 | | | | | |
| Name of Emp | loyer (Required) yed | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$277.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please spec | cify) | | | (Mo., Day, Year) | period |
| Full Name Yvonne Ha | rrison | | | | 04/24/2023 | \$150.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | o Code | | | | | |
| | s 39530-3308 | | | | 2 | |
| Name of Emp | loyer (Required) yed | | | | ,0 | |
| Occupation (F | | | | LIHIS | Aggregate year-to-date | \$277.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | | | 7 | (Mo., Day, Year) | receipt this period |
| Full Name Susan Har | t | | 0 4 | | 02/21/2023 | \$250.00 |
| Mailing Addre | | | 0 | | | |
| City, State, Zi | p Code MS 39236-3913 | | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | yed | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Vicki Har | tley | | | | 04/13/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| 505 S Fif | | | | | | |
| City, State, Zi | o Gode ., MS 38732-3134 | 1 | | | | |
| - | loyer (Required) h Catholic Scho | ool | | | | |
| | | · - - | | | | |
| Occupation (F | Required) | | | | Aggregate | \$250.00 |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | Corporation Other (please sp | | Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|---------------|-----------------|----------|---|--|
| Full Name | Other (please sp | | | | | period |
| Andrea Ha | atfield | | | | 04/28/2023 | \$500.00 |
| Mailing Addre | ess | | | | - | |
| 3509 34th | | | | | | |
| City, State, Zi | p Code | | | | | |
| Washingto | on, DC 20008-32 | 204 | | | | |
| | loyer (Required) | | | | | |
| Washingto | on Fine Propert | ties | | | | |
| Occupation (I | Required) | | | | Aggregate | \$500.00 |
| Real Esta | ate Agent | | | | year-to-date | |
| Source: | Corporation | ☐ PAC ✓ | Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | - | _ | (Mo., Day, Year) | receipt this |
| Full Name | | | | | | period |
| Eric Hatt | ien | | | | 02/08/2023 | \$500.00 |
| Mailing Addre | 266 | | | | | |
| • | lowbrook Rd | | | | | |
| City, State, Zi | | | | | - | |
| • | MS 39206-6109 | | | | \ | |
| Name of Emp | loyer (Required) | | | 4 00 | | |
| Self Empl | loyed | | | | | |
| Occupation (I | Required) | | | 112 | Aggregate | \$500.00 |
| Attorney | . , | | | | year-to-date | 4300.00 |
| Source: | Corporation | PAC 🗸 | Individual | Loan | Date | Amount of each |
| | Other (please sp | _ 7 | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 01/24/2023 | * =00 00 |
| | | | | | 01/24/2023 | \$500.00 |
| Ayres Hax | kton | 0 | 06 | | 01/24/2023 | \$500.00 |
| Ayres Hax Mailing Addre | ess | 9 | 100 | | - | \$500.00 |
| Ayres Hax Mailing Addre | ess nt Mary St | 9 | (HO) P | | 01/24/2023 | \$500.00 |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi | ess nt Mary St p Code | R | BOL | | - | \$500.00 |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, | p Code MS 39202-1265 | 9 | 10° | | - | \$500.00 |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp | p Code MS 39202-1265 | o for Justice | | | - | \$500.00 |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp Mississis | p Code MS 39202-1265 Nover (Required) Opi Association | n for Justice | 9 | | - | \$500.00 |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp | p Code MS 39202-1265 Nover (Required) Opi Association | n for Justice | 9 | | Aggregate year-to-date | \$500.00 |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp Mississir Occupation (I | p Code MS 39202-1265 Nover (Required) Opi Association | | e Individual | Loan | Aggregate | \$500.00 Amount of each |
| Mailing Addres 1703 Sair City, State, Zi Jackson, Name of Emp Mississir Occupation (I Attorney Source: | pess at Mary St p Code MS 39202-1265 bloyer (Required) ppi Association Required) | PAC 🗸 | | Loan | Aggregate year-to-date | \$500.00 |
| Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp Mississir Occupation (I Attorney Source: | p Code MS 39202-1265 Dopi Association Required) Corporation Other (please sp | PAC 🗸 | | Loan | Aggregate year-to-date | \$500.00 Amount of each receipt this |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp Mississir Occupation (I Attorney Source: Full Name R.A. Haxt | p Code MS 39202-1265 Dopi Association Required) Corporation Other (please sp | PAC 🗸 | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp Mississir Occupation (I Attorney Source: Full Name R.A. Haxt Mailing Addre | p Code MS 39202-1265 Dopi Association Required) Corporation Other (please sp | PAC 🗸 | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp Mississip Occupation (I Attorney Source: Full Name R.A. Haxt Mailing Addre PO Box 12 | p Code MS 39202-1265 Ployer (Required) Popi Association Required) Corporation Other (please sp | PAC 🗸 | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp Mississir Occupation (I Attorney Source: Full Name R.A. Haxt Mailing Addre PO Box 12 City, State, Zi | p Code MS 39202-1265 Ployer (Required) Popi Association Required) Corporation Other (please sp | PAC 🗸 | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp Mississip Occupation (I Attorney Source: Full Name R.A. Haxt Mailing Addre PO Box 12 City, State, Zi Jackson, | p Code MS 39202-1265 No interpretation Corporation Other (please special) P Code MS 39215-1202 | PAC 🗸 | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp Mississip Occupation (I Attorney Source: Full Name R.A. Haxt Mailing Addre PO Box 12 City, State, Zi Jackson, Name of Emp | p Code MS 39202-1265 Dopi Association Required) Corporation Other (please sp 202 p Code MS 39215-1202 Dopi Required) | PAC 🗸 | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp Mississir Occupation (I Attorney Source: Full Name R.A. Haxt Mailing Addre PO Box 12 City, State, Zi Jackson, Name of Emp MS Associa | p Code MS 39202-1265 Ployer (Required) Popi Association Required) Other (please sp CODE MS 39215-1202 Ployer (Required) Lation for Just | PAC 🗸 | | Loan | Aggregate year-to-date Date (Mo., Day, Year) 04/24/2023 | \$500.00 Amount of each receipt this period \$500.00 |
| Ayres Hax Mailing Addre 1703 Sair City, State, Zi Jackson, Name of Emp Mississip Occupation (I Attorney Source: Full Name R.A. Haxt Mailing Addre PO Box 12 City, State, Zi Jackson, Name of Emp | p Code MS 39202-1265 Ployer (Required) Popi Association Required) Other (please sp CODE MS 39215-1202 Ployer (Required) Lation for Just | PAC 🗸 | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: Corporation PAC Individual Loan Date Mon., Day, Year) Freeignt this recipit this period Mon., Day, Year) Follows Pack Recipit this period Recipi | HEIMIZED RECEIF | 10 | |
|--|---|------------------|----------------|
| Full Name Mark G. Hazard Mark Point, MS 39773-8952 Name of Employer (Required) Source: Corporation PAC Individual Loan Occupation (Required) Attorney Source: Corporation PAC Individual Loan Mailing Address 1438 N State St City, State, Zip Code Reart Law Firm Occupation (Required) Attorney Source: Corporation PAC Individual Loan Market Date (Mo., Day, Year) Part Composition PAC Individual Loan Market Date State St City, State, Zip Code Jackson, MS 39202-1643 Name of Employer (Required) Attorney Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Part Composition PAC Individual Loan Date (Mo., Day, Year) Part Composition PAC Individual Loan Date (Mo., Day, Year) Part Composition PAC Individual Loan Date (Mo., Day, Year) Part Composition PAC Part Part Part Part Part Part Part Part | | | receipt this |
| Mark G. Hazard Malling Address 4143 W Tva Rd City, State, Zip Code West Point, MS 39773-8952 Name of Employer (Required) Rear Code (| | | • |
| ### August | | 04/04/2023 | \$2,500.00 |
| Name of Employer (Required) Self Employed Self Employer (Required) | | | |
| Name of Employer (Required) Self Employed Aggregate Actorney Source: Corporation PAC Individual Loan City, Day, Year) | City, State, Zip Code | | |
| Source: Corporation PAC Individual Loan Date receipt this period Full Name of Employer (Required) Mailing Address Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name of Employer (Required) Mailing Address Source: Corporation PAC Individual Date (Mo., Day, Year) Mailing Address 192 Philadelphia Ave City, State, Zip Code Jackson, MS 39202-1643 Name of Employer (Required) Mailing Address Source: Corporation PAC Individual Loan Date receipt this period Full Name Scott Hempling Mailing Address Source: Corporation PAC Individual Loan Date receipt this period Mailing Address Source: Corporation PAC Individual Date Representation Scott Hempling Mailing Address Source: Corporation PAC Individual Date Representation Scott Hempling Mailing Address Source: Corporation PAC Individual Date Representation Scott Hempling Mailing Address Source: Corporation PAC Individual Date Representation Scott Hempling Mailing Address Source: Corporation PAC Individual Date Representation Scott Hempling Mailing Address Source: Corporation PAC Individual Date Representation Scott Hempling Mailing Address Source: Corporation PAC Individual Date Representation Scott Hempling Mailing Address Source: Corporation PAC Individual Date Representation Scott Hempling Mailing Address Source: Corporation PAC Individual Date Representation Scott | West Point, MS 39773-8952 | | |
| Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Philip Carey Hearn 03/20/2023 \$1,000.00 Mailing Address 1438 N State St City, State, Zip Code Jackson, MS 39202-1643 Name of Employer (Required) Hearn Law Firm Occupation (Required) Tother (please specify) | | | |
| Other (please specify) (Mo., Day, Year) period period Publishing Publis | | | \$2,500.00 |
| Full Name Source: Corporation PAC Vindividual Loan Mailing Address 29 Philadelphia Ave City, State, Zip Code Takoma Park, MD 20912-4337 Name of Employer (Required) Attorney Source: Corporation PAC Vindividual Loan Mailing Address 29 Philadelphia Ave City, State, Zip Code Takoma Park, MD 20912-4337 Name of Employer (Required) Attorney Source: Corporation PAC Vindividual Loan Mailing Address 39 Philadelphia Ave City, State, Zip Code Takoma Park, MD 20912-4337 Name of Employer (Required) Attorney Source: Corporation PAC Vindividual Loan Date (Mo., Day, Year) Mailing Address 19 Philadelphia Ave City, State, Zip Code Takoma Park, MD 20912-4337 Name of Employer (Required) Attorney Source: Corporation PAC Vindividual Loan Date (Mo., Day, Year) Date (Mo., Day, Year) Source: Corporation PAC Vindividual Loan Date (Mo., Day, Year) Pall Name John Henegan Mailing Address 1921 E Bourne P1 City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Cocupation (Required) Retired Aggregate year-to-date \$1,000.00 | | | |
| Philip Carey Hearn Mailing Address 1438 N State St City, State, Zip Code Jackson, MS 39202-1643 Name of Employer (Required) Hearn Law Firm Occupation (Required) Attorney Source: Corporation PAC Individual Loan Period City, State, Zip Code Jackson, MS 39202-1643 Amount of each receipt this period City, State, Zip Code Attorney South Hempling Mailing Address 29 Philadelphia Ave City, State, Zip Code Takoma Park, MD 20912-4337 Name of Employer (Required) Attorney Source: Corporation PAC Individual Loan Coccupation (Required) Attorney Aggregate year-to-date Amount of each receipt this period Amount of each receipt this period City, State, Zip Code John Henegan Mailing Address 1921 E Bourne Pl City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Occupation (Required) Retired Aggregate year-to-date \$1,000.00 | | (WO., Day, Year) | period |
| 1438 N State St City, State, Zip Code Jackson, MS 39202-1643 Name of Employer (Required) Hearn Law Firm Cocupation (Required) Attorney Aggregate year-to-date | | 03/20/2023 | \$1,000.00 |
| Jackson, MS 39202-1643 Name of Employer (Required) Hearn Law Firm | | | |
| Name of Employer (Required) Hearn Law Firm Coccupation (Required) | | 0 | |
| Hearn Law Firm Aggregate S1,000.00 | | | |
| Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Period Period Pac Pa | | | |
| Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Scott Hempling 02/06/2023 \$5,000.00 Mailing Address 29 Philadelphia Ave City, State, Zip Code Takoma Park, MD 20912-4337 Name of Employer (Required) J.S. Federal Energy Regulatory Commission Occupation (Required) Attorney Date (Mo., Day, Year) Full Name John Henegan Mailing Address 29 Philadelphia Ave City, State, Zip Code Takoma Park, MD 20912-4337 Name of Employer (Required) J.S. Federal Energy Regulatory Commission Occupation (Required) Attorney Date (Mo., Day, Year) Full Name John Henegan Mailing Address 1921 E Bourne Pl City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Occupation (Required) Retired \$1,000.00 | | | \$1,000.00 |
| Other (please specify) | | Dato | Amount of each |
| Scott Hempling Mailing Address 29 Philadelphia Ave City, State, Zip Code Takoma Park, MD 20912-4337 Name of Employer (Required) J.S. Federal Energy Regulatory Commission Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name John Henegan Mailing Address 1921 E Bourne Pl City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Occupation (Required) Retired Aggregate year-to-date \$1,000.00 | | | receipt this |
| 29 Philadelphia Ave City, State, Zip Code Takoma Park, MD 20912-4337 Name of Employer (Required) J.S. Federal Energy Regulatory Commission Cocupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name John Henegan Mailing Address 1921 E Bourne Pl City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Coccupation (Required) Retired Aggregate year-to-date \$5,000.00 Aggregate year-to-date \$1,000.00 | | 02/06/2023 | \$5,000.00 |
| Takoma Park, MD 20912-4337 Name of Employer (Required) J.S. Federal Energy Regulatory Commission Cocupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name John Henegan Mailing Address 1921 E Bourne Pl City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Coccupation (Required) Retired Aggregate year-to-date \$1,000.00 | · · | | |
| Name of Employer (Required) J.S. Federal Energy Regulatory Commission Coccupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name John Henegan Mailing Address 1921 E Bourne P1 City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employer (Required) Retired Aggregate year-to-date \$5,000.00 Amount of each receipt this period (Mo., Day, Year) \$1,000.00 \$1,000.00 Aggregate year-to-date \$1,000.00 | | | |
| Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name John Henegan Mailing Address 1921 E Bourne P1 City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Occupation (Required) Retired \$5,000.00 Amount of each receipt this period \$1,000.00 \$2,25/2023 \$1,000.00 Amount of each receipt this period \$2,000.00 Amount of each receipt this period \$2,000.00 \$3,000.00 Aggregate year-to-date | | | |
| Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name John Henegan Mailing Address 1921 E Bourne Pl City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Occupation (Required) Retired Retired Amount of each receipt this period 02/25/2023 \$1,000.00 \$1,000.00 | J.S. Federal Energy Regulatory Commission | | |
| Cother (please specify) Full Name John Henegan Mailing Address 1921 E Bourne Pl City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Occupation (Required) Retired (Mo., Day, Year) period \$1,000.00 | | | \$5,000.00 |
| Cother (please specify) Full Name John Henegan Mailing Address 1921 E Bourne Pl City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Occupation (Required) Retired (Mo., Day, Year) period \$1,000.00 | Source: Corporation PAC Individual Loan | Date | Amount of each |
| John Henegan Mailing Address 1921 E Bourne Pl City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Occupation (Required) Retired \$1,000.00 | | (Mo., Day, Year) | - |
| 1921 E Bourne Pl City, State, Zip Code Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Occupation (Required) Retired Aggregate year-to-date \$1,000.00 | | 02/25/2023 | \$1,000.00 |
| Jackson, MS 39211-6714 Name of Employer (Required) Not Employed Occupation (Required) Retired Aggregate year-to-date \$1,000.00 | | | |
| Name of Employer (Required) Not Employed Occupation (Required) Retired Aggregate year-to-date \$1,000.00 | | | |
| Not Employed Occupation (Required) Retired Aggregate year-to-date \$1,000.00 | | | |
| Retired year-to-date | | | |
| | | | \$1,000.00 |
| | | | |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | Corporation Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------|----------------------------------|--------|--------------|------|---------------------------|--|
| Full Name Mark M. H | lenry | | | | 04/29/2023 | \$1,500.00 |
| Mailing Addre | | | | | | |
| PO Box 48 | | | | | | |
| City, State, Zi | - | | | | | |
| | lle, AR 72702- | 4800 | | | | |
| Name of Emp | loyer (Required) Loyed | | | | | |
| Occupation (I Attorney | Required) | | | | Aggregate year-to-date | \$1,500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each receipt this |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | (| 01/12/2023 | \$500.00 |
| Jill Herr | | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | rch, VA 22042- | 4228 | | | 2 | |
| Name of Emp US Navy | loyer (Required) | | | 60 | 5 | |
| Occupation (I | Required) | | | HIS | Aggregate | \$687.30 |
| Intellige | ence Analyst | | | | year-to-date | · |
| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | A | 1 | 9 | 01/29/2023 | \$50.00 |
| Jill Herr | ring | | , , , , , | | | 400.00 |
| Mailing Addre | | | | | | |
| 6644 Barr City, State, Zi | | | | | | |
| | p code urch, VA 22042- | 4228 | | | | |
| | loyer (Required) | | | | | |
| US Navy | | | | | | |
| Occupation (I | Required) ence Analyst | | | | Aggregate year-to-date | \$687.30 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Jill Herr | ring | | | | 02/10/2023 | \$37.30 |
| Mailing Addre | ess | | | | | |
| 6644 Barr | cett Rd | | | | | |
| City, State, Zi | - | 4000 | | | | |
| | ırch, VA 22042- | 4//8 | | | | |
| US Navy | lover (Dear-ired) | 1220 | | | | |
| | loyer (Required) | 1220 | | | | |
| | | 1220 | | | Aggregate | 6607 20 |
| Occupation (I | | 1220 | | | Aggregate year-to-date | \$687.30 |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

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

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|---|-------------|--------------|----------|-------------------------------------|------------------------------------|
| Full Name | Other (please sp | | | | | period |
| Jill Herr | ring | | | | 04/30/2023 | \$100.00 |
| Mailing Addre | ess | | | | | |
| 6644 Barr | | | | | | |
| City, State, Zi | • | | | | | |
| | rch, VA 22042 | -4228 | | | | |
| US Navy | loyer (Required) | | | | | |
| Occupation (I | Required) ence Analyst | | | | Aggregate year-to-date | \$687.30 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | _ | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 04/26/2023 | <u>-</u> |
| Gail Hest | er | | | | 04/20/2023 | \$500.00 |
| Mailing Addre | ess | | | | | |
| 470 Fairw | ay Dr | | | | | |
| City, State, Zi | • | 1.000 | | | | |
| | ans, LA 70124-1 | 1023 | | | , , | |
| Not Emplo | loyer (Required) oyed | | | 60, | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | O | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Robert H. | Hickman | | | | 03/15/2023 | \$1,000.00 |
| Mailing Addre | | |) (C) | | | |
| City, State, Zi | | | | | | |
| | ny, MS 38652-3 | 701 | | | | |
| Name of Emp | Lavian (Danistorial) | | | | | |
| остт пшрт | | | | | | |
| Occupation (I | oyed | | | | Aggregate year-to-date | \$1,250.00 |
| Occupation (I | oyed | □PAC | ✓Individual | Loan | year-to-date Date | Amount of each |
| Occupation (I | oyed Required) | □PAC | ✓Individual | Loan | year-to-date | |
| Occupation (I | Corporation Other (please sp | □PAC | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Occupation (I Producer Source: | oyed Required) Corporation Other (please sp | □PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (I Producer Source: Full Name Robert H. Mailing Addre | Corporation Other (please sp Hickman | □PAC | ✓Individual | ☐ Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (I Producer Source: Full Name Robert H. Mailing Addre 412 S Cer City, State, Zi | Corporation Corporation Other (please sp Hickman ess atral Ave p Code | PAC pecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (I Producer Source: Full Name Robert H. Mailing Addre 412 S Cer City, State, Zi New Albar | Corporation Other (please spectrum) Hickman css atral Ave p Code ay, MS 38652-3 | PAC pecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (I Producer Source: Full Name Robert H. Mailing Addre 412 S Cer City, State, Zi New Albar Name of Emp | Corporation Other (please spectral Ave p Code ay, MS 38652-37 lloyer (Required) | PAC pecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (I Producer Source: Full Name Robert H. Mailing Addre 412 S Cer City, State, Zi New Albar | Corporation Corporation Other (please sp Hickman Bas atral Ave p Code ay, MS 38652-37 lloyer (Required) | PAC pecify) | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

/2023 through

4/30/2023

| (Mo Day Year) rec | nt of each eipt this eriod |
|---|--|
| Full Name | |
| George Higginbotham 02/08/2023 | 1,000.00 |
| Mailing Address | |
| 27 Fox Hollow Ln | |
| City, State, Zip Code | |
| Laurel, MS 39443-4946 | |
| Name of Employer (Required) South Central Regional Medical Center | |
| Occupation (Required) Hospital Administrator Aggregate year-to-date | 1,000.00 |
| | nt of each |
| (Mo Day Year) rec | eipt this eriod |
| Full Namo | |
| Brett Hildenbrand | 2,500.00 |
| Mailing Address | |
| 2667 Marigold Cv | |
| City, State, Zip Code | |
| Tupelo, MS 38801-7114 | |
| Name of Employer (Required) Main St Family Dentistry | |
| Occupation (Required) Dentist Aggregate year-to-date | 2,500.00 |
| Source: Corporation PAC / Individual Loan Date Amou | nt of each |
| Okla victoria and a state of the state of | |
| | eipt this eriod |
| Full Name Doug Hill 03/19/2023 | • |
| Full Name Doug Hill Mailing Address | eriod |
| Full Name Doug Hill Mailing Address 136 Courtland Dr | eriod |
| Full Name Doug Hill Mailing Address | eriod |
| Full Name Doug Hill Mailing Address 136 Courtland Dr City, State, Zip Code | eriod |
| Full Name Doug Hill Mailing Address 136 Courtland Dr City, State, Zip Code Saltillo, MS 38866-6007 Name of Employer (Required) Cardiology Associates | \$250.00 |
| Full Name Doug Hill Mailing Address 136 Courtland Dr City, State, Zip Code Saltillo, MS 38866-6007 Name of Employer (Required) | eriod |
| Full Name Doug Hill Mailing Address 136 Courtland Dr City, State, Zip Code Saltillo, MS 38866-6007 Name of Employer (Required) Cardiology Associates Occupation (Required) Physician Aggregate year-to-date Source: Corporation PAC Individual Loan Date Amounts | \$250.00 \$250.00 |
| Full Name Doug Hill Mailing Address 136 Courtland Dr City, State, Zip Code Saltillo, MS 38866-6007 Name of Employer (Required) Cardiology Associates Occupation (Required) Physician Aggregate year-to-date Source: Corporation PAC Individual Loan Date Amounted (Mo. Day Year) | \$250.00 \$250.00 |
| Full Name Doug Hill Mailing Address 136 Courtland Dr City, State, Zip Code Saltillo, MS 38866-6007 Name of Employer (Required) Cardiology Associates Occupation (Required) Physician Aggregate year-to-date Source: Corporation PAC Individual Loan Date Amounted (Mo. Day Year) | \$250.00 \$250.00 \$250.00 nt of each |
| Full Name Doug Hill Mailing Address 136 Courtland Dr City, State, Zip Code Saltillo, MS 38866-6007 Name of Employer (Required) Cardiology Associates Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Walter R. Hillen Mailing Address | \$250.00 \$250.00 specified and the second are second as a second are |
| Full Name Doug Hill Mailing Address 136 Courtland Dr City, State, Zip Code Saltillo, MS 38866-6007 Name of Employer (Required) Cardiology Associates Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Walter R. Hillen Mailing Address 322 W Jefferson St | \$250.00 \$250.00 specified and the second are second are second are second as second are secon |
| Full Name Doug Hill Mailing Address 136 Courtland Dr City, State, Zip Code Saltillo, MS 38866-6007 Name of Employer (Required) Cardiology Associates Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Walter R. Hillen Mailing Address | \$250.00 \$250.00 specified and the second are second are second are second as second are secon |
| Full Name Doug Hill Mailing Address 136 Courtland Dr City, State, Zip Code Saltillo, MS 38866-6007 Name of Employer (Required) Cardiology Associates Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Walter R. Hillen Mailing Address 322 W Jefferson St City, State, Zip Code Tupelo, MS 38804-3936 Name of Employer (Required) | \$250.00 \$250.00 specified and the second are second are second are second as second are secon |
| Full Name Doug Hill Mailing Address 136 Courtland Dr City, State, Zip Code Saltillo, MS 38866-6007 Name of Employer (Required) Cardiology Associates Cocupation (Required) Physician Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Walter R. Hillen Mailing Address 322 W Jefferson St City, State, Zip Code Tupelo, MS 38804-3936 | \$250.00 \$250.00 specified and the second are second are second are second as second are secon |

through

4/30/2023

| Source: | Corporation PA | AC / Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-----------------|----------|---|---|
| Full Name Karen Hin | ton | | | 04/05/2023 | \$100.00 |
| Mailing Addre | | | | - | |
| 817 Chart | | | | | |
| City, State, Zi | p Code | | | - | |
| New Orlea | ns, LA 70116-3206 | | | | |
| Name of Emp | loyer (Required) yed | | | | |
| Occupation (I | | | | Aggregate year-to-date | \$600.00 |
| Source: | Corporation PA | AC / Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | Other (please specify) | | | | period |
| Karen Hin | ton | | | 04/16/2023 | \$250.00 |
| Mailing Address 817 Chart | | | | | |
| City, State, Zi | p Code ns, LA 70116-3206 | | A 1 5 | | |
| Name of Emp | loyer (Required) | | COL | | |
| Occupation (I | | | J THIS | Aggregate year-to-date | \$600.00 |
| Not Emplo | | | <u> </u> | <u> </u> | |
| Source: | Corporation PA | AC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | Other (please specify) | | | (, , , , , , , , , , , , , , , , , , , | period |
| Full Name Karen Hin | | 0 4 | <u></u> | 04/30/2023 | period \$250.00 |
| | ton | Q 100 P | <u></u> | | <u> </u> |
| Mailing Address 817 Chart | ton ss res St | O BOR | | | <u> </u> |
| Mailing Address 817 Chart City, State, Zi | ton ss res St p Code | Q do r | <u></u> | | <u> </u> |
| Mailing Address 817 Chart City, State, Zi | ton ess res St p Code ns, LA 70116-3206 loyer (Required) | (d) (d) | | | <u> </u> |
| Mailing Address 817 Chart City, State, Zi New Orlea Name of Emp | ton ss res St p Code ns, LA 70116-3206 loyer (Required) yed Required) | , do 14 | | | <u> </u> |
| Mailing Address 817 Chart City, State, Zi New Orlea Name of Emp Not Emplo Occupation (I | ton ess res St p Code ns, LA 70116-3206 loyer (Required) yed Required) | AC ✓Individual | Loan | 04/30/2023 Aggregate | \$250.00 \$600.00 |
| Mailing Address 817 Chart City, State, Zi New Orlea Name of Emp Not Emplo Occupation (I Not Emplo | ton ess res St p Code ns, LA 70116-3206 loyer (Required) yed Required) | AC ✓Individual | Loan | Aggregate year-to-date | \$250.00 |
| Mailing Address 817 Chart City, State, Zi New Orlea Name of Emp Not Emplo Occupation (I Not Emplo Source: | ton sss res St p Code ns, LA 70116-3206 loyer (Required) yed Required) yed Corporation Other (please specify) | AC Individual | Loan | Aggregate year-to-date Date | \$250.00 \$600.00 Amount of each receipt this |
| Mailing Address 817 Chart City, State, Zi New Orlea Name of Emplo Occupation (I Not Emplo Source: Full Name Ken Hippl | cton css cres St cp Code cns, LA 70116-3206 cloyer (Required) cyed corporation corporat | AC VIndividual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$600.00 Amount of each receipt this period |
| Mailing Address 817 Chart City, State, Zi New Orlea Name of Emplo Occupation (I Not Emplo Source: Full Name Ken Hippl Mailing Addres | cton css cres St cp Code cns, LA 70116-3206 cloyer (Required) cyed corporation corporat | AC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$600.00 Amount of each receipt this period |
| Mailing Address 817 Chart City, State, Zi New Orless Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Ken Hippl Mailing Address 311 Summe City, State, Zi | ton sss res St p Code ns, LA 70116-3206 loyer (Required) yed Corporation Other (please specify) e sss r Oak Trl | AC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$600.00 Amount of each receipt this period |
| Mailing Address 817 Chart City, State, Zi New Orlea Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Ken Hippl Mailing Addres 311 Summe City, State, Zi Madison, Name of Emp | ton sss res St p Code ns, LA 70116-3206 loyer (Required) yed Corporation Other (please specify) e ss r Oak Trl p Code MS 39110-9147 loyer (Required) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$600.00 Amount of each receipt this period |
| Mailing Address 817 Chart City, State, Zi New Orlea Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Ken Hippl Mailing Addres 311 Summe City, State, Zi Madison, Name of Emp | ton SSS Tes St P Code ns, LA 70116-3206 loyer (Required) yed Corporation Other (please specify) e SSS T Oak Trl P Code MS 39110-9147 loyer (Required) of Agriculture & Comm | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$600.00 Amount of each receipt this period |

through

4/30/2023

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|----------|--------------|----------|-------------------------------------|------------------------------------|
| Full Name | | | | | | period |
| Ken Hippl | е | | | | 04/27/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| _ | r Oak Trl | | | | | |
| City, State, Zi | | | | | | |
| | MS 39110-9147 | | | | | |
| | loyer(Required) f Agriculture | & Commer | ce | | | |
| Occupation (F | Required) pecialist | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 00/04/0000 | · |
| L. V. Hol | land | | | | 03/04/2023 | \$1,000.00 |
| Mailing Addre | ss | | | | | |
| 17 New Be | thel Rd | | | | | |
| City, State, Zi | | | | | | |
| | , MS 39667-660 |)8 | | | () | |
| Name of Emp | loyer (Required) oyed | | | 60, | | |
| Occupation (F | Required) | | | 1112 | Aggregate | \$1,000.00 |
| Farmer | | | | | year-to-date | · |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | 40% Y | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Michael H | olleman | | 04 | | 04/24/2023 | \$500.00 |
| Mailing Addre | ess | | (O) | | | |
| 155 Allan | Dr | | | | | |
| City, State, Zi | | | | | | |
| | MS 39507-1504 | 1 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| пшгтттс | | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$500.00 |
| Occupation (F | Required) | PAC | ✓Individual | Loan | | Amount of each |
| Occupation (F | | _ | ✓Individual | Loan | year-to-date | |
| Occupation (F Attorney Source: | Corporation Other (please sp | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (FAttorney Source: | Corporation Other (please sp | _ | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Occupation (FAttorney Source: Full Name Hank Holm Mailing Addre | Corporation Other (please sp | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (FAttorney Source: Full Name Hank Holm Mailing Addre | Corporation Other (please speeds | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (FAttorney Source: Full Name Hank Holm 1517 Belm City, State, Zi | Corporation Other (please sponses | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (FAttorney Source: Full Name Hank Holm Mailing Addre 1517 Belm City, State, Zi Jackson, | Corporation Other (please spees es ont St p Code MS 39202-1202 | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (FAttorney Source: Full Name Hank Holm Mailing Addre 1517 Belm City, State, Zi Jackson, | Corporation Other (please spines ss cont St p Code MS 39202-1202 loyer (Required) | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (FAttorney Source: Full Name Hank Holm Mailing Addre 1517 Belm City, State, Zi Jackson, Name of Emp | Corporation Other (please speed) es es es ont St p Code MS 39202-1202 loyer (Required) yed | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

4/30/2023

| Source: | Corporation Other (please spec | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|-----------|--------------|----------------|---|--|
| Full Name John Holz | inger | | | | 02/09/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| 77 Pondfi | | | | | | |
| City, State, Zi | p Code | | | | | |
| | e, NY 10708-380 |) 9 | | | | |
| | loyer(Required) ensulting, LLC | | | | | |
| Occupation (F Real Esta | | | | | Aggregate year-to-date | \$250.00 |
| Source: | ✓ Corporation | PAC | Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Home Stre | etch | | | | 02/09/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | , | |
| | , MS 38858-0379 |) | | | - L | |
| Name of Emp | loyer (Required) | | | 60 | | |
| Occupation (F | Required) | | | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | A ^X | (Mo., Day, Year) | receipt this period |
| Full Name | | cify) | 7 A | | (Mo., Day, Year) 02/09/2023 | receipt this period \$1,000.00 |
| Perry Hoo | od | cify) | De N | of * | | period |
| | od ess | cify) | 100 K | | | period |
| Perry Hoo Mailing Addre 402 Lake City, State, Zi | ess Hazle Dr | Q | 100 10 | | | period |
| Perry Hoo Mailing Addre 402 Lake City, State, Zi Hazlehurs Name of Emp | ess Hazle Dr p Code st, MS 39083-221 loyer (Required) | 1.0 | (100 P) | | | period |
| Perry Hoo Mailing Addre 402 Lake City, State, Zi Hazlehurs Name of Emp Stark's F | od Pass Hazle Dr P Code St, MS 39083-221 loyer (Required) Camily Restaurar | 1.0 | 100 K | | 02/09/2023 | period \$1,000.00 |
| Perry Hoo Mailing Addre 402 Lake City, State, Zi Hazlehurs Name of Emp | od Pass Hazle Dr P Code St, MS 39083-221 Hoyer (Required) Camily Restaurar | 1.0 | | | | period |
| Perry Hoo Mailing Addre 402 Lake City, State, Zin Hazlehurs Name of Emp Stark's F Occupation (F | od Pass Hazle Dr P Code St, MS 39083-221 Hoyer (Required) Camily Restaurar | 1.0 | ✓Individual | Loan | Aggregate year-to-date Date | \$1,000.00 \$1,000.00 Amount of each |
| Mailing Addre 402 Lake City, State, Zi Hazlehurs Name of Emp Stark's F Occupation (F Business | pd PSS Hazle Dr p Code St, MS 39083-221 loyer (Required) Camily Restaurar Required) Owner | nt PAC | ✓ Individual | Loan | Aggregate year-to-date | \$1,000.00 \$1,000.00 |
| Mailing Addre 402 Lake City, State, Zi Hazlehurs Name of Emp Stark's F Occupation (F Business | pod PSS Hazle Dr p Code St, MS 39083-221 loyer (Required) Camily Restaurar Required) Owner Corporation Other (please spec | nt PAC | ✓ Individual | Loan | Aggregate year-to-date Date | \$1,000.00 \$1,000.00 Amount of each receipt this |
| Perry Hoo Mailing Addre 402 Lake City, State, Zin Hazlehurs Name of Emp Stark's F Occupation (F Business Source: | pod pod pod pod pod pod pod pod | nt PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Perry Hoo Mailing Addre 402 Lake City, State, Zij Hazlehurs Name of Emp Stark's F Occupation (F Business Source: Full Name Perry Hoo Mailing Addre 402 Lake | Pod Pod Pode Pode Pode Pode Pode Pode Po | nt PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Perry Hoo Mailing Addre 402 Lake City, State, Zi Hazlehurs Name of Emp Stark's F Occupation (F Business Source: Full Name Perry Hoo Mailing Addre 402 Lake City, State, Zi Hazlehurs | pod pod pod pod prode pro | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Perry Hoo Mailing Addre 402 Lake City, State, Zin Hazlehurs Name of Emp Stark's F Occupation (F Business Source: Full Name Perry Hoo Mailing Addre 402 Lake City, State, Zin Hazlehurs Name of Emp | pod pod pod pod pod pod pod pod | PAC cify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Perry Hoo Mailing Addre 402 Lake City, State, Zin Hazlehurs Name of Emp Stark's F Occupation (F Business Source: Full Name Perry Hoo Mailing Addre 402 Lake City, State, Zin Hazlehurs Name of Emp | Pass Hazle Dr P Code St, MS 39083-221 loyer (Required) Camily Restaurar Required) Owner Corporation Other (please spectod) Pass Hazle Dr P Code St, MS 39083-221 loyer (Required) Limily Restaurant | PAC cify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |

through

4/30/2023

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|-----------------------------------|--------|--------------|------|---------------------------|------------------------------------|
| Full Name John Hook | | | | | 01/24/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| 2037 E Bo | | | | | | |
| City, State, Zi | | | | | | |
| | MS 39211-6716 loyer (Required) | | | | | |
| | Reese, LLP | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Douglas A | A. Horne | | | | 01/17/2023 | \$10,000.00 |
| Mailing Addre | ess lar Bluff Rd | | | | | |
| City, State, Zi | p Code | | | | | |
| | e, TN 37923-36 | 09 | | | and I | |
| - | loyer (Required) perties, Inc. | | | | 0, | |
| Occupation (I | | | // | THIS | Aggregate year-to-date | \$15,000.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | 05° | , T | (Mo., Day, Year) | receipt this period |
| Full Name Douglas A | A. Horne | | 0 4 | | 04/27/2023 | \$5,000.00 |
| Mailing Addre | ess dar Bluff Rd | | (0) | | | |
| City, State, Zi | p Code e, TN 37923-36 | 09 | | | | |
| - | loyer (Required) operties, Inc. | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$15,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | _ | | | | 04/29/2023 | \$250.00 |
| John Howa | | | | | | |
| Mailing Address 1261 Cape | | | | | | |
| City, State, Zi | | | | | | |
| | on, SC 29412-8 | 283 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | A | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$250.00 |
| | | | | | | |

| Source: | Corporation Other (please spec | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------|-----------------------------------|----------|--------------|------|---------------------------|--|
| Full Name | | | | | 04/30/2023 | \$500.00 |
| Thomas Ho | | | | | | |
| Mailing Addre | ss Spring Rd | | | | | |
| City, State, Zi | | | | | | |
| Oxford, M | S 38655-2211 | | | | | |
| • | oyer (Required) | | | | | |
| | Associates Arc | hitects | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please spec | ify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/24/2023 | \$1,000.00 |
| Jeffrey H | | | | | | . , |
| Mailing Addre | | | | | | |
| City, State, Zi | Code | | | | | |
| Westminst | er, MD 21158-43 | 29 | | | 1 | |
| Name of Emplo | oyer (Required) yed | | | 60 | | |
| Occupation (F | Required) | | | LIIS | Aggregate | \$1,000.00 |
| Not Emplo | yed | | | | year-to-date | 1 = 7 0 0 0 0 0 |
| Source: | ☐ Corporation☐ Other (please spec | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | | 9 19 |) | 03/20/2023 | \$1,000.00 |
| Fraser Hu | | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zip | O Code NY 10025-7322 | | | | | |
| | oyer (Required) | | | | | |
| Occupation (F | | | | | Aggregate | \$1,000.00 |
| Attorney | | | | | year-to-date | . , |
| Source: | Corporation Other (please spec | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | <u> </u> | | | - 0.4 /1.6 /0.002 | · · · · · · · · · · · · · · · · · · · |
| Leland Hu | sband | | | | 04/16/2023 | \$1,500.00 |
| Mailing Addre | ss ard Pointe Ln | | | | | |
| City, State, Zip | Code , AR 72404-7083 | | | | | |
| | oyer (Required) | | | | | |
| Associate | d Radiology LTD | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$1,500.00 |

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|--|
| Full Name | 03/03/2023 | \$500.00 |
| James Hutto | 03/03/2023 | 4300.00 |
| Mailing Address | | |
| 62 Redfern Trl | | |
| City, State, Zip Code | | |
| Petal, MS 39465-9415 | | |
| Name of Employer (Required) Self Employed | | |
| Occupation (Required) Education Consultant | Aggregate year-to-date | \$530.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 03/18/2023 | \$5.00 |
| James Hutto | 03/10/2023 | 75.00 |
| Mailing Address | | |
| 62 Redfern Trl | | |
| City, State, Zip Code | | |
| Petal, MS 39465-9415 | 4 | |
| Name of Employer (Required) | O ^X | |
| Self Employed | | |
| | A | ĊE20 00 |
| Occupation (Required) Education Consultant | Aggregate year-to-date | \$530.00 |
| Education Consultant | year-to-date | |
| | | Amount of each receipt this period |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name | year-to-date Date | Amount of each receipt this |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) Self Employed | year-to-date Date (Mo., Day, Year) 04/30/2023 | Amount of each receipt this period \$25.00 |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) Self Employed Occupation (Required) | year-to-date Date (Mo., Day, Year) 04/30/2023 Aggregate year-to-date Date | Amount of each receipt this period \$25.00 |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) Self Employed Occupation (Required) Education Consultant | year-to-date Date (Mo., Day, Year) 04/30/2023 Aggregate year-to-date | Amount of each receipt this period \$25.00 |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) Self Employed Occupation (Required) Education Consultant Source: Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) 04/30/2023 Aggregate year-to-date Date | Amount of each receipt this period \$25.00 |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) Self Employed Occupation (Required) Education Consultant Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) Self Employed Occupation (Required) Education Consultant Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) Self Employed Occupation (Required) Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Benjamin Ifshin Mailing Address 411 Kimmons St | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) Self Employed Occupation (Required) Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Benjamin Ifshin Mailing Address | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) Self Employed Occupation (Required) Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Benjamin Ifshin Mailing Address 411 Kimmons St City, State, Zip Code Water Valley, MS 38965-2404 | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) Self Employed Occupation (Required) Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Benjamin Ifshin Mailing Address 411 Kimmons St City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |
| Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name James Hutto Mailing Address 62 Redfern Trl City, State, Zip Code Petal, MS 39465-9415 Name of Employer (Required) Self Employed Occupation (Required) Education Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Benjamin Ifshin Mailing Address 411 Kimmons St City, State, Zip Code Water Valley, MS 38965-2404 Name of Employer (Required) | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|------------|---|---|---|--|
| Full Massa | Other (please sp | ecity) | | | (1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | period |
| Full Name Kathryn 1 | Irbv | | | | 01/19/2023 | \$25.00 |
| Mailing Addre | | | | | | |
| 730 Tegai | | | | | | |
| City, State, Zi | - | | | | | |
| Gulfport, | MS 39507-2625 | 5 | | | | |
| Name of Emp | oloyer (Required) Dyed | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$262.25 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | <u> </u> | | | 01/24/2023 | \$5.00 |
| Kathryn 1 | Irby | | | | 01/24/2023 | 73.00 |
| Mailing Addre | | | | | | |
| 730 Tegai | | | | | | |
| City, State, Zi | | _ | | | | |
| | MS 39507-2625 |) | | - A - A - A - A - A - A - A - A - A - A | . ` | |
| Name of Emp | oloyer (Required) oyed | | | 60, | | |
| Occupation (| | | | | Aggregate year-to-date | \$262.25 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | | | | | | |
| | Other (please sp | ecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Kathryn | | ecify) | | | (Mo., Day, Year) | - |
| Kathryn D | Irby ess | ecify) | GO E | | | period |
| Mailing Addre | Irby ess cden Rd | ecify) | (40 14 | | | period |
| Mailing Address 730 Tegan | Irby ess cden Rd | - | 100 100 100 100 100 100 100 100 100 100 | | | period |
| Mailing Addre 730 Tegar City, State, Zi Gulfport, | ess cden Rd ip Code MS 39507-2625 | - | - CO- P | | | period |
| Mailing Address 730 Tegan City, State, Zi Gulfport, Name of Emplo Occupation (| Irby ess cden Rd ip Code , MS 39507-2625 bloyer (Required) byed Required) | - | 100 | | | period |
| Mailing Addr 730 Tegar City, State, Zi Gulfport, Name of Emp | Irby ess cden Rd ip Code , MS 39507-2625 bloyer (Required) byed Required) | - | ✓Individual | Loan | 02/01/2023 Aggregate | \$5.00 \$262.25 |
| Mailing Address 730 Tegan City, State, Zi Gulfport, Name of Emplo Occupation (Not Emplo | Irby ess cden Rd ip Code MS 39507-2625 oloyer (Required) oyed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$5.00 \$262.25 |
| Mailing Address 730 Tegan City, State, Zi Gulfport, Name of Emplo Occupation (Not Emplo | Irby ess cden Rd ip Code MS 39507-2625 cloyer (Required) byed Required) byed Corporation | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |
| Mailing Address 730 Tegan City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (Not Emplo | Irby ess cden Rd ip Code MS 39507-2625 cloyer (Required) byed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date | \$262.25 Amount of each receipt this |
| Mailing Address 730 Tegan City, State, Zi Gulfport, Name of Emplo Occupation (Not Emplo Source: | Irby ess cden Rd ip Code , MS 39507-2625 bloyer (Required) byed Required) byed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |
| Mailing Address 730 Tegan City, State, Zi Gulfport, Name of Emplo Occupation (Not Emplo Source: Full Name Kathryn | Irby ess cden Rd ip Code MS 39507-2625 cloyer (Required) cyed Required) cyed Corporation Other (please specification) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |
| Mailing Address 730 Tegan City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Kathryn 1 Mailing Address 730 Tegan City, State, Zi | Irby ess cden Rd ip Code MS 39507-2625 cloyer (Required) byed Corporation Corporation Other (please specification) Irby ess cden Rd ip Code | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |
| Mailing Address 730 Tegan City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (Not Emplo Source: Full Name Kathryn Mailing Address 730 Tegan City, State, Zi Gulfport, | Irby ess cden Rd ip Code MS 39507-2625 cloyer (Required) cyed Corporation Cher (please spin) Irby ess cden Rd ip Code MS 39507-2625 | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |
| Mailing Address 730 Tegan City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (Not Emplo Source: Full Name Kathryn Mailing Address 730 Tegan City, State, Zi Gulfport, | Irby ess cden Rd ip Code , MS 39507-2625 bloyer (Required) byed Corporation Other (please spirate) ip Code , MS 39507-2625 cden Rd ip Code , MS 39507-2625 | PAC ecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |
| Mailing Address 730 Tegan City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (i Not Emplo Source: Full Name Kathryn Mailing Address Tity, State, Zi Gulfport, Name of Emp | Irby ess cden Rd ip Code MS 39507-2625 cloyer (Required) byed Corporation Other (please spinor) ip Code MS 39507-2625 cloyer (Required) byed Corporation Other (please spinor) Irby ess cden Rd ip Code MS 39507-2625 cloyer (Required) byed Required) | PAC ecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |

| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan ☐ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---|
| Full Name | _ | ` |
| Kathryn Irby | 02/09/2023 | \$38.25 |
| Mailing Address | | |
| 730 Tegarden Rd | | |
| City, State, Zip Code | | |
| Gulfport, MS 39507-2625 | | |
| Name of Employer (Required) | | |
| Not Employed | | |
| Occupation (Required) | Aggregate | \$262.25 |
| Not Employed | year-to-date | 7202.25 |
| Source: Corporation PAC /Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 02/14/2023 | \$25.00 |
| Kathryn Irby | | ,_,,, |
| Mailing Address | | |
| 730 Tegarden Rd | | |
| City, State, Zip Code | | |
| Gulfport, MS 39507-2625 | 4 | |
| Name of Employer (Required) | , | |
| Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$262.25 |
| Source: Corporation PAC / Individual Loan | Date | Amount of each |
| | | |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| | | receipt this |
| Other (please specify) Full Name | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code | (Mo., Day, Year) | receipt this period |
| City, State, Zip Code Gulfport, MS 39507-2625 | (Mo., Day, Year) | receipt this period |
| Tull Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) | (Mo., Day, Year) | receipt this period \$3.00 |
| Other (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed Occupation (Required) Not Employed | (Mo., Day, Year) 02/17/2023 Aggregate year-to-date | receipt this period \$3.00 |
| City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 02/17/2023 Aggregate | receipt this period \$3.00 |
| City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 02/17/2023 Aggregate year-to-date Date | \$3.00 \$262.25 Amount of each receipt this |
| City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |
| City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |
| City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed Cocupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Kathryn Irby Mailing Address | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |
| Gother (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |
| Gother (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code Gulfport, MS 39507-2625 | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |
| Gother (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed | Aggregate year-to-date Date (Mo., Day, Year) 02/26/2023 | \$262.25 Amount of each receipt this period \$25.00 |
| Gother (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Kathryn Irby Mailing Address 730 Tegarden Rd City, State, Zip Code Gulfport, MS 39507-2625 Name of Employer (Required) | Aggregate year-to-date Date (Mo., Day, Year) | \$262.25 Amount of each receipt this period |

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

| Source: | Corporation Other (please spec | | ndividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-----------------|-----------|---------|--|--|
| Full Name | | ···· y / | | | 03/18/2023 | \$10.00 |
| Kathryn I | rby | | | | | 710.00 |
| Mailing Addre | | | | | | |
| 730 Tegar | | | | | | |
| City, State, Zip Gulfport, | MS 39507-2625 | | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$262.25 |
| Source: | Corporation | PAC VI | ndividual | Loan | Date | Amount of each |
| | Other (please spec | :ify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 03/27/2023 | \$5.00 |
| Kathryn I | rby | | | | 03/21/2023 | \$3.00 |
| Mailing Addre | | | | | | |
| 730 Tegar | | | | | | |
| City, State, Zip | p Code MS 39507-2625 | | | | \ | |
| | loyer (Required) | | | 4 | - | |
| Not Emplo | | | | | | |
| Occupation (F | Required) | | | ال. الأ | Aggregate | \$262.25 |
| Not Emplo | | | | | year-to-date | Y202.23 |
| | | PAC 🗸 | ndividual | Loan | Date | Amount of each |
| Source: | Corporation | □PAC VI | naividuai | LUali | 24.0 | |
| Source: | Other (please spec | | naividuai | LUAII | (Mo., Day, Year) | receipt this period |
| Full Name | Other (please spec | | naividuai | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Kathryn I | Other (please spec | | ndividual | Loan | | receipt this |
| Full Name Kathryn I Mailing Addre | Other (please spec | | ndividual | LUAN | (Mo., Day, Year) | receipt this period |
| Full Name Kathryn I Mailing Addre 730 Tegar | Other (please spec | | ndividual | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi | Other (please spectarby esserten Rd p Code | | ndividual | LUAII | (Mo., Day, Year) | receipt this period |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, | Other (please spec rby ess den Rd p Code MS 39507-2625 | | ndividual | LUAII | (Mo., Day, Year) | receipt this period |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, | Other (please specially) Session Rd P Code MS 39507-2625 loyer (Required) | | ndividual | LUAII | (Mo., Day, Year) | receipt this period |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (F | Other (please specially) Poss Inden Rd P Code MS 39507-2625 Required) Required) | | naividuai | LUAII | (Mo., Day, Year) 04/07/2023 Aggregate | receipt this period |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp | Other (please specially) Poss Inden Rd P Code MS 39507-2625 Required) Required) | eify) | BO 12 | LUAII | (Mo., Day, Year) | receipt this period \$25.00 |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (F | Other (please specially) Poss Inden Rd P Code MS 39507-2625 Required) Required) | eify) | ndividual | Loan | (Mo., Day, Year) 04/07/2023 Aggregate year-to-date Date | receipt this period \$25.00 |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (F | Other (please specially sp | □PAC ✓I | BO 12 | | (Mo., Day, Year) 04/07/2023 Aggregate year-to-date | receipt this period \$25.00 |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (F Not Emplo Source: | Other (please specially sp | □PAC ✓I | BO 12 | | (Mo., Day, Year) 04/07/2023 Aggregate year-to-date Date | \$25.00 \$262.25 Amount of each receipt this |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Kathryn I | Other (please specially sp | □PAC ✓I | BO 12 | | Aggregate year-to-date Date (Mo., Day, Year) | \$25.00 \$25.00 |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Kathryn I Mailing Addre | Other (please specially) Poss Inched Rd P Code MS 39507-2625 Required) Dyed Corporation Other (please specially) Inched Repuired Other (please specially) | □PAC ✓I | BO 12 | | Aggregate year-to-date Date (Mo., Day, Year) | \$25.00 \$25.00 |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Kathryn I Mailing Addre 730 Tegar | Other (please specially) Poss Inchy Poss Inchy Poss Inche | □PAC ✓I | BO 12 | | Aggregate year-to-date Date (Mo., Day, Year) | \$25.00 \$262.25 Amount of each receipt this period |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi | Other (please specially) Poss Inchy Poss Inchy Poss Inche | □PAC ✓I | BO 12 | | Aggregate year-to-date Date (Mo., Day, Year) | \$25.00 \$262.25 Amount of each receipt this period |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, | Other (please specially pease | □PAC ✓I | BO 12 | | Aggregate year-to-date Date (Mo., Day, Year) | \$25.00 \$262.25 Amount of each receipt this period |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, | Other (please specially seed of Rd p Code MS 39507-2625 loyer (Required) by ed Corporation Other (please specially seed of Rd p Code MS 39507-2625 loyer (Required) loyer (Required) loyer (Required) | □PAC ✓I | BO 12 | | Aggregate year-to-date Date (Mo., Day, Year) | \$25.00 \$262.25 Amount of each receipt this period |
| Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Kathryn I Mailing Addre 730 Tegar City, State, Zi Gulfport, Name of Emp | Other (please specially pease | □PAC ✓I | BO 12 | | Aggregate year-to-date Date (Mo., Day, Year) | \$25.00 \$25.00 |

| Name of Candidate or Committee Brandon Presle | эy |
|---|----|
|---|----|

Page 111 of 320

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

| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---------|-------------|----------|---------------------------|------------------------------------|
| Full Name | | | | | 04/26/2023 | \$8.00 |
| Kathryn 1 | | | | | | |
| Mailing Address 730 Tegan | | | | | | |
| City, State, Zi | | | | | | |
| | MS 39507-262 | 5 | | | | |
| Name of Emp | oloyer (Required) oyed | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$262.25 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Kathryn | Irby | | | | 04/29/2023 | \$50.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | , MS 39507-262 | 5 | | | 2 | |
| Not Emplo | oloyer (Required) oyed | | | |) · | |
| Occupation (| | | | | Aggregate year-to-date | \$262.25 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | (O) | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Roy L. In | rons | | 9 64 | | 04/24/2023 | \$500.00 |
| Mailing Addre | ess lm Valley Cv | |) (c) | | | |
| City, State, Zi | ip Code , MS 39503-791: | 1 | | | | |
| Name of Emp | ployer (Required) | | | | | |
| Occupation (| | | | | Aggregate | <u> </u> |
| Dentist | rtoquii ou) | | | | year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | | | | (Mo., Day, Year) | |
| Full Name | | pecify) | | | | period |
| Janice Ja | | pecify) | | | 02/07/2023 | \$100.00 |
| Janice Ja | ackson | pecify) | | | | <u>-</u> |
| Janice Ja Mailing Addre 113 Green City, State, Zi | ess ns View Dr | pecify) | | | | <u>-</u> |
| Janice Ja Mailing Addre 113 Greer City, State, Zi Madison, | ess ns View Dr | pecify) | | | | <u>-</u> |
| Janice Ja Mailing Addre 113 Greer City, State, Zi Madison, | ess ns View Dr ip Code MS 39110-8050 bloyer (Required) | pecify) | | | | <u>-</u> |
| Janice Ja Mailing Addre 113 Green City, State, Zi Madison, Name of Emp | ess ns View Dr ip Code MS 39110-8050 bloyer (Required) | pecify) | | | | <u>-</u> |

| Source: | Corporation | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|---|----------|--------------|---------------|---|--|
| | Other (please sp | | | | (, 2) | period |
| Full Name Janice Ja | ackson | | | | 02/22/2023 | \$50.00 |
| Mailing Addre | | | | | | |
| _ | ns View Dr | | | | | |
| City, State, Zi | | | | | - | |
| • | MS 39110-8050 | | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$525.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| oource. | Other (please sp | | v marviadai | | (Mo., Day, Year) | receipt this |
| Full Mana | Other (please sp | | | | (1, 13, 11, | period |
| Full Name Janice Ja | ackson | | | | 03/15/2023 | \$34.00 |
| Mailing Addre | | | | | | |
| • | ns View Dr | | | | | |
| City, State, Zi | p Code | | | | | |
| | MS 39110-8050 | | | | | |
| Name of Emp | oloyer (Required) | | | 60, | | |
| Occupation (| Required) | | | ال. ال | Aggregate | \$525.00 |
| Attorney | . , | | | | year-to-date | Ψ323 : 00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | <u>√</u> ₹' | (Mo., Day, Year) | receipt this period |
| | | | | 3 | | p |
| Full Name Janice Ja | | | 10 10 | 9 | 04/07/2023 | \$7.00 |
| Janice Ja | ackson ess | | (ION | | 04/07/2023 | <u>-</u> |
| Janice Ja Mailing Addre 113 Green | ess ns View Dr | 9 | (100 14 | | 04/07/2023 | <u>-</u> |
| Janice Ja Mailing Addre 113 Green City, State, Zi | ess ns View Dr | <u> </u> | 000 | | 04/07/2023 | <u>-</u> |
| Janice Ja Mailing Addre 113 Greer City, State, Zi Madison, | ackson ess ns View Dr ip Code | 4 | N CO N | | 04/07/2023 | <u>-</u> |
| Janice Ja Mailing Addre 113 Greer City, State, Zi Madison, | ackson ess ns View Dr ip Code MS 39110-8050 bloyer (Required) | 4 | 100 | | 04/07/2023 | <u>-</u> |
| Janice Ja Mailing Addre 113 Greer City, State, Zi Madison, Name of Emp | ackson ess ns View Dr p Code MS 39110-8050 cloyer (Required) | | 000 | | Aggregate year-to-date | <u>-</u> |
| Mailing Address 113 Greer City, State, Zi Madison, Name of Emp Self Empl Occupation (| ackson ess ns View Dr p Code MS 39110-8050 cloyer (Required) | PAC | ✓Individual | Loan | Aggregate | \$7.00 \$525.00 Amount of each |
| Mailing Address 113 Green City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney | ackson ess as View Dr p Code MS 39110-8050 eloyer (Required) Loyed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$7.00 \$525.00 |
| Mailing Address 113 Green City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney | ackson ess ns View Dr ip Code MS 39110-8050 bloyer (Required) Loyed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$7.00 \$525.00 Amount of each receipt this period |
| Mailing Address 113 Green City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney Source: | ackson ess as View Dr p Code MS 39110-8050 loyer (Required) Loyed Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date | \$7.00 \$525.00 Amount of each receipt this |
| Janice Ja Mailing Addre 113 Greer City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney Source: Full Name Janice Ja Mailing Addre | ackson ess ns View Dr ip Code MS 39110-8050 bloyer (Required) Loyed Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$7.00 \$525.00 Amount of each receipt this period |
| Mailing Address City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney Source: Full Name Janice Ja Mailing Address 113 Green | ackson ess ns View Dr p Code MS 39110-8050 loyer (Required) Loyed Required) Corporation Other (please sp ackson ess ns View Dr | PAC | √ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$7.00 \$525.00 Amount of each receipt this period |
| Mailing Address City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney Source: Full Name Janice Ja Mailing Address 113 Green City, State, Zi | ackson ess as View Dr p Code MS 39110-8050 loyer (Required) Loyed Required) Corporation Other (please sp ackson ess as View Dr p Code | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$7.00 \$525.00 Amount of each receipt this period |
| Mailing Address 113 Green City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney Source: Full Name Janice Ja Mailing Address 113 Green City, State, Zi Madison, | ackson ess as View Dr p Code MS 39110-8050 loyer (Required) Loyed Required) Corporation Other (please sp ackson ess as View Dr p Code MS 39110-8050 | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$7.00 \$525.00 Amount of each receipt this period |
| Mailing Address 113 Green City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney Source: Full Name Janice Ja Mailing Address 113 Green City, State, Zi Madison, | ackson ess as View Dr p Code MS 39110-8050 loyer (Required) Loyed Required) Corporation Other (please sp ackson ess as View Dr p Code MS 39110-8050 loyer (Required) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$7.00 \$525.00 Amount of each receipt this period |
| Mailing Address 113 Green City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney Source: Full Name Janice Ja Mailing Address 113 Green City, State, Zi Madison, Name of Emp | ackson ess as View Dr p Code MS 39110-8050 loyer (Required) Corporation Other (please sp ackson ess as View Dr p Code MS 39110-8050 loyer (Required) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$7.00 \$525.00 Amount of each receipt this period |

| Source: | ☐ Corporation☐ Other (please speci | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|------------------|----------|---|---|
| Full Name | -1 | | | 04/15/2023 | \$34.00 |
| Janice Ja | | | | | |
| Mailing Addre | ess ns View Dr | | | | |
| City, State, Zi | | | | | |
| | MS 39110-8050 | | | | |
| Name of Emp | loyer (Required) | | | | |
| Self Empl | oyed | | | | |
| Occupation (I | Required) | | | Aggregate year-to-date | \$525.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | Other (please speci | fy) | | (Mo., Day, Year) | receipt this period |
| Full Name Janice Ja | ackson | | | 04/27/2023 | \$50.00 |
| Mailing Addre | | | | | |
| J | ns View Dr | | | | |
| City, State, Zi | p Code | | | | |
| Madison, | MS 39110-8050 | | | | |
| Name of Emp Self Empl | loyer (Required) | | 60, | | |
| Occupation (I | Required) | // | THIS | Aggregate year-to-date | \$525.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | Other (please speci | fy) | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 04/28/2023 | \$1,000.00 |
| Robert L. | Jackson | | | | |
| Mailing Addre | ess | 100 | | 1 | |
| Mailing Addre | 988 33 | | | | |
| Mailing Addre | p Code | | | | |
| Mailing Addre PO Box 38 City, State, Zi Marks, MS | p Code 3 3 8 6 4 6 - 0 3 8 3 | | | | |
| Mailing Address PO Box 38 City, State, Zi Marks, MS Name of Emp | p Code | | | | |
| Mailing Address PO Box 38 City, State, Zi Marks, MS Name of Emp | p Code 3 38646-0383 loyer (Required) opi State Senate Required) | | | Aggregate year-to-date | \$1,000.00 |
| Mailing Addre PO Box 38 City, State, Zi Marks, MS Name of Emp Mississir Occupation (I | p Code 3 38646-0383 loyer (Required) opi State Senate Required) | □PAC ✓Individual | Loan | | Amount of each |
| Mailing Addre PO Box 38 City, State, Zi Marks, MS Name of Emp Mississir Occupation (I State Ser | p Code 3 38646-0383 loyer (Required) ppi State Senate Required) | | Loan | year-to-date | |
| Mailing Addre PO Box 38 City, State, Zi Marks, MS Name of Emp Mississip Occupation (I State Ser Source: | p Code 3 38646-0383 loyer (Required) ppi State Senate Required) nator Corporation Other (please speci | | Loan | year-to-date Date | Amount of each receipt this |
| Mailing Addre PO Box 38 City, State, Zi Marks, MS Name of Emp Mississir Occupation (I State Ser Source: Full Name Kristi Ja | p Code 3 38646-0383 loyer (Required) ppi State Senate Required) nator Corporation Other (please speci | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Addre PO Box 38 City, State, Zi Marks, MS Name of Emp Mississip Occupation (I State Ser Source: | p Code 3 38646-0383 loyer (Required) ppi State Senate Required) nator Corporation Other (please speci | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Addre PO Box 38 City, State, Zi Marks, MS Name of Emp Mississip Occupation (I State Sen Source: Full Name Kristi Ja Mailing Addre 307 Jeffe City, State, Zi | p Code 3 38646-0383 loyer (Required) ppi State Senate Required) nator Corporation Other (please speci | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Addre PO Box 38 City, State, Zi Marks, MS Name of Emp Mississip Occupation (I State Ser Source: Full Name Kristi Ja Mailing Addre 307 Jeffe City, State, Zi Clinton, | p Code 3 38646-0383 loyer (Required) ppi State Senate Required) nator Corporation Other (please speci | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Addre PO Box 38 City, State, Zi Marks, MS Name of Emp Mississip Occupation (I State Ser Source: Full Name Kristi Ja Mailing Addre 307 Jeffe City, State, Zi Clinton, Name of Emp | p Code 3 38646-0383 loyer (Required) ppi State Senate Required) nator Corporation Other (please speci | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Mailing Addre PO Box 38 City, State, Zi Marks, MS Name of Emp Mississip Occupation (I State Ser Source: Full Name Kristi Ja Mailing Addre 307 Jeffe City, State, Zi Clinton, Name of Emp | p Code 3 38646-0383 loyer (Required) ppi State Senate Required) nator Corporation Other (please speci | | Loan | year-to-date Date (Mo., Day, Year) 02/22/2023 | Amount of each receipt this period \$250.00 |
| Mailing Addre PO Box 38 City, State, Zi Marks, MS Name of Emp Mississip Occupation (I State Ser Source: Full Name Kristi Ja Mailing Addre 307 Jeffe City, State, Zi Clinton, Name of Emp | p Code 3 38646-0383 loyer (Required) ppi State Senate Required) nator Corporation Other (please special cobs-Waters erson St p Code MS 39056-4239 loyer (Required) coyed Required) | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

through

4/30/2023

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|---|--------|---------------------|------|---|--|
| Full Name | | | | | | period |
| John Jame | es | | | | 04/22/2023 | \$300.00 |
| Mailing Addre | ess | | | | 1 | |
| 215 Court | | | | | | |
| City, State, Zi | • | | | | | |
| | Le, MS 38614-27 | 711 | | | | |
| Name of Emp | lloyer (Required) oyed | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$600.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name John Jame |) G | | | | 04/22/2023 | \$300.00 |
| | | | | | - | |
| Mailing Address 215 Court | | | | | | |
| City, State, Zi | | | | | | |
| Clarksdal | le, MS 38614-27 | 711 | | | | |
| Name of Emp | lloyer (Required) byed | | | 60, | | |
| Occupation (I | Required) | | | THIS | Aggregate year-to-date | \$600.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| cource. | Other (please sp | | V marvidaai | Loan | (Mo., Day, Year) | receipt this period |
| | | | | | 00/01/0000 | |
| Full Name Ronald Ja | anis | | 1 0 kg | | 03/31/2023 | \$500.00 |
| | ess | Q | (D) 12 | | 03/31/2023 | \$500.00 |
| Ronald Ja Mailing Addre | ess ed St | 9 | GO E. | | 03/31/2023 | \$500.00 |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi | ess ed St | 2 | (B) (B) | | 03/31/2023 | \$500.00 |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi New York, | p Code NY 10024-4952 | 2 | (BO 12) | | 03/31/2023 | \$500.00 |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi New York, Name of Emp | pess od St p Code NY 10024-4952 Nover (Required) | 2 | (B) (B) | | Aggregate year-to-date | \$500.00 |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi New York, Name of Emp Not Emplo Occupation (I | pess od St p Code NY 10024-4952 Nover (Required) | | ✓Individual | Loan | Aggregate | \$500.00 Amount of each |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi New York, Name of Emp Not Emplo Occupation (I Retired | p Code NY 10024-4952 Ny population (Required) Ny population (Required) Ny population (Required) Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$500.00 |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi New York, Name of Emp Not Emplo Occupation (I Retired | p Code NY 10024-4952 ployer (Required) pyed Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date | \$500.00 Amount of each receipt this |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi New York, Name of Emp Not Emplo Occupation (I Retired Source: | pcss and St p Code NY 10024-4952 ployer (Required) pyed Required) Corporation Other (please sp | PAC | ☑ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi New York, Name of Emplo Occupation (I Retired Source: Full Name Andrew Je Mailing Addre | pcss and St p Code NY 10024-4952 ployer (Required) pyed Required) Corporation Other (please sp | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi New York, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Andrew Je Mailing Addre 116 Highl City, State, Zi | p Code NY 10024-4952 Ployer (Required) Proporation Other (please spenkins Poss Poss Poss Poss Poss Poss Poss P | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi New York, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Andrew Je Mailing Addre 116 Highl City, State, Zi Flora, MS | p Code NY 10024-4952 Doyed Required) Corporation Other (please spenkins eand Meadow Rd p Code 3 39071-9553 | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi New York, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Andrew Je Mailing Addre 116 Highl City, State, Zi Flora, MS | p Code NY 10024-4952 loyer (Required) Dyed Corporation Other (please spenkins east and Meadow Rd p Code 3 39071-9553 loyer (Required) | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Ronald Ja Mailing Addre 225 W 83r City, State, Zi New York, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Andrew Je Mailing Addre 116 Highl City, State, Zi Flora, MS Name of Emp | p Code NY 10024-4952 ployer (Required) Dyed Required) Corporation Other (please spenkins and Meadow Rd p Code 3 39071-9553 ployer (Required) gement Required) | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |

4/30/2023

| Source: | Corporation | _ | ✓ Individual | Loan | Date (Ma. Day Vaar) | Amount of each receipt this |
|--|--|-------------|--------------|----------|---|--|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 03/31/2023 | \$1,000.00 |
| Bonnie Je | enkins | | | | | , , , |
| Mailing Addre | | | | | | |
| | rtenay Cir | | | | | |
| City, State, Zi | • | 4 2401 | | | | |
| | ings, MS 39564 | 4-3401 | | | | |
| BiloxiVA | loyer (Required) | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 01/12/2023 | \$500.00 |
| Joe Johns | sey | | | | 01/12/2023 | 4300.00 |
| Mailing Addre | ess | | | | | |
| 688 A Roa | ad 2788 | | | | | |
| City, State, Zi | | | | | | |
| Baldwyn, | MS 38824-8408 | | | | | |
| Name of Emp | loyer (Required) Loyed | | | 60, | | |
| Occupation (I | | | | I HIS | Aggregate | \$500.00 |
| Physiciar | 1 | | | | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 01/05/0000 | += |
| James Joh | nnson | | | | 01/25/2023 | \$500.00 |
| James Joh | | Q | 1000 | | 01/25/2023 | \$500.00 |
| Mailing Addre | ess | 9 | (B) (A) | | 01/23/2023 | \$500.00 |
| Mailing Addre | ess nway 7 S | 9 | BOK | | 01/25/2023 | \$500.00 |
| Mailing Addre | ess nway 7 S | -3758 | 000 | | U1/25/2023 — | \$500.00 |
| Mailing Addre 1275 High City, State, Zi Water Val | ess nway 7 S | -3758 | 100 kg | | 01/25/2023 | \$500.00 |
| Mailing Address 1275 High City, State, Zi Water Val Name of Emp | pss nway 7 S pCode .ley, MS 38965- | | - CO- | | 01/25/2023 | \$500.00 |
| Mailing Addre 1275 High City, State, Zi Water Val Name of Emp Universit | pess nway 7 S p Code ley, MS 38965- loyer (Required) by of Mississip | | 100 P | | | |
| Mailing Address 1275 High City, State, Zi Water Val Name of Emp | pess nway 7 S p Code ley, MS 38965- loyer (Required) by of Mississip | | - CO- P | | Aggregate year-to-date | \$1,500.00 |
| Mailing Addre 1275 High City, State, Zi Water Val Name of Emp Universit | pess nway 7 S p Code ley, MS 38965- loyer (Required) by of Mississip | ppi | ✓Individual | Loan | Aggregate year-to-date | \$1,500.00 Amount of each |
| Mailing Addred 1275 High City, State, Zi Water Val Name of Emp Universit Occupation (I Attorney | pess nway 7 S p Code ley, MS 38965- loyer (Required) ry of Mississig Required) | ppi | ✓Individual | Loan | Aggregate year-to-date | \$1,500.00 |
| Mailing Addred 1275 High City, State, Zi Water Val Name of Emp Universit Occupation (I Attorney Source: | pess nway 7 S p Code ley, MS 38965- ployer (Required) ry of Mississip Required) Corporation Other (please sp | ppi | ✓Individual | Loan | Aggregate year-to-date | \$1,500.00 Amount of each receipt this |
| Mailing Addre 1275 High City, State, Zi Water Val Name of Emp Universit Occupation (I Attorney Source: Full Name James Joh | pess nway 7 S p Code ley, MS 38965- loyer (Required) by of Mississin Required) Corporation Other (please sp | ppi | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Addred 1275 High City, State, Zi Water Val Name of Emp Universit Occupation (I Attorney Source: | poss nway 7 S p Code ley, MS 38965- loyer (Required) by of Mississip Required) Corporation Other (please sp | ppi | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Addres 1275 High City, State, Zi Water Val Name of Emp Universit Occupation (I Attorney Source: Full Name James Joh Mailing Addres 1275 High City, State, Zi | pess nway 7 S p Code ley, MS 38965- loyer (Required) by of Mississip Required) Corporation Other (please sp | PAC Pecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Addred 1275 High City, State, Zi Water Val Name of Emp Universit Occupation (I Attorney Source: Full Name James John Mailing Addred 1275 High City, State, Zi Water Val | p Code ley, MS 38965- loyer (Required) ley of Mississip Required) Corporation Other (please sp anson ss away 7 S p Code ley, MS 38965- | PAC Pecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Addred 1275 High City, State, Zi Water Val Name of Emp Universit Occupation (I Attorney Source: Full Name James John Mailing Addred 1275 High City, State, Zi Water Val Name of Emp | p Code ley, MS 38965- loyer (Required) ley of Mississip Required) Corporation Other (please sp anson less away 7 S p Code ley, MS 38965- loyer (Required) | PAC Decify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Addred 1275 High City, State, Zi Water Val Name of Emp Universit Occupation (I Attorney Source: Full Name James John Mailing Addred 1275 High City, State, Zi Water Val Name of Emp | p Code ley, MS 38965- loyer (Required) ley of Mississip Required) Corporation Other (please sp anson ss away 7 S p Code ley, MS 38965- | PAC Decify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Addred 1275 High City, State, Zi Water Val Name of Emp Universit Occupation (I Attorney Source: Full Name James John Mailing Addred 1275 High City, State, Zi Water Val Name of Emp | p Code ley, MS 38965- loyer (Required) ley of Mississip Required) Corporation Other (please sp mson ss mway 7 S p Code ley, MS 38965- loyer (Required) ley of Mississip | PAC Decify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |

| Source: | Corporation Other (please speci | ☐ PAC ✓ Individual fy) | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|---------------------------|----------|---|--|
| Full Name Keith Joh | ngon | | | 03/05/2023 | \$100.00 |
| Mailing Addre | | | | - | |
| PO Box 42 | | | | | |
| City, State, Zi | p Code IS 38651-0421 | | | 1 | |
| | loyer (Required) | | | - | |
| Not Emplo | | | | | |
| Occupation (I | | | | Aggregate year-to-date | \$350.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | Other (please speci | fy) | | (Mo., Day, Year) | receipt this period |
| Full Name Keith Joh | nson | | | 04/02/2023 | \$100.00 |
| Mailing Addre | | | | | |
| City, State, Zi | | | | | |
| | IS 38651-0421 | | 100 | 4 | |
| Not Emplo | | | | | |
| Occupation (I | | | THIS | Aggregate year-to-date | \$350.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | Other (please specif | 5v) | | (Mo., Day, Year) | receipt this period |
| | Other (please speci | iy) | ^ · | | periou |
| Full Name Keith Joh | | 0 0 | 0 | 04/19/2023 | \$50.00 |
| | nson | - N | 0 | 04/19/2023 | <u>-</u> |
| Keith Joh | nnson ess 11 | 10 H | <u> </u> | 04/19/2023 | <u>-</u> |
| Mailing Address PO Box 42 City, State, Zi Nesbit, M | prinson pss 21 p Code IS 38651-0421 | 9) | | 04/19/2023 | <u>-</u> |
| Mailing Addres PO Box 42 City, State, Zi Nesbit, M Name of Emp | p Code IS 38651-0421 loyer (Required) | | | 04/19/2023 | <u>-</u> |
| Mailing Addre PO Box 42 City, State, Zi Nesbit, M Name of Emplo | p Code IS 38651-0421 loyer (Required) | 90 N | | _ | \$50.00 |
| Mailing Addres PO Box 42 City, State, Zi Nesbit, M Name of Emp | p Code as 38651-0421 loyer (Required) byed Required) | | | Aggregate year-to-date | <u>-</u> |
| Mailing Addre PO Box 42 City, State, Zi Nesbit, M Name of Emp Not Emplo | p Code as 38651-0421 loyer (Required) byed Required) | PAC Individual | Loan | Aggregate year-to-date | \$50.00 \$350.00 Amount of each |
| Mailing Addres PO Box 42 City, State, Zi Nesbit, M Name of Emp Not Emplo Occupation (I Not Emplo | p Code IS 38651-0421 loyer (Required) byed Required) | PAC ✓Individual | Loan | Aggregate year-to-date | \$50.00 \$350.00 |
| Mailing Address PO Box 42 City, State, Zi Nesbit, M Name of Emp Not Emplo Occupation (I Not Emplo | p Code IS 38651-0421 loyer (Required) byed Required) byed Corporation Other (please speci | PAC ✓Individual | Loan | Aggregate year-to-date | \$350.00 Amount of each receipt this |
| Mailing Addres PO Box 42 City, State, Zi Nesbit, M Name of Emp Not Emplo Occupation (I Not Emplo Source: | properties Corporation Corporation Other (please specimes) | PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$350.00 Amount of each receipt this period |
| Mailing Address PO Box 42 City, State, Zi Nesbit, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Keith Joh Mailing Addres PO Box 42 City, State, Zi | p Code IS 38651-0421 loyer (Required) byed Corporation Other (please specimenson ess 11 p Code | PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$350.00 Amount of each receipt this period |
| Mailing Address PO Box 42 City, State, Zi Nesbit, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Keith Joh Mailing Addres PO Box 42 City, State, Zi Nesbit, M | p Code (S 38651-0421 loyer (Required) byed Corporation Other (please specimenson pss 21 p Code (S 38651-0421 | PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$350.00 Amount of each receipt this period |
| Mailing Addres PO Box 42 City, State, Zi Nesbit, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Keith Joh Mailing Addres PO Box 42 City, State, Zi Nesbit, M Name of Emp | p Code Sample (Required) Syed Corporation Other (please specimals) Syed Ses State Syed Corporation Syed Syed Syed Syed Syed Syed Syed Syed | PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$350.00 Amount of each receipt this period |
| Mailing Address PO Box 42 City, State, Zi Nesbit, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Keith Joh Mailing Addres PO Box 42 City, State, Zi Nesbit, M | p Code Sequired Corporation Other (please specients) P Code Sequired Other (please specients) Description Descript | PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$350.00 Amount of each receipt this period |

| Source: | ☐ Corporation☐ Other (please sp | | Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|----------------------------|-------------------------------------|-------------|------------|------|---------------------------|------------------------------------|
| Full Name Sanford | Tohnson | | | | 01/12/2023 | \$50.00 |
| Mailing Addre | | | | | | |
| 643 W 2nd | | | | | | |
| City, State, Zi | • | | | | | |
| | le, MS 38614-3 | 801 | | | | |
| - | oloyer (Required) us Mississippi | | | | | |
| Occupation (| Required) t Director | | | | Aggregate year-to-date | \$550.00 |
| Source: | Corporation | □PAC ✓ | Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Sanford | Tohnson | | | | 04/28/2023 | \$500.00 |
| Mailing Addre | | | | - | | |
| 643 W 2nd | | | | | | |
| City, State, Zi | ip Code | | | | | |
| | le, MS 38614-3 | 801 | | | 2 | |
| - | oloyer (Required) us Mississippi | | | | 2, | |
| Occupation (| Required) Director | | | THIS | Aggregate year-to-date | \$550.00 |
| Source: | Corporation | □PAC ✓ | Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | 26 | , X | (Mo., Day, Year) | receipt this period |
| Full Name Michael 3 | Jonas | | 04 | | 02/21/2023 | \$250.00 |
| Mailing Addre | | | (0) | | | |
| City, State, Zi | = | | | | | |
| | MS 39730-944 | 9 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | oyed | | | | | |
| Occupation (| • • | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC 🗸 | Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | period |
| Full Name Ada B. Jo | ones | | | | 04/30/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| PO Box 96 City, State, Zi | | | | | | |
| | 39556-0964 | | | | | |
| | oloyer (Required) | | | | | |
| South Mis | ssissippi Regi | onal Center | | | | |
| Occupation (| | | | | | |
| | Required) cative Assista: | nt | | | Aggregate year-to-date | \$250.00 |

| Source: | Corporation Other (please sp | | Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|------------------------------------|---------|-------------|----------------|---------------------------|------------------------------------|
| Full Name | | | | | 04/28/2023 | \$2,000.00 |
| Chris Jor | | | | | | |
| Mailing Address 2 Hoggard | | | | | | |
| City, State, Zi | = | | | | | |
| | ock, AR 72211-3 | 3795 | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (I | Required) Candidate | | | | Aggregate year-to-date | \$2,000.00 |
| Source: | Corporation | PAC v | Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Dan Jones | 3 | | | | 04/29/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| | tension St | | | | | |
| City, State, Zi | p Gode st, MS 39083-33 | 310 | | | 2 | |
| | loyer (Required) | | | | 08 | |
| Occupation (I | Required) | | | THIS | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC V | 'Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | ~ [~] | (Mo., Day, Year) | receipt this period |
| Full Name Gladstone | e Jones | | | | 04/28/2023 | \$2,500.00 |
| Mailing Addre | ess Garden Rd | | 0 | | | |
| City, State, Zi | • | 0205 | | | | |
| | den, VA 22959- loyer (Required) | -2305 | | | | |
| - | ranson & Hudde | 11 | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$5,698.36 |
| Source: | Corporation | PAC v | 'Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Johnny D. | Jones | | | | 03/30/2023 | \$300.50 |
| Mailing Addre | ess ar Orchard Rd | | | | | |
| City, State, Zi | | nn | | | | |
| | | 0.0 | | | | |
| | lover (Required) | | | | | |
| The DELTA | loyer (Required) A Project | | | | | |
| Occupation (I | A Project | | | | Aggregate year-to-date | \$300.50 |

| Source: Corporation PAC Individual Loan | Date | Amount of each |
|--|--|---------------------|
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 04/20/2023 | \$103.00 |
| Johnny Jones | | · |
| Mailing Address 611 S Pear Orchard Rd | | |
| | | |
| City, State, Zip Code Ridgeland, MS 39157-4836 | | |
| Name of Employer (Required) | | |
| The DELTA Project | | |
| Occupation (Required) | Aggregate year-to-date | \$253.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Johnny Jones | 04/27/2023 | \$100.00 |
| Mailing Address | | |
| 611 S Pear Orchard Rd | | |
| City, State, Zip Code Ridgeland, MS 39157-4836 | The state of the s | |
| Name of Employer (Required) | -Ox | |
| The DELTA Project | 0 | |
| Occupation (Required) CEO | Aggregate year-to-date | \$253.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Johnny Jones | 04/30/2023 | \$50.00 |
| Mailing Address | | |
| 611 S Pear Orchard Rd | | |
| City, State, Zip Code Ridgeland, MS 39157-4836 | | |
| Name of Employer (Required) | | |
| The DELTA Project | | |
| Occupation (Required) | Aggregate year-to-date | \$253.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Lawrence B. Jones | 04/17/2023 | \$1,000.00 |
| | | |
| Mailing Address 701 Poydras St | | |
| - | | |
| 701 Poydras St | | |
| 701 Poydras St City, State, Zip Code | | |
| 701 Poydras St City, State, Zip Code New Orleans, LA 70139-6001 Name of Employer (Required) | Aggregate year-to-date | \$7,000.00 |

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---------|---------------------|--|---|------------------------------------|
| Full Name | | | | | 04/23/2023 | \$1,000.00 |
| Lawrence | | | | | | |
| Mailing Address 701 Poydr | | | | | | |
| City, State, Zi | | | | | | |
| | ns, LA 70139- | 6001 | | | | |
| | loyer (Required) | LLC | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$7,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Lawrence | B. Jones | | | | 04/28/2023 | \$5,000.00 |
| Mailing Addre | ess | | | 7. | | |
| 701 Poydr | as St | | | | | |
| City, State, Zi | • | | | | 0 | |
| | ns, LA 70139- | 6001 | | | 04 | |
| - | loyer(Required) nes Law Firm, 1 | LLC | | 60 |)* | |
| Occupation (i | Required) | | | THIS | Aggregate year-to-date | \$7,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | Z . | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | (Mo., Day, Year) | receipt this period |
| Full Name Stuart Jo | ones | | - P | | 01/27/2023 | \$1,000.00 |
| Mailing Addre | ess niversity Ave | | | | | |
| City, State, Zi | | | | | | |
| Oxford. M | p code | | | | | |
| 0111101101 | p Code IS 38655-4109 | | | | | |
| Name of Emp | IS 38655-4109 loyer (Required) | | | | | |
| Name of Emp | IS 38655-4109 loyer (Required) | | | | | |
| Name of Emp | Is 38655-4109 loyer (Required) inc. Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Name of Emp Rose B, I | loyer (Required) inc. Required) | PAC | ✓Individual | Loan | year-to-date Date | Amount of each |
| Name of Emp Rose B, I Occupation (I Developer | IS 38655-4109 loyer (Required) inc. Required) | | √ Individual | Loan | year-to-date | |
| Name of Emp Rose B, I Occupation (I Developer | IS 38655-4109 loyer (Required) inc. Required) Corporation Other (please sp | | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Name of Emp Rose B, I Occupation (I Developer Source: Full Name Virden Jo Mailing Addre | loyer (Required) inc. Required) Corporation Other (please spones | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Rose B, I Occupation (I Developer Source: Full Name Virden Jo | Is 38655-4109 loyer (Required) inc. Required) Corporation Other (please spenses ess ton Dr | | ✓Individual | ☐ Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Rose B, I Occupation (I Developer Source: Full Name Virden Jo Mailing Addre 686 Hazel City, State, Zi Madison, | Is 38655-4109 loyer (Required) inc. Required) Corporation Other (please spones ess ton Dr p Code MS 39110-7332 | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Rose B, I Occupation (I Developer Source: Full Name Virden Jo Mailing Addre 686 Hazel City, State, Zi Madison, Name of Emp | Is 38655-4109 loyer (Required) inc. Required) Corporation Other (please spones ess ton Dr p Code MS 39110-7332 loyer (Required) | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Rose B, I Occupation (I Developer Source: Full Name Virden Jo Mailing Addre 686 Hazel City, State, Zi Madison, | Is 38655-4109 loyer (Required) inc. Required) Corporation Other (please spones ess ton Dr p Code MS 39110-7332 loyer (Required) | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) 01/12/2023 | Amount of each receipt this period |
| Name of Emp Rose B, I Occupation (I Developer Source: Full Name Virden Jo Mailing Addre 686 Hazel City, State, Zi Madison, Name of Emp | Is 38655-4109 loyer (Required) inc. Required) Corporation Other (please spones ess. ton Dr p Code MS 39110-7332 loyer (Required) byed Required) | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: Corporation PAC Individual Loan | Date | Amount of each |
|--|--------------------------------------|--|
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 01/31/2023 | \$50.00 |
| Virden Jones | | |
| Mailing Address 686 Hazelton Dr | | |
| City, State, Zip Code | | |
| Madison, MS 39110-7332 | | |
| Name of Employer (Required) | | |
| Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$1,198.90 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Virden Jones | 02/21/2023 | \$43.90 |
| Mailing Address | | |
| 686 Hazelton Dr | | |
| City, State, Zip Code Madison, MS 39110-7332 | | |
| Name of Employer (Required) | -0' | |
| Not Employed | .60 | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$1,198.90 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Virden Jones | 03/12/2023 | \$5.00 |
| Mailing Address 686 Hazelton Dr | | |
| City, State, Zip Code | | |
| Madison, MS 39110-7332 | | |
| Name of Employer (Required) | | |
| | | |
| Not Employed | | |
| Not Employed Occupation (Required) Not Employed | Aggregate year-to-date | \$1,198.90 |
| Occupation (Required) | | Amount of each |
| Occupation (Required) Not Employed | year-to-date | |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each receipt this |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Virden Jones Mailing Address | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Virden Jones Mailing Address 686 Hazelton Dr City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Virden Jones Mailing Address 686 Hazelton Dr City, State, Zip Code Madison, MS 39110-7332 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Virden Jones Mailing Address 686 Hazelton Dr City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Virden Jones Mailing Address 686 Hazelton Dr City, State, Zip Code Madison, MS 39110-7332 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|---|--|
| Full Name Virden Jo | nes | 04/18/2023 | \$500.00 |
| Mailing Addre | | - | |
| 686 Hazel | ton Dr | | |
| City, State, Zi | | | |
| | MS 39110-7332 | | |
| Name of Emp | loyer (Required) yed | | |
| Occupation (F | | Aggregate year-to-date | \$1,198.90 |
| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | 04/30/2023 | \$1,000.00 |
| William H | | | |
| Mailing Address PO Box 28 | | | |
| City, State, Zi | o Code 39465-0282 | | |
| Name of Emp | loyer (Required) | | |
| | | Aggregate | |
| Occupation (F Attorney | (equirea) | Aggregate year-to-date | \$1,000.00 |
| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 70 | 04/28/2023 | \$250.00 |
| Aurelia J | ones-Taylor | 01/20/2023 | ¥230:00 |
| Mailing Addre | | | ¥230 . 00 |
| Mailing Addre | n Pixley Rd | | Ÿ230.00 |
| Mailing Addre | n Pixley Rd | 01/20/2023 | Ÿ230.00 |
| Mailing Addre 470 Hopso City, State, Zi Clarksdal Name of Emp | n Pixley Rd p Code | | Ÿ230.00 |
| Mailing Addre 470 Hopso City, State, Zi Clarksdal Name of Emp | n Pixley Rd p Code e, MS 38614-9044 loyer(Required) munity Health Services Center | Aggregate year-to-date | \$250.00 |
| Mailing Addre 470 Hopso City, State, Zi Clarksdal Name of Emp Henry Com Occupation (F | n Pixley Rd p Code e, MS 38614-9044 loyer(Required) munity Health Services Center | Aggregate | \$250.00 Amount of each receipt this |
| Mailing Addre 470 Hopso City, State, Zi Clarksdal Name of Emp Henry Com Occupation (F CEO Source: | n Pixley Rd p Code e, MS 38614-9044 loyer (Required) munity Health Services Center Required) Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addre 470 Hopso City, State, Zi Clarksdal Name of Emp Henry Com Occupation (F | n Pixley Rd p Code e, MS 38614-9044 loyer (Required) munity Health Services Center Required) Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date | \$250.00 Amount of each receipt this |
| Mailing Addre 470 Hopso City, State, Zi Clarksdal Name of Emp Henry Com Occupation (F CEO Source: | n Pixley Rd p Code e, MS 38614-9044 loyer (Required) munity Health Services Center Required) Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addre 470 Hopso City, State, Zi Clarksdal Name of Emp Henry Com Occupation (F CEO Source: Full Name George Jo Mailing Addre 1087 Augu City, State, Zi | n Pixley Rd p Code e, MS 38614-9044 loyer (Required) munity Health Services Center Required) Corporation PAC Individual Loan Other (please specify) rdan ss sta Dr | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addre 470 Hopso City, State, Zi Clarksdal Name of Emp Henry Com Occupation (F CEO Source: Full Name George Jo Mailing Addre 1087 Augu City, State, Zi Oxford, M Name of Emp | n Pixley Rd p Code e, MS 38614-9044 loyer (Required) munity Health Services Center Required) Corporation PAC Individual Loan Other (please specify) rdan ss sta Dr p Code SS 38655-6187 loyer (Required) | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addre 470 Hopso City, State, Zi Clarksdal Name of Emp Henry Com Occupation (F CEO Source: Full Name George Jo Mailing Addre 1087 Augu City, State, Zi Oxford, M | n Pixley Rd p Code e, MS 38614-9044 loyer (Required) munity Health Services Center Required) Corporation PAC Individual Loan Other (please specify) rdan ss sta Dr p Code is 38655-6187 loyer (Required) yed | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |

| еу |
|----|
| 9 |

Page 123 of 320

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

| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|---|--|
| Full Name | | 01/30/2023 | \$1,000.00 |
| Jerry Jor | dan | | 1 = 7 * * * * * * * * * * * * * * * * * * |
| Mailing Addre | | | |
| 1087 Augu | | | |
| City, State, Zi | S 38655-6187 | | |
| | loyer (Required) | | |
| Not Emplo | | | |
| Occupation (I | | Aggregate | \$4,500.00 |
| Not Emplo | pyed | year-to-date | |
| Source: | □ Corporation □ PAC ✓ Individual □ Loan | Date | Amount of each |
| | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | | 03/09/2023 | \$1,000.00 |
| Jerry Jor | rdan | 03/03/2023 | 41,000.00 |
| Mailing Address 1087 Augus | | | |
| City, State, Zi | | | |
| Oxford, M | 1S 38655-6187 | - D | |
| | loyer (Required) | -0" | |
| Not Emplo | pyed | 20 | |
| Occupation (I | | Aggregate year-to-date | \$4,500.00 |
| Source: | Corporation PAC /Individual Loan | Date | Amount of each |
| G 00.00. | Other (please specify) | (Mo., Day, Year) | receipt this |
| | Other (please specify) | | period |
| Full Name | 70 | 04/10/2023 | |
| Jerry Jor | rdan | | \$2,500.00 |
| | rdan | | |
| Jerry Jor Mailing Addre 1087 Augu City, State, Zi | edan Dess Lista Dr | | |
| Jerry Jor Mailing Addre 1087 Augu City, State, Zi Oxford, M | cdan ess sta Dr p Code 1S 38655-6187 loyer (Required) | | |
| Jerry Jor Mailing Addre 1087 Augu City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I | cdan ess usta Dr p Code us 38655-6187 loyer (Required) eyed Required) | 04/10/2023 Aggregate | |
| Mailing Addre 1087 Augu City, State, Zi Oxford, M Name of Emplo | cdan ess usta Dr p Code us 38655-6187 loyer (Required) byed Required) | 04/10/2023 | \$2,500.00 |
| Jerry Jor Mailing Addre 1087 Augu City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I | cdan ess sta Dr p Code 4S 38655-6187 loyer (Required) byed Required) byed Corporation PAC Individual Loan | 04/10/2023 Aggregate | \$2,500.00 \$4,500.00 Amount of each receipt this |
| Mailing Address 1087 Augus City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo | ess asta Dr p Code as 38655-6187 loyer (Required) byed Required) byed | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$4,500.00 Amount of each receipt this period |
| Jerry Jor Mailing Addre 1087 Augu City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I | rdan ess asta Dr p Code 1S 38655-6187 loyer (Required) byed Required) byed Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date | \$2,500.00 \$4,500.00 Amount of each receipt this |
| Jerry Jor Mailing Addre 1087 Augu City, State, Zi Oxford, M Name of Emplo Occupation (I Not Emplo Source: Full Name Gratia Ka | ess asta Dr p Code as 38655-6187 loyer (Required) byed Required) byed Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$4,500.00 Amount of each receipt this period |
| Mailing Address 1087 Augus City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: | cdan ess sta Dr p Code 4S 38655-6187 loyer (Required) byed Required) byed Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$4,500.00 Amount of each receipt this period |
| Jerry Jor Mailing Addre 1087 Augu City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Gratia Ka Mailing Addre 417 Chapi City, State, Zi | ess asta Dr p Code as 38655-6187 loyer (Required) byed Required) byed Corporation PAC Individual Loan Other (please specify) armes sss an St | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$4,500.00 Amount of each receipt this period |
| Mailing Address 1087 Augus City, State, Zi Oxford, M Name of Emp Not Emplos Occupation (I Not Emplos Source: Full Name Gratia Ka Mailing Addres 417 Chapi Starkvill | ess asta Dr p Code as 38655-6187 loyer (Required) byed Required) byed Corporation PAC Individual Loan Other (please specify) armes ess an St p Code | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$4,500.00 Amount of each receipt this period |
| Mailing Address 1087 Augus City, State, Zi Oxford, M Name of Emp Not Emplos Occupation (I Not Emplos Source: Full Name Gratia Ka Mailing Addres 417 Chapi Starkvill | rdan Pass Insta Dr P Code Is 38655-6187 Iloyer (Required) Dayed Required) Dayed Corporation PAC Individual Loan Other (please specify) Instance P Code Instance P Co | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$4,500.00 Amount of each receipt this period |
| Mailing Address 1087 Augus City, State, Zi Oxford, M Name of Emp Not Emplos Occupation (I Not Emplos Source: Full Name Gratia Ka Mailing Addres 417 Chapi City, State, Zi Starkvill Name of Emp | ess asta Dr p Code as 38655-6187 loyer (Required) byed Corporation PAC Individual Loan Other (please specify) armes ess an St p Code a, MS 39759-2620 loyer (Required) byed | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$4,500.00 Amount of each receipt this period |

| Source: | ☐ Corporation ☐ Other (please specify) | PAC / Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|------------------|-------|---|--|
| Full Name | | | | 01/18/2023 | \$250.00 |
| James Kee | ton | | | | 1-00000 |
| Mailing Addre | | | | | |
| 1333 Belv | | | | - | |
| City, State, Zi | p Code MS 39202-1208 | | | | |
| | loyer (Required) | | | - | |
| Self Empl | | | | | |
| Occupation (I | Required) | | | Aggregate | \$250.00 |
| Photograp | | | | year-to-date | \$250.00 |
| Source: | Corporation | PAC / Individual | Loan | Date | Amount of each |
| | Other (please specify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | , | | | 03/17/2023 | \$1,000.00 |
| Inez Kell | | | | | |
| Mailing Address 914 N Cou | e ss Intry Club Ln | | | | |
| City, State, Zi | - | | | | |
| | IS 39532-3204 | | | | |
| | loyer(Required) Hospital Gulfport | | 60, | | |
| Occupation (I | Required) | | HIS | Aggregate | \$1,000.00 |
| Physician | l | | | year-to-date | . , |
| Source: | Corporation | PAC / Individual | Loan | Date | Amount of each |
| | Other (please specify) | | Loan | (Mo., Day, Year) | receipt this |
| Full Name | | | Loan | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | receipt this |
| Full Name | Other (please specify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Alison Ol Mailing Addre | Other (please specify) iver Kelly ess on Blvd | | | (Mo., Day, Year) | receipt this period |
| Full Name Alison Ol Mailing Addre 188 Reuni City, State, Zi | Other (please specify) iver Kelly ess on Blvd | | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Alison Ol Mailing Addre 188 Reuni City, State, Zi Madison, | Other (please specify) iver Kelly ess on Blvd p Code MS 39110-8096 loyer (Required) | | | (Mo., Day, Year) | receipt this period |
| Full Name Alison Ol Mailing Addre 188 Reuni City, State, Zi Madison, Name of Emp | Other (please specify) iver Kelly ess on Blvd p Code MS 39110-8096 loyer (Required) oyed | | LUGII | (Mo., Day, Year) | receipt this period |
| Full Name Alison Ol Mailing Addre 188 Reuni City, State, Zi Madison, Name of Empl Occupation (I | Other (please specify) iver Kelly ess on Blvd p Code MS 39110-8096 loyer (Required) oyed Required) | | | (Mo., Day, Year) 04/14/2023 Aggregate | receipt this period \$500.00 |
| Full Name Alison Ol Mailing Addre 188 Reuni City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney | Other (please specify) iver Kelly ess on Blvd p Code MS 39110-8096 loyer (Required) oyed | PAC Individual | Loan | (Mo., Day, Year) 04/14/2023 Aggregate year-to-date | receipt this period \$500.00 |
| Full Name Alison Ol Mailing Addre 188 Reuni City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney Source: | Other (please specify) iver Kelly ess on Blvd p Code MS 39110-8096 loyer (Required) oyed Required) Corporation Other (please specify) | PAC Individual | | (Mo., Day, Year) 04/14/2023 Aggregate year-to-date Date | \$500.00 Amount of each receipt this |
| Full Name Alison Ol Mailing Addre 188 Reuni City, State, Zi Madison, Name of Empl Occupation (I Attorney Source: Full Name John R. R | Other (please specify) iver Kelly ess on Blvd p Code MS 39110-8096 loyer (Required) oyed Required) Corporation Other (please specify) | PAC Individual | | (Mo., Day, Year) 04/14/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Full Name Alison Ol Mailing Addre 188 Reuni City, State, Zi Madison, Name of Empl Occupation (I Attorney Source: Full Name John R. F Mailing Addre 11397 Pal | Other (please specify) iver Kelly ess on Blvd p Code MS 39110-8096 loyer (Required) oyed Required) Corporation Other (please specify) ielly ess m Valley Cv | PAC Individual | | (Mo., Day, Year) 04/14/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Full Name Alison Ol Mailing Addre 188 Reuni City, State, Zi Madison, Name of Empl Occupation (I Attorney Source: Full Name John R. K Mailing Addre 11397 Pal City, State, Zi | Other (please specify) iver Kelly ess on Blvd p Code MS 39110-8096 loyer (Required) oyed Required) Corporation Other (please specify) ielly ess m Valley Cv | PAC Individual | | (Mo., Day, Year) 04/14/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Full Name Alison Ol Mailing Addre 188 Reuni City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney Full Name John R. F Mailing Addre 11397 Pal City, State, Zi Gulfport, | Other (please specify) iver Kelly iver Kelly iss on Blvd p Code MS 39110-8096 loyer (Required) oyed Required) Corporation Other (please specify) ielly iss m Valley Cv p Code MS 39503-7745 loyer (Required) | PAC Individual | | (Mo., Day, Year) 04/14/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Full Name Alison Ol Mailing Addre 188 Reuni City, State, Zi Madison, Name of Emp Self Empl Occupation (I Attorney Source: Full Name John R. K Mailing Addre 11397 Pal City, State, Zi Gulfport, Name of Emp | Other (please specify) iver Kelly ss on Blvd p Code MS 39110-8096 loyer (Required) oyed Required) Corporation Other (please specify) ielly ss m Valley Cv p Code MS 39503-7745 loyer (Required) oyed | PAC Individual | | (Mo., Day, Year) 04/14/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |

| | ☐ Corporation ☐ Other (please spec | PAC | ✓ Individual | ∐Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-------|----------------------------|-------|--|---|
| Full Name | ell <i>u</i> | | | | 01/04/2023 | \$2,500.00 |
| | | | | | | |
| Mailing Addr 5239 Mou: | ess ntain Ridge Pkwy | , | | | | |
| City, State, Z | ip Code | | | | | |
| Birmingh | am, AL 35222-414 | 1 | | | | |
| | oloyer(Required) ad Builders | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$3,500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Robert K | <u> </u> | | | | 04/29/2023 | \$1,000.00 |
| | | | | | | |
| Mailing Addr 5239 Mou | ess ntain Ridge Pkwy | | | | | |
| City, State, Z | | | | | | |
| | am, AL 35222-414 | 1 | | | 2 | |
| | ployer(Required) ad Builders | | | 60 | | |
| | | | | .13 | Aggregate | |
| Occupation (| • • | | | | year-to-date | \$3,500.00 |
| • | • • | PAC | ✓Individual | Loan | | Amount of each |
| Business | Owner | | ✓ Individual | Loan | year-to-date | |
| Business | Owner Corporation Other (please spec | | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Source: Full Name Robert K | Owner Corporation Other (please specenney | | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Business Source: Full Name Robert K Mailing Addr 10 Montw | Owner Corporation Other (please spectenney) Pess Ood Way | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Business Source: Full Name Robert K Mailing Addr 10 Montw City, State, Z | Owner Corporation Other (please spectenney) Pess Ood Way | | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Robert K Mailing Addr 10 Montw City, State, Z Oakland, | Owner Corporation Other (please specterney) Pess Ood Way Ip Code | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Robert K Mailing Addr 10 Montw City, State, Z Oakland, | Owner Corporation Other (please specenney) ess ood Way ip Code CA 94605-5420 ployer (Required) | | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Robert K Mailing Addr 10 Montw City, State, Z Oakland, Name of Em | Owner Corporation Other (please specenney ess ood Way ip Code CA 94605-5420 cloyer (Required) rgy Required) | | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Robert K Mailing Addr 10 Montw City, State, Z Oakland, Name of Emp Xcel Ene | Owner Corporation Other (please specenney ess ood Way ip Code CA 94605-5420 cloyer (Required) rgy Required) | | ✓ Individual ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) 02/03/2023 Aggregate | Amount of each receipt this period \$500.00 |
| Full Name Robert K. Mailing Addr 10 Montw. City, State, Z Oakland, Name of Emp Xcel Ene Occupation (Presiden | Owner Corporation Other (please specterney) ess ood Way ip Code CA 94605-5420 ployer (Required) rgy Required) | PAC | | | year-to-date Date (Mo., Day, Year) 02/03/2023 Aggregate year-to-date | Amount of each receipt this period \$500.00 |
| Full Name Robert K Mailing Addr 10 Montw City, State, Z Oakland, Name of Emp Xcel Ene Occupation (Presiden Source: | Owner Corporation Other (please specenney ess ood Way ip Code CA 94605-5420 ployer (Required) rgy Required) t Corporation | PAC | | | year-to-date Date (Mo., Day, Year) 02/03/2023 Aggregate year-to-date Date | Amount of each receipt this period \$500.00 |
| Full Name Robert K Mailing Addr 10 Montw City, State, Z Oakland, Name of Emp Xcel Ene Occupation (Presiden Source: | Owner Corporation Other (please specenney ess ood Way ip Code CA 94605-5420 ployer (Required) rgy Required) t Corporation Other (please specess | PAC | | | year-to-date Date (Mo., Day, Year) 02/03/2023 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$500.00 Amount of each receipt this period |
| Full Name Robert K Mailing Addr 10 Montw City, State, Z Oakland, Name of Emp Xcel Ene Occupation (Presiden Source: Full Name Donald L Mailing Addr 435 Cente City, State, Z | Owner Corporation Other (please specenney) Coss Code CA 94605-5420 Coloyer (Required) Corporation Corporation Other (please specens) Coss Code Can State Co | PAC | | | year-to-date Date (Mo., Day, Year) 02/03/2023 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$500.00 Amount of each receipt this period |
| Full Name Robert K. Mailing Addr 10 Montw. City, State, Z Oakland, Name of Emp Xcel Ene Occupation (Presiden Source: Full Name Donald L Mailing Addr 435 Cent. City, State, Z Philadel; | Corporation Other (please specterney) Cossort Way Corporation Other (please specters Cossort Way Corporation Other (please specters Cossort Way Corporation Other (please specters Cossort Way Cossort Wa | PAC | | | year-to-date Date (Mo., Day, Year) 02/03/2023 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$500.00 Amount of each receipt this period |
| Full Name Robert K. Mailing Addr 10 Montw. City, State, Z Oakland, Name of Emp Xcel Ene Occupation (Presiden Source: Full Name Donald L Mailing Addr 435 Cent. City, State, Z Philadel; | Corporation Other (please specterney) Cossort Way Corporation Other (please specters Cossort Way Corporation Other (please specters Cossort Way Cossort | PAC | | | year-to-date Date (Mo., Day, Year) 02/03/2023 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$500.00 Amount of each receipt this period |

L/2023 through

4/30/2023

| Source: Corporation PAC Individual Loan Other (please specify) (Mo., | Date Amount of each receipt this period |
|---|---|
| Full Name | 5/2023 \$100.00 |
| Donald L. Kilgore | |
| Mailing Address 435 Center Ave N | |
| City, State, Zip Code | |
| Philadelphia, MS 39350-2918 | |
| Name of Employer (Required) Self Employed | |
| | regate \$400.00 |
| Source: Corporation PAC Individual Loan | Date Amount of each |
| Other (please specify) (Mo., | Pay, Year) receipt this period |
| Full Name Donald L. Kilgore | 7/2023 \$100.00 |
| Mailing Address | |
| 435 Center Ave N City, State, Zip Code | |
| Philadelphia, MS 39350-2918 | |
| Name of Employer (Required) Self Employed | |
| · · · · · · · · · · · · · · · · · · · | regate \$400.00 |
| Accorncy | |
| Source: Corporation PAC Individual Loan Other (please specify) (Mo., | Date Amount of each receipt this period |
| Full Name Donald L. Kilgore | \$100.00 |
| Mailing Address 435 Center Ave N | |
| City, State, Zip Code | |
| Philadelphia, MS 39350-2918 | |
| Name of Employer (Required) Self Employed | |
| | regate \$400.00 |
| Source: Corporation PAC Individual Loan | Date Amount of each |
| Other (please specify) (Mo., | Pay, Year) receipt this period |
| Full Name | 1/2023 \$1,000.00 |
| Kimes and Stone Construction LLC | 71,000.00 |
| Kimes and Stone Construction LLC Mailing Address | 71,000.00 |
| Kimes and Stone Construction LLC | 71,000.00 |
| Mailing Address PO Box 550 | 71,000.00 |
| Mailing Address PO Box 550 City, State, Zip Code | γ1,000.00 |

| Source: | Corporation Other (please spec | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|-------|--|----------------|---|--|
| Full Mana | Other (please spec | | | | (******, = 3.7, ******) | period |
| Full Name Theophilu | ıs C. King | | | | 04/18/2023 | \$300.00 |
| Mailing Addre | ess | | | | | |
| 3958 N St | | | | | | |
| City, State, Zi | • | | | | | |
| | MS 39206-5776 | | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Martha Ki | rkley | | | | 02/22/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| | mblewood Dr | | | | | |
| City, State, Zi Columbus, | p Code MS 39705-1507 | | | | 0 | |
| Name of Emp | loyer (Required) | | | 4 00 | | |
| Not Emplo | yed | | | | | |
| Occupation (I | | | | THIS | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | | | | | | |
| | Other (please spec | cify) | 05 | A | (Mo., Day, Year) | receipt this period |
| Full Name | Other (please spec | cify) | | o ^x | (Mo., Day, Year) 01/28/2023 | • |
| William F Mailing Addre | Kirkpatrick | cify) | (D) N | 5 | | period |
| William K Mailing Addre 43282 War | Kirkpatrick ess wick Hills Ct | cify) | (40 14 | | | period |
| William K Mailing Addre 43282 War City, State, Zi | Kirkpatrick ess wick Hills Ct | cify) | 100 10 | 5 | | period |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, | Kirkpatrick PSS Twick Hills Ct p Code | cify) | 00 100 100 100 100 100 100 100 100 100 | 5 | | period |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, | Kirkpatrick PSS Wick Hills Ct P Code VA 20176-3950 | cify) | (40) | | | period |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, Name of Emp | Kirkpatrick ess wick Hills Ct p Code VA 20176-3950 lloyer (Required) | cify) | 100 100 | | | period |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, Name of Emp VMware Occupation (I | Kirkpatrick ess wick Hills Ct p Code VA 20176-3950 lloyer (Required) | PAC | ✓Individual | Loan | 01/28/2023 Aggregate | \$1,000.00 \$1,500.00 Amount of each |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, Name of Emp VMware Occupation (I Sales Exe | Kirkpatrick ess wick Hills Ct p Code VA 20176-3950 cloyer (Required) Required) | □PAC | ✓Individual | Loan | Aggregate year-to-date | \$1,000.00 \$1,500.00 |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, Name of Emp VMware Occupation (I Sales Exe Source: | Kirkpatrick PSS Wick Hills Ct P Code VA 20176-3950 Required) Corporation | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date | \$1,000.00 \$1,500.00 Amount of each receipt this |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, Name of Emp VMware Occupation (I Sales Exe Source: Full Name William F Mailing Addre | Kirkpatrick PSS Wick Hills Ct P Code VA 20176-3950 Hoyer (Required) Corporation Corporation Other (please spec | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, Name of Emp VMware Occupation (I Sales Exe Source: Full Name William F Mailing Addre 43282 War | Kirkpatrick Poss Wick Hills Ct P Code VA 20176-3950 Required) Corporation Co | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, Name of Emp VMware Occupation (I Sales Exe Source: Full Name William F Mailing Addre 43282 War City, State, Zi | Kirkpatrick Poss Wick Hills Ct P Code VA 20176-3950 Required) Corporation Co | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, Name of Emp VMware Occupation (I Sales Exe Source: Full Name William F Mailing Addre 43282 War City, State, Zi Leesburg, | Kirkpatrick PSS Wick Hills Ct P Code VA 20176-3950 Required) Corporation Corporation Cher (please specially | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, Name of Emp VMware Occupation (I Sales Exe Source: Full Name William F Mailing Addre 43282 War City, State, Zi Leesburg, | Kirkpatrick PSS Twick Hills Ct P Code VA 20176-3950 Power (Required) Required) Power (Corporation Other (please specially processed by the composition of the | □PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |
| William F Mailing Addre 43282 War City, State, Zi Leesburg, Name of Emp VMware Occupation (I Sales Exe Source: Full Name William F Mailing Addre 43282 War City, State, Zi Leesburg, Name of Emp | Kirkpatrick PSS Wick Hills Ct P Code VA 20176-3950 Nover (Required) Corporation Other (please spectarick PSS Wick Hills Ct P Code VA 20176-3950 Nover (Required) | □PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |

| Source: | Corporation Other (please s | | Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|---------|------------|----------|---------------------------|------------------------------------|
| Full Name | 7'.1 | | | | 01/13/2023 | \$1,000.00 |
| Mailing Add | | | | | | |
| Mailing Address 5113 Anne | | | | | | |
| City, State, Zi | - | | | | | |
| | e, TN 37205-27 | 15 | | | | |
| - | ployer (Required) Ranch Corp | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | □ PAC ✓ | Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Roger Kli | ingler | | | | 01/18/2023 | \$500.00 |
| Mailing Addre | ess andalwood Dr | | | | | |
| City, State, Zi | ip Code | | | | | |
| Scottsdal | le, AZ 85250-7 | 269 | | | 2 | |
| Name of Emp | oloyer (Required) oyed | | | 6 | D. | |
| Occupation (| | | | J. Hills | Aggregate year-to-date | \$750.00 |
| Source: | Corporation | PAC 🗸 | Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Roger Kli | ingler | | | | 02/26/2023 | \$100.00 |
| Mailing Addre | ess andalwood Dr | | (0) | | | |
| City, State, Zi | ip Code le, AZ 85250-7 | 269 | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$750.00 |
| Source: | Corporation | □PAC ✓ | Individual | Loan | Date | Amount of each |
| | Other (please sp | accifu) | | | (Mo., Day, Year) | receipt this |
| Full Name | | | | | (WO., Day, Teal) | period |
| Roger Kli | | | | | 02/28/2023 | period \$100.00 |
| Roger Kli | ingler | | | | | |
| Roger Kling Address 7844 E Sa City, State, Zi | ingler ess andalwood Dr | | | | | |
| Roger Kli Mailing Addre 7844 E Sa City, State, Zi Scottsdal Name of Emp | ingler ess andalwood Dr ip Code le, AZ 85250-7 oloyer (Required) | | | | | |
| Roger Kli Mailing Addre 7844 E Sa City, State, Zi Scottsdal | ingler ess andalwood Dr ip Code le, AZ 85250-7 oloyer (Required) | | | | | |
| Roger Kli Mailing Addre 7844 E Sa City, State, Zi Scottsdal Name of Emp | ingler ess andalwood Dr ip Code le, AZ 85250-7 bloyer (Required) byed Required) | | | | | |

1/20<mark>23 through</mark>

4/30/2023

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---|
| Full Name Roger Klingler | 03/15/2023 | \$25.00 |
| | | |
| Mailing Address 7844 E Sandalwood Dr | | |
| City, State, Zip Code | | |
| Scottsdale, AZ 85250-7269 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$750.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 04/15/2023 | \$25.00 |
| Roger Klingler | | |
| Mailing Address 7844 E Sandalwood Dr | | |
| City, State, Zip Code Scottsdale, AZ 85250-7269 | 40 | |
| Name of Employer (Required) Not Employed | | |
| | Aggragata | A EE0 00 |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$750.00 |
| | | \$750.00 Amount of each |
| Not Employed | year-to-date | |
| Not Employed Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each receipt this |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code Moss Point, MS 39562-0017 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code Moss Point, MS 39562-0017 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code Moss Point, MS 39562-0017 Name of Employer (Required) City of Moss Point Occupation (Required) | year-to-date Date (Mo., Day, Year) 04/24/2023 Aggregate | Amount of each receipt this period \$250.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code Moss Point, MS 39562-0017 Name of Employer (Required) City of Moss Point Occupation (Required) Mayor | year-to-date Date (Mo., Day, Year) 04/24/2023 Aggregate year-to-date | Amount of each receipt this period \$250.00 |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code Moss Point, MS 39562-0017 Name of Employer (Required) City of Moss Point Occupation (Required) Mayor Source: Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) 04/24/2023 Aggregate year-to-date Date | Amount of each receipt this period \$250.00 \$250.00 Amount of each receipt this |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code Moss Point, MS 39562-0017 Name of Employer (Required) City of Moss Point Occupation (Required) Mayor Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Koerber | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$250.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code Moss Point, MS 39562-0017 Name of Employer (Required) City of Moss Point Occupation (Required) Mayor Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date O 4 / 2 4 / 2 0 2 3 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$250.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code Moss Point, MS 39562-0017 Name of Employer (Required) City of Moss Point Occupation (Required) Mayor Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Koerber Mailing Address PO Box 18170 City, State, Zip Code | Aggregate year-to-date O 4 / 2 4 / 2 0 2 3 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$250.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code Moss Point, MS 39562-0017 Name of Employer (Required) City of Moss Point Occupation (Required) Mayor Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Koerber Mailing Address PO Box 18170 City, State, Zip Code Hattiesburg, MS 39404-8170 | Aggregate year-to-date O 4 / 2 4 / 2 0 2 3 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$250.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code Moss Point, MS 39562-0017 Name of Employer (Required) City of Moss Point Occupation (Required) Mayor Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Koerber Mailing Address PO Box 18170 City, State, Zip Code | Aggregate year-to-date O 4 / 2 4 / 2 0 2 3 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$250.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Billy E. Knight Mailing Address PO Box 8356 City, State, Zip Code Moss Point, MS 39562-0017 Name of Employer (Required) City of Moss Point Occupation (Required) Mayor Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Koerber Mailing Address PO Box 18170 City, State, Zip Code Hattiesburg, MS 39404-8170 Name of Employer (Required) | Aggregate year-to-date O 4 / 2 4 / 2 0 2 3 Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$250.00 |

4/30/2023

| Source: | Corporation Other (please spec | | √ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---------|---------------|----------|---|--|
| Full Name | | | | | 00/00/000 | - |
| Orin Kram | ner | | | | 03/28/2023 | \$5,000.00 |
| Mailing Addre | ess | | | | | |
| 1 Central | . Park W | | | | | |
| City, State, Zi | • | | | | | |
| | NY 10023-7703 | | | | | |
| Name of Emp Not Emplo | loyer (Required) oyed | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$5,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | <u>—</u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 04/00/0000 | <u>-</u> |
| William K | Kramer | | | | 04/22/2023 | \$500.00 |
| Mailing Addre | ess | | | | | |
| 741 Topaz | : St | | | | | |
| City, State, Zi | • | | | | ~ | |
| New Orlea | ins, LA 70124-36 | 23 | | | | |
| - | loyer(Required) State Universi | ty | | (0, | | |
| Occupation (F | | | // | THIS | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| oource. | Other (please spec | | v iliuividuai | Loan | (Mo., Day, Year) | receipt this period |
| | | | | | 04/28/2023 | ¢250 00 |
| Full Name Cherie La | ıbat | | | | 01/20/2025 | \$250.00 |
| | ess | | (HO) | | | \$250.00 |
| Cherie La Mailing Addre | ess St S | R | (B) (B) | | 01/20/2023 | \$250.00 |
| Cherie La Mailing Addre 121 3rd S City, State, Zi | ess St S | 8 | (H) (H) | | 01/20/2023 | \$250.00 |
| Cherie La Mailing Addre 121 3rd S City, State, Zi Columbus, Name of Emp | ess St S p Code | issippi | (do) | | 01/20/2023 | \$250.00 |
| Cherie La Mailing Addre 121 3rd S City, State, Zi Columbus, Name of Emp | pss p Code MS 39701-5601 loyer (Required) ty Southern Miss | issippi | (B) (B) | | Aggregate year-to-date | \$250.00 |
| Cherie La Mailing Addre 121 3rd S City, State, Zi Columbus, Name of Emp Universit Occupation (F | pss p Code MS 39701-5601 loyer (Required) ty Southern Miss | | √ Individual | Loan | Aggregate | \$250.00 Amount of each |
| Cherie La Mailing Addre 121 3rd S City, State, Zi Columbus, Name of Emp Universit Occupation (F Educator Source: | pss st S p Code MS 39701-5601 loyer (Required) y Southern Miss Required) | PAC [| ✓ Individual | Loan | Aggregate year-to-date | \$250.00 |
| Cherie La Mailing Addre 121 3rd S City, State, Zi Columbus, Name of Emp Universit Occupation (F Educator | p Code MS 39701-5601 loyer (Required) Ly Southern Miss Required) Corporation Other (please spec | PAC [| ✓ Individual | Loan | Aggregate year-to-date | \$250.00 Amount of each receipt this |
| Cherie La Mailing Addre 121 3rd S City, State, Zi Columbus, Name of Emp Universit Occupation (F Educator Source: | pss st S p Code MS 39701-5601 loyer (Required) sy Southern Miss Required) Corporation Other (please spec | PAC [| ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Cherie La Mailing Addre 121 3rd S City, State, Zi Columbus, Name of Emp Universit Occupation (F Educator Source: Full Name Robert B. Mailing Addre 2404 N Ch City, State, Zi | p Code MS 39701-5601 loyer (Required) Ly Southern Miss Required) Corporation Other (please spectage) Lampton ess leryl Dr p Code | PAC [| ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Cherie La Mailing Addre 121 3rd S City, State, Zi Columbus, Name of Emp Universit Occupation (F Educator Source: Full Name Robert B. Mailing Addre 2404 N Ch City, State, Zi Jackson, | p Code MS 39701-5601 loyer (Required) Ly Southern Miss Required) Corporation Other (please spec Lampton ess Heryl Dr p Code MS 39211-4907 | PAC [| ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Cherie La Mailing Addre 121 3rd S City, State, Zi Columbus, Name of Emp Universit Occupation (F Educator Source: Full Name Robert B. Mailing Addre 2404 N Ch City, State, Zi Jackson, Name of Emp | p Code MS 39701-5601 loyer (Required) Ly Southern Miss Required) Corporation Other (please spectors) Lampton ess leryl Dr p Code MS 39211-4907 loyer (Required) | PAC [| ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Cherie La Mailing Addre 121 3rd S City, State, Zi Columbus, Name of Emp Universit Occupation (F Educator Source: Full Name Robert B. Mailing Addre 2404 N Ch City, State, Zi Jackson, | p Code MS 39701-5601 loyer (Required) Ly Southern Miss Required) Corporation Other (please spectors) Lampton ess leryl Dr p Code MS 39211-4907 loyer (Required) | PAC [| ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addres 121 3rd S City, State, Zi Columbus, Name of Emp Universit Occupation (F Educator Source: Full Name Robert B. Mailing Addres 2404 N Ch City, State, Zi Jackson, Name of Emp | p Code MS 39701-5601 loyer (Required) Ly Southern Miss Required) Corporation Other (please spec Lampton ess Heryl Dr p Code MS 39211-4907 loyer (Required) byed | PAC [| ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |

| Name of Candidate or Committee Brandon Presle | эy |
|---|----|
|---|----|

Page <u>131</u> of <u>320</u>

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

| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|-------------------------------------|--|
| Full Name | also. | 03/17/2023 | \$500.00 |
| Kayron La Mailing Addre | | | |
| Ū | es Creek Rd | | |
| City, State, Zi | | | |
| | GA 31904-3323 | | |
| Name of Emp | oyer (Required) yed | | |
| Occupation (F | | Aggregate year-to-date | \$500.00 |
| Source: | ☐ Corporation ☐ PAC ✓ Individual ☐ Loan | Date | Amount of each |
| | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Daniel La | stra | 04/29/2023 | \$2,500.00 |
| Mailing Addre | | | |
| 39 Lenox | | | |
| City, State, Zi | o Code NJ 07866-2255 | | |
| | oyer (Required) | | |
| - | Intermodal | | |
| Occupation (F | | Aggregate year-to-date | \$2,500.00 |
| Source: | Corporation PAC ✓Individual Loan | Date | Amount of each |
| | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Robert La | tham | 03/07/2023 | \$100.00 |
| Mailing Addre | | | |
| | | | |
| 2090 Jeff | erson Pkwy | | |
| City, State, Zi | erson Pkwy D Code | | |
| City, State, Zi Hernando, Name of Emp | erson Pkwy D Code MS 38632-5905 Over (Required) | | |
| City, State, Zing Hernando, Name of Employee Not Employee | erson Pkwy Code MS 38632-5905 Oyer (Required) yed | | |
| City, State, Zi Hernando, Name of Emp | erson Pkwy Code MS 38632-5905 Oyer (Required) yed Required) | Aggregate year-to-date | \$450.00 |
| City, State, Zing Hernando, Name of Employ Not Employ Occupation (F | erson Pkwy Code MS 38632-5905 Oyer (Required) yed Required) | year-to-date | Amount of each |
| City, State, Zi Hernando, Name of Emp Not Emplo Occupation (F Not Emplo | erson Pkwy D Code MS 38632-5905 Oyer (Required) yed Required) yed | year-to-date | |
| City, State, Zi Hernando, Name of Emp Not Emplo Occupation (F Not Emplo Source: | erson Pkwy Code MS 38632-5905 Oyer (Required) yed Required) yed Corporation PAC Individual Loan Other (please specify) | year-to-date Date | Amount of each receipt this |
| City, State, Zi Hernando, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Robert La | erson Pkwy Code MS 38632-5905 Oyer (Required) yed Required) yed Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Hernando, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Robert La Mailing Addre | erson Pkwy Code MS 38632-5905 Oyer (Required) yed Required) yed Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Hernando, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Robert La Mailing Addre 2090 Jeff City, State, Zi | erson Pkwy Cocode MS 38632-5905 Oyer (Required) yed Required) yed Corporation PAC Individual Loan Other (please specify) tham ss erson Pkwy Cocode | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Hernando, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Robert La Mailing Addre 2090 Jeff City, State, Zi Hernando, | erson Pkwy Code MS 38632-5905 Oyer (Required) yed Corporation PAC Individual Loan Other (please specify) tham ss erson Pkwy Code MS 38632-5905 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Hernando, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Robert La Mailing Addre 2090 Jeff City, State, Zi Hernando, | erson Pkwy Code MS 38632-5905 Oyer (Required) yed Corporation PAC Individual Loan Other (please specify) tham ss erson Pkwy Code MS 38632-5905 Oyer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Hernando, Name of Emp Not Emplo Occupation (F Not Emplo Source: Full Name Robert La Mailing Addre 2090 Jeff City, State, Zi Hernando, Name of Emp | erson Pkwy Code MS 38632-5905 Oyer (Required) yed Required) yed Corporation PAC Individual Loan Other (please specify) tham ss erson Pkwy Code MS 38632-5905 Oyer (Required) yed Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Other (please specify) (Mo., | Date Amount of each receipt this |
|---|---|
| Eull Name | period |
| Robert Latham | \$50.00 |
| Mailing Address | |
| 2090 Jefferson Pkwy | |
| City, State, Zip Code | |
| Hernando, MS 38632-5905 | |
| Name of Employer (Required) Not Employed | |
| | regate \$450.00 |
| Source: Corporation PAC Individual Loan | Date Amount of each |
| Other (please specify) (Mo., | Pay, Year) receipt this period |
| Full Name 04/1 | 1/2023 \$100.00 |
| Robert Latham | 4100.00 |
| Mailing Address | |
| 2090 Jefferson Pkwy City, State, Zip Code | |
| Hernando, MS 38632-5905 | |
| Name of Employer (Required) | |
| Not Employed | |
| | regate \$450.00 |
| Source: Corporation PAC Individual Loan | Date Amount of each |
| | Pay, Year) receipt this period |
| Full Name 04/2 | |
| Robert Latham | \$100.00 |
| Robert Latham Mailing Address | \$100.00 |
| Robert Latham Mailing Address 2090 Jefferson Pkwy | \$100.00 |
| Robert Latham Mailing Address 2090 Jefferson Pkwy | \$100.00 |
| Robert Latham Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) | \$100.00 |
| Robert Latham Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) | \$100.00 |
| Robert Latham Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) Not Employed Occupation (Required) Agg | regate \$450.00 |
| Robert Latham Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan | regate \$450.00 Oate Amount of each |
| Robert Latham Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan | regate \$450.00 |
| Robert Latham Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) (Mo., | regate \$450.00 Outle Amount of each receipt this |
| Robert Latham Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Tim Lawrence | regate \$450.00 Oate Amount of each receipt this period |
| Robert Latham Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Tim Lawrence Mailing Address | regate \$450.00 Oate Amount of each receipt this period |
| Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) (Mo., Full Name Tim Lawrence Mailing Address 804 Woodland Pne | regate \$450.00 Oate Amount of each receipt this period |
| Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) (Mo., Full Name Tim Lawrence Mailing Address 804 Woodland Pne | regate \$450.00 Oate Amount of each receipt this period |
| Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Tim Lawrence Mailing Address 804 Woodland Pne City, State, Zip Code Flowood, MS 39232-8996 Name of Employer (Required) | regate \$450.00 Oate Amount of each receipt this period |
| Mailing Address 2090 Jefferson Pkwy City, State, Zip Code Hernando, MS 38632-5905 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Tim Lawrence Mailing Address 804 Woodland Pne City, State, Zip Code Flowood, MS 39232-8996 | regate \$450.00 Oate Amount of each receipt this period |

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|---------|---------------------|------|-------------------------------------|------------------------------------|
| Full Name Tim Lawre | | | | | 03/09/2023 | \$199.00 |
| Mailing Addre | | | | | | |
| 804 Wood | | | | | | |
| City, State, Zi | | | | | | |
| | MS 39232-8996 | | | | | |
| Self Empl | oloyer (Required) Loyed | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$213.60 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Phillip I | awson | | | | 04/08/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | ip Code | | | | | |
| | e, TN 37919-66 | 62 | | | 2 | |
| Name of Emp | ployer(Required) cal, LLC | | | 60 | 5 | |
| Occupation (| Required) ate Developer | | | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | 0 | ~~~~ | (Mo., Day, Year) | receipt this period |
| Full Name Robert La | azarus | | 04 | | 02/28/2023 | \$250.00 |
| Mailing Address 156 West 1 | | | | | | |
| City, State, Zi | ip Code MS 39110-7139 | | | | | |
| | loyer (Required) | | | | | |
| | Middle School | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$250.00 |
| | | PAC | ✓ Individual | Loan | | Amount of each |
| Teacher | Required) | | ✓ Individual | Loan | year-to-date | |
| Teacher | Required) Corporation Other (please sp | | ✓ Individual | Loan | year-to-date Date | Amount of each receipt this |
| Source: Full Name Jason Lea | Required) Corporation Other (please spathers | | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jason Lea Mailing Addre 3431 W Re City, State, Zi | Required) Corporation Other (please spathers ess ed Rock Ln | pecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jason Lea Mailing Addr 3431 W Re City, State, Zi Flagstaft Name of Emp | Corporation Other (please spathers ess ed Rock Ln ip Code f, AZ 86001-106 bloyer (Required) | pecify) | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jason Lea Mailing Addr 3431 W Re City, State, Zi Flagstafi | Corporation Other (please spathers ess ed Rock Ln ip Code f, AZ 86001-106 bloyer (Required) | pecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jason Lea Mailing Addr 3431 W Re City, State, Zi Flagstaft Name of Emp | Corporation Other (please speathers ess ed Rock Ln ip Code f, AZ 86001-106 bloyer (Required) byed | pecify) | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: | ✓ Corporation Other (please speci | | ndividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|--------|-----------|----------|---|--|
| Full Name | Other (please speci | y/ | | | | period |
| Lee State | en Inc | | | | 03/30/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | 1 | |
| 2446 Suns | | | | | | |
| City, State, Zi | | | | | 1 | |
| Grenada, | MS 38901-2828 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC ✓I | ndividual | Loan | Date | Amount of each |
| | Other (please speci | ify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Steve Lee | eds | | | | 01/24/2023 | \$500.00 |
| Mailing Addre | | | | | - | |
| 6410 Radi | | | | | | |
| City, State, Zi | p Code | | | | 1 | |
| | GA 30328-2897 | | | | | |
| Name of Emp | oloyer (Required) | | | 60, | | |
| Occupation (| Required) | | | 112 | Aggregate | \$1,500.00 |
| Retired | | | | | year-to-date | ¥1 , 000.00 |
| Caurasi | Corporation | PAC ✓I | ndividual | Loan | Date | Amount of each |
| Source: | _ | | | X | (Mo., Day, Year) | receipt this |
| Full Name | Other (please speci | | | | | period |
| | Other (please speci | | - N | <u> </u> | (Mo., Day, Year) 04/27/2023 | |
| Full Name Steve Lee | Other (please speci | | | <u></u> | | period |
| Full Name Steve Lee Mailing Addre | Other (please specieds | | Jo W | | | period |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi | Other (please specieds eds ess ant Trce p Code | | 20 N | | | period |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, | Other (please specieds eds ess ant Trce p Code GA 30328-2897 | | 100 PM | | | period |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, | Other (please specieds eds ess ant Trce p Code GA 30328-2897 lloyer (Required) | | 100 H | | | period |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, Name of Emp Not Emplo | Other (please specieds eds ess ant Trce p Code GA 30328-2897 eloyer (Required) eyed | | 100 PM | | | period |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, Name of Emplo | Other (please specieds eds ess ant Trce p Code GA 30328-2897 bloyer (Required) byed Required) | ify) | (g) N | Loan | 04/27/2023 Aggregate | period \$1,000.00 |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, Name of Emp Not Emplo Occupation (I Retired | Other (please specieds eds ess ant Trce p Code GA 30328-2897 eloyer (Required) eyed | PAC VI | ndividual | | Aggregate year-to-date | \$1,000.00 \$1,500.00 |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, Name of Emp Not Emplo Occupation (I Retired Source: | Other (please specieds eds ess ant Trce p Code GA 30328-2897 eloyer (Required) eyed Required) | PAC VI | (g) N | | Aggregate year-to-date Date | \$1,000.00 \$1,500.00 Amount of each receipt this |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Walter J. | Other (please specieds eds ess ant Trce p Code GA 30328-2897 eloyer (Required) eyed Required) Corporation Other (please specient) | PAC VI | (g) N | | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, Name of Emp Not Emplo Occupation (I Retired Source: | Other (please specieds eds ess ant Trce p Code GA 30328-2897 eloyer (Required) eyed Required) Corporation Other (please species | PAC VI | (g) N | | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Walter J. Mailing Addre 935 Gravi City, State, Zi | Other (please specieds eds ess ant Trce p Code GA 30328-2897 eloyer (Required) eyed Corporation Other (please specience) Leger Jr ess er St p Code | PAC VI | (g) N | | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Walter J. Mailing Addre 935 Gravi City, State, Zi New Orlea | Other (please special code) code p Code GA 30328-2897 cloyer (Required) pyed Corporation Other (please special code) Leger Jr coss Leger Jr coss Leger St p Code ans, LA 70112-172 | PAC VI | (g) N | | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Walter J. Mailing Addre 935 Gravi City, State, Zi New Orlea Name of Emp | Other (please special code code code code code code code code | PAC VI | (g) N | | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Walter J. Mailing Addre 935 Gravi City, State, Zi New Orlea | Other (please special code code code code code code code code | PAC VI | (g) N | | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |
| Full Name Steve Lee Mailing Addre 6410 Radi City, State, Zi Atlanta, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Walter J. Mailing Addre 935 Gravi City, State, Zi New Orlea Name of Emp | Other (please specieds eds ess ant Trce p Code GA 30328-2897 bloyer (Required) byed Corporation Other (please specience) Leger Jr ess er St p Code ans, LA 70112-172 bloyer (Required) Shaw | PAC VI | (g) N | | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,500.00 Amount of each receipt this period |

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|---|------------|---------------------|-----------------------|-------------------------------------|--|
| Full Name | Other (please sp | | | | | period |
| Aj Lenar | | | | | 03/30/2023 | \$250.01 |
| Mailing Addre | ess | | | | 1 | |
| 18 Buist | | | | | | |
| City, State, Zi | • | | | | | |
| | e, SC 29609-55 | 502 | | | | |
| Name of Emp | loyer (Required) on Media | | | | | |
| Occupation (I | • • | | | | Aggregate year-to-date | \$250.01 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/19/2023 | \$250.00 |
| Marc Lerr | | | | | | |
| Mailing Address 1415 Jeff | ess Eerson Ave | | | | | |
| City, State, Zi | p Code | | | <i>A</i> (<i>p</i>) | 1 | |
| | IS 38655-3715 | | | A 100 A | | |
| - | loyer (Required) cy of Mississip | ppi | | 60, | | |
| Occupation (I | | | 1 | III. | Aggregate year-to-date | \$250.00 |
| Professor | | | _ 4/, | _ 4 | _ | |
| Source: | ☐ Corporation☐ Other (please sp | PAC ecify) | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | A | 9 | 9 | 04/10/2023 | \$250.00 |
| Philip L. | Torrin | | | | | |
| | | | <u> </u> | | | · |
| Mailing Addre | ess | | 0 | | | · |
| Mailing Addre | ess eaux Cv | 9 | | | | · |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M | p Code us 39531-2296 | | | | | · |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M | eaux Cv p Code | 0 | | | | |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M Name of Emp Memorial | eaux Cv p Code 1S 39531-2296 Noyer (Required) Hospital Group | , | | | Aggregate | |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M | eaux Cv p Code IS 39531-2296 Noyer (Required) Hospital Group |) | | | Aggregate year-to-date | \$250.00 |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M Name of Emp Memorial | eaux Cv p Code IS 39531-2296 Noyer (Required) Hospital Group | PAC | ✓ Individual | Loan | year-to-date Date | \$250.00 Amount of each |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M Name of Emp Memorial Occupation (I | ess eaux Cv p Code ds 39531-2296 loyer (Required) Hospital Group Required) | PAC | ✓ Individual | Loan | year-to-date | \$250.00 |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M Name of Emp Memorial Occupation (I | peaux Cv p Code ds 39531-2296 loyer (Required) Hospital Group Required) Corporation Other (please sp | PAC | ✓Individual | Loan | year-to-date Date | \$250.00 Amount of each receipt this |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M Name of Emp Memorial Occupation (I Physician Source: | pess eaux Cv p Code IS 39531-2296 Hospital Group Required) Corporation Other (please sp | PAC | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M Name of Emp Memorial Occupation (I Physician Source: Full Name Jimmy Lis Mailing Addre | pess eaux Cv p Code IS 39531-2296 Hospital Group Required) Corporation Other (please sp | PAC | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M Name of Emp Memorial Occupation (I Physician Source: Full Name Jimmy Lis Mailing Addre 14 County City, State, Zi | Poss Peaux Cv p Code 15 39531-2296 Ployer (Required) Hospital Group Required) Corporation Other (please sp Stenbee Poss Road 3073 p Code | PAC | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M Name of Emp Memorial Occupation (I Physician Source: Full Name Jimmy Lis Mailing Addre 14 County City, State, Zi Taylor, M | p Code (S 39531-2296 (S 39531-2296 (S 39531-2296 (S 39531-2296 (S 39631-2296 (S 39631-2296 (S 39631-2296 (S 38673-4513 | PAC | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M Name of Emp Memorial Occupation (I Physician Source: Full Name Jimmy Lis Mailing Addre 14 County City, State, Zi Taylor, M | p Code Is 39531-2296 Iloyer (Required) Hospital Group Required) Corporation Other (please sp stenbee P S S 7 Road 3073 P Code Is 38673-4513 Iloyer (Required) | PAC | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addre 451 Borde City, State, Zi Biloxi, M Name of Emp Memorial Occupation (I Physician Source: Full Name Jimmy Lis Mailing Addre 14 County City, State, Zi Taylor, M Name of Emp | Poss Peaux Cv p Code 15 39531-2296 Ployer (Required) Hospital Group Required) Corporation Other (please sp Stenbee Poss Road 3073 p Code 15 38673-4513 Ployer (Required) Poyed Required) | PAC | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |

| Source: | ✓ Corporation Other (please spec | □ PAC □ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|------------------------------------|------|---|--|
| Full Name Little Ar | ngles Learning & | Childcare | | 03/09/2023 | \$1,000.00 |
| Mailing Addre | | | | | |
| City, State, Zi | p Code | | | | |
| Tupelo, M | MS 38801-4602 | | | | |
| Name of Emp | loyer (Required) | | | | |
| Occupation (I | Required) | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each receipt this |
| | Other (please spec | :ify) | | (Mo., Day, Year) | period |
| Full Name Shane Lit | tle | | | 04/25/2023 | \$600.00 |
| Mailing Addre | ess copolitan Ave SE | | | | |
| City, State, Zi | | | | | |
| | GA 30316-1666 | | | 1 | |
| Name of Emp | loyer (Required) | | 4 0 | | |
| Avenue Re | ealty | | | | |
| Occupation (I | Required) | | THIS | Aggregate year-to-date | \$600.00 |
| Source: | Corporation | PAC / Individual | Loan | Date | Amount of each |
| | Other (please spec | | | (Mo., Day, Year) | receipt this period |
| | | | | | |
| Full Name Nancy Lof | Etus | | | 01/16/2023 | \$100.00 |
| | ess | 100 | | 01/16/2023 | \$100.00 |
| Nancy Lof Mailing Addre | ess ngview Rd | 0 00 | | 01/16/2023 | \$100.00 |
| Nancy Lof Mailing Addre 20329 Lor City, State, Zi | ess ngview Rd | 6 | | 01/16/2023 | \$100.00 |
| Nancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp | ess ngview Rd p Code | | | 01/16/2023 | \$100.00 |
| Mancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp Catholic | ess ngview Rd p Code ch, MS 39560-902 Noyer (Required) Charities of So | | | Aggregate year-to-date | \$476.40 |
| Mancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp Catholic | p Code ch, MS 39560-902 loyer (Required) Charities of So Required) | | Loan | Aggregate | \$476.40 Amount of each |
| Nancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp Catholic Occupation (I Licensed | p Code ch, MS 39560-902 cloyer (Required) Charities of So Required) Social Worker | uthern MS | Loan | Aggregate year-to-date | \$476.40 |
| Nancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp Catholic Occupation (I Licensed | p Code ch, MS 39560-902 cloyer (Required) Charities of So Required) Social Worker Corporation Other (please spec | uthern MS | Loan | Aggregate year-to-date | \$476.40 Amount of each receipt this |
| Nancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp Catholic Occupation (I Licensed Source: | pcss agview Rd p Code ch, MS 39560-902 loyer (Required) Charities of So Required) Social Worker Corporation Other (please spec | uthern MS | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$476.40 Amount of each receipt this period |
| Mancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp Catholic Occupation (I Licensed Source: Full Name Nancy Lof | p Code ch, MS 39560-902 loyer (Required) Charities of So Required) Social Worker Corporation Other (please spec | uthern MS | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$476.40 Amount of each receipt this period |
| Nancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp Catholic Occupation (I Licensed Source: Full Name Nancy Lof Mailing Addre 20329 Lor City, State, Zi | p Code ch, MS 39560-902 cloyer (Required) Charities of So Required) Social Worker Corporation Other (please speces ctus coss coss coss coss coss coss coss co | uthern MS PAC Individual ify) | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$476.40 Amount of each receipt this period |
| Mancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp Catholic Occupation (I Licensed Source: Full Name Nancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac | p Code ch, MS 39560-902 cloyer (Required) Charities of So Required) Social Worker Corporation Other (please specents) ctus ess agview Rd p Code ch, MS 39560-902 | uthern MS PAC Individual ify) | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$476.40 Amount of each receipt this period |
| Mancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp Catholic Occupation (I Licensed Source: Full Name Nancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp | p Code ch, MS 39560-902 cloyer (Required) Charities of So Required) Social Worker Corporation Other (please speces ctus coss coss coss coss coss coss coss co | uthern MS PAC Individual ify) 6 | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$476.40 Amount of each receipt this period |
| Nancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp Catholic Occupation (I Licensed Source: Full Name Nancy Lof Mailing Addre 20329 Lor City, State, Zi Long Beac Name of Emp Catholic Occupation (I | p Code ch, MS 39560-902 cloyer (Required) Charities of So Required) Social Worker Corporation Other (please speced) ctus code ch, MS 39560-902 ch, MS 39560-902 cloyer (Required) Charities of So | uthern MS PAC Individual ify) 6 | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$476.40 Amount of each receipt this period |

| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-----------|---------------------|----------|-------------------------------------|--|
| Full Name | | | | | 00/10/0000 | <u>-</u> |
| Nancy Lof | tus | | | | 02/10/2023 | \$176.40 |
| Mailing Addre | ess | | | | | |
| 20329 Lor | ngview Rd | | | | | |
| City, State, Zi | • | | | | | |
| | ch, MS 39560-90 | 26 | | | | |
| | loyer(Required) Charities of S | outhern 1 | MS | | | |
| Occupation (I | Required) Social Worker | | | | Aggregate year-to-date | \$476.40 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | _ | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 04/20/2022 | · · · · · · · · · · · · · · · · · · · |
| Nancy Lof | tus | | | | 04/20/2023 | \$100.00 |
| Mailing Addre | ess | | | | | |
| 20329 Lor | ngview Rd | | | | | |
| City, State, Zi | | | | | | |
| | ch, MS 39560-90 | 26 | | | () | |
| • | loyer (Required) Charities of S | outhern 1 | MS | 60, | | |
| Occupation (I | Required) Social Worker | | | THIS | Aggregate year-to-date | \$476.40 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | | Z | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Marla W. | - | | | | 04/27/2023 | \$1,000.00 |
| Malla W. | Lomax | | | | | , |
| Mailing Addre | ess | | 100 | | | |
| Mailing Addre | ess Ave | | | | | |
| Mailing Addre | ess Ave | | | | | |
| Mailing Address 404 Tyler City, State, Zi Oxford, M | p Code IS 38655-3822 loyer (Required) | | | | | |
| Mailing Address 404 Tyler City, State, Zi Oxford, M | p Code IS 38655-3822 loyer (Required) byed Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Mailing Addre 404 Tyler City, State, Zi Oxford, M Name of Emp Not Emplo | p Code IS 38655-3822 loyer (Required) byed Required) | PAC | ✓Individual | Loan | year-to-date Date | \$1,000.00 Amount of each |
| Mailing Addre 404 Tyler City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I | p Code Is 38655-3822 loyer (Required) byed Required) | _ | ✓ Individual | Loan | year-to-date | \$1,000.00 |
| Mailing Addre 404 Tyler City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: | p Code IS 38655-3822 loyer (Required) byed Corporation | _ | ✓Individual | Loan | year-to-date Date | \$1,000.00 Amount of each receipt this |
| Mailing Addre 404 Tyler City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: | PSS TAVE P Code IS 38655-3822 Ioyer (Required) Dyed Required) Dyed Corporation Other (please specials | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$1,000.00 Amount of each receipt this period |
| Mailing Addre 404 Tyler City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Casey Lar Mailing Addre PO Box 38 City, State, Zi | PSS P Ave p Code IS 38655-3822 loyer (Required) Dyed Corporation Other (please specials of the content of th | ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$1,000.00 Amount of each receipt this period |
| Mailing Addre 404 Tyler City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Casey Lar Mailing Addre PO Box 38 City, State, Zi Boonevill | Poss Ave p Code IS 38655-3822 loyer (Required) Pyed Corporation Other (please specials Poss B2 P Code Le, MS 38829-03 | ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$1,000.00 Amount of each receipt this period |
| Mailing Addre 404 Tyler City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Casey Lar Mailing Addre PO Box 38 City, State, Zi Boonevill Name of Emp | Poss Poss Poss Poss Poss Poss Poss Poss | ecify) | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | \$1,000.00 Amount of each receipt this period |
| Mailing Addre 404 Tyler City, State, Zi Oxford, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Casey Lar Mailing Addre PO Box 38 City, State, Zi Boonevill | PSS P Ave p Code IS 38655-3822 loyer (Required) Dyed Corporation Other (please special spec | ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$1,000.00 Amount of each receipt this period |

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|--------|--------------|------|---|---|
| | Other (please sp | ecify) | | | (WO., Day, Teal) | period |
| Full Name | | | | | 04/21/2023 | \$10,000.00 |
| Casey Lan | ngston Lott | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code | | | | | |
| Boonevill | Le, MS 38829-03 | 382 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$15,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| G 00.00. | Other (please sp | | v marviduai | | (Mo., Day, Year) | receipt this |
| Full Name | Other (please sp | | | | - | period |
| Mike Lux | | | | | 04/20/2023 | \$2,500.00 |
| Mailing Addre | ess | | | | | |
| 10300 Lar | riston Ln | | | | | |
| City, State, Zi | • | | | | _ | |
| Silver Sp | oring, MD 20903 | 3-1313 | | | 1) | |
| Name of Emp | loyer (Required) Media | | | 60, | | |
| Occupation (I | Required) | | | 1112 | Aggregate | \$2,500.00 |
| Political | Consultant | | | | year-to-date | |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| | Other (please sp | | | | | periou |
| Full Name | | | 7 |) | 02/28/2023 | \$50.00 |
| James Lyr | nch | | 100 | | 02/28/2023 | <u>-</u> |
| James Lyn | nch | | (100) | | 02/28/2023 | <u>-</u> |
| James Lyn Mailing Addre | ess Lia Trl | | (40 14 | | 02/28/2023 | <u>-</u> |
| James Lyn Mailing Addre 617 Camel City, State, Zi | nch ess ia Trl p Code | | (100 13 | | 02/28/2023 | <u>-</u> |
| Mailing Addres 617 Camel City, State, Zi Brandon, | nch ess ia Trl p Code MS 39047-6316 | | 100 10 | | 02/28/2023 | <u>-</u> |
| Mailing Addres 617 Camel City, State, Zi Brandon, | nch ess ia Trl p Code MS 39047-6316 lloyer (Required) | | (100 14) | | 02/28/2023 | <u>-</u> |
| James Lyr Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo | p Code MS 39047-6316 loyer (Required) | | 100 | | Aggregate | <u>-</u> |
| Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo Occupation (I Retired | p Code MS 39047-6316 Ployer (Required) Pyed Required) | | | | Aggregate year-to-date | \$50.00 |
| James Lyr Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo | nch ess ia Trl p Code MS 39047-6316 eloyer (Required) eyed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$50.00 |
| Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo Occupation (I Retired | p Code MS 39047-6316 Ployer (Required) Pyed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$50.00 \$225.00 Amount of each |
| Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo Occupation (I Retired | p Code MS 39047-6316 Ployer (Required) Dyed Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date | \$50.00 \$225.00 Amount of each receipt this |
| Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo Occupation (I Retired Source: | p Code MS 39047-6316 Noved Required) Corporation Other (please space) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| James Lyr Mailing Addre 617 Camel 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo Occupation (I Retired Source: Full Name James Lyr | mch pss ia Trl p Code MS 39047-6316 ployer (Required) pyed Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| Mailing Addres 617 Camel 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo Occupation (I Retired Source: Full Name James Lyn Mailing Addres 617 Camel City, State, Zi | nch pss. ia Trl p Code MS 39047-6316 loyer (Required) pyed Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| James Lyr Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo Occupation (I Retired Source: Full Name James Lyr Mailing Addre 617 Camel City, State, Zi Brandon, | p Code MS 39047-6316 Output (Required) Output (Required) Output (Please space) Corporation Other (please space) Description Output O | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| James Lyr Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo Occupation (I Retired Source: Full Name James Lyr Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp | p Code MS 39047-6316 Ployer (Required) Poyed Corporation Other (please special Trl P Code MS 39047-6316 P Code MS 39047-6316 | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| James Lyr Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo Occupation (I Retired Source: Full Name James Lyr Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo | p Code MS 39047-6316 Note (Required) Corporation Other (please space) Description The Code MS 39047-6316 Description MS 39047-6316 Description Descripti | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) 04/11/2023 | \$225.00 Amount of each receipt this period \$50.00 |
| James Lyr Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp Not Emplo Occupation (I Retired Source: Full Name James Lyr Mailing Addre 617 Camel City, State, Zi Brandon, Name of Emp | p Code MS 39047-6316 Note (Required) Corporation Other (please space) Description The Code MS 39047-6316 Description MS 39047-6316 Description Descripti | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |

Reporting Period 1/1/2023 th

through

4/30/2023

| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Other (please specify) | Loan Date (Mo., Day, Year) | Amount of each receipt this |
|---|----------------------------|-----------------------------|
| | (1,13,11) | period |
| Full Name James Lynch | 04/13/2023 | \$50.00 |
| Mailing Address | | |
| 617 Camelia Trl | | |
| City, State, Zip Code | | |
| Brandon, MS 39047-6316 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Retired | Aggregate year-to-date | \$225.00 |
| Source: Corporation PAC Individual | Loan Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this |
| Full Name | | period |
| James Lynch | 04/24/2023 | \$50.00 |
| Mailing Address | | |
| 617 Camelia Trl | | |
| City, State, Zip Code | | |
| Brandon, MS 39047-6316 | 20 | |
| Name of Employer (Required) Not Employed | COL | |
| Occupation (Required) | Aggregate | \$225.00 |
| Retired | year-to-date | Q223:00 |
| Source: Corporation PAC / Individual | Loan Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 04/29/2023 | \$25.00 |
| James Lynch | | |
| Mailing Address 617 Camelia Trl | | |
| City, State, Zip Code | | |
| Brandon, MS 39047-6316 | | |
| Name of Employer (Required) | | |
| Not Employed | | |
| Occupation (Required) Retired | Aggregate year-to-date | \$225.00 |
| Source: Corporation PAC Individual | Loan Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | | |
| Ted Lyon | 04/21/2023 | \$1,000.00 |
| <u> </u> | 04/21/2023 | \$1,000.00 |
| Mailing Address 1861 LBJ Fwy | 04/21/2023 | \$1,000.00 |
| Mailing Address 1861 LBJ Fwy City, State, Zip Code | 04/21/2023 | \$1,000.00 |
| Mailing Address 1861 LBJ Fwy City, State, Zip Code Mesquite, TX 75150 | 04/21/2023 | \$1,000.00 |
| Mailing Address 1861 LBJ Fwy City, State, Zip Code Mesquite, TX 75150 Name of Employer (Required) | 04/21/2023 | \$1,000.00 |
| Mailing Address 1861 LBJ Fwy City, State, Zip Code Mesquite, TX 75150 | 04/21/2023 Aggregate | \$1,000.00 |

4/30/2023

| City, State, Zip Code Anount of each receipt this period | Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
|---|------------------------|------------------|---------|--------------|----------|------------------|---------------------|
| Mailing Address 74 Woodcutters In City, State, Zip Code Mather Machit City State, Zip Code Atlanta, GR 30309-4072 Name of Employed Cecupation (Required) Cecupa | | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| 74 Mondcutters Ln City, State, Zip Code Rarpers Ferry, wv 25425-7121 Name of Employer (Required) Note Employed Cocupation (Required) Name of Employer (Required) Delta State University Cocupation (Required) Delta State Univ | Full Name Ray Mabus | 3 | | | | 01/27/2023 | \$1,000.00 |
| City, State, Zip Code Rarpers Ferry, WV 25425-7121 Name of Employer (Required) Mabus Group Cocupation (Required) CED Cocupation (Required) CED Coupation (Required) CED CED CED CED CED CED CED CED | • | | | | | | |
| Name of Employer (Required) Makbus Group CECO Source: | | | | | | | |
| Name of Employer (Required) Mahlus Group Cocupation (Required) CEO Source: | - | | 5_7101 | | | | |
| Mabus Group Occupation (Required) CEO Source: Corporation PAC Individual Loan Date (Mo., Day, Year) PEUI Name Ellien Macht Occupation (Required) Not Employed Occupation (Required) Note (please specify) Aggregate year-to-date \$500.00 Adjing Address Carporation PAC Individual Loan Date (Mo., Day, Year) Period Adgregate year-to-date \$500.00 Aggregate year-to-date \$1,000.00 Aggregate year- | | | 7121 | | | | |
| Source: Corporation PAC Individual Loan Date Amount of each receipt this period | - | • • • • | | | | | |
| Other (please specify) Cother (please s | Occupation (I | Required) | | | | | \$1,000.00 |
| City State, Zip Code City, State, Zip Code | Source: | Corporation | PAC | ✓ Individual | Loan | Date | |
| Ellen Macht Mailing Address City, State, Zip Code Atlanta, GA 30309-4072 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: | | Other (please sp | ecify) | | | (Mo., Day, Year) | |
| City, State, Zip Code Aggregate St. 200.00 | Full Name Ellen Mac | cht | | | | 04/21/2023 | |
| Atlanta, GA 30309-4072 Name of Employer (Required) Cocupation (Required) Part City, State, Zip Code Corporation PAC Individual Loan Date (Mo., Day, Year) PAC Part | • | | | | | | |
| Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Bradly S. Macnealy Mailing Address 164 Gene Lester Rd City, State, Zip Code Delta State University Occupation (Required) Director of Flight Operations Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Aggregate (Mo., Day, Year) \$1,000.00 \$1,000.00 \$2,000.00 \$3,000.00 \$3,000.00 \$4,000.00 \$4,000.00 \$5,00 | | | | | | | |
| Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Bradly S. Macnealy Mailing Address 164 Gene Lester Rd City, State, Zip Code Isola, MS 38754-9239 Name of Employer (Required) Delta State University Occupation (Required) Director of Flight Operations Source: Corporation PAC Individual Loan Other (please specify) Full Name Other (please specify) Aggregate S1,000.00 S500.00 Aggregate S1,000.00 S500.00 Aggregate S500.00 Aggregate S1,250.00 Aggregate S1,250.00 | | | | | | 2 | |
| Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Bradly S. Macnealy Mailing Address 164 Gene Lester Rd City, State, Zip Code Isola, MS 38754-9239 Name of Employer (Required) Delta State University Occupation (Required) Director of Flight Operations Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Pull Name David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) David Required) Aggregate (Mo., Day, Year) PAC Individual Loan Date (Mo., Day, Year) Politi Name David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Alliance Retail Group Occupation (Required) Aggregate \$1,250.00 | | | | | | 0, | |
| City, State, Zip Code David Maddox Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name David Maddox Full Name David Maddox Mailing Address 164 Gene Lester Rd City, State, Zip Code Delta State University Cocupation (Required) Director of Flight Operations Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Aggregate year-to-date \$500.00 Aggregate year-to-date \$1,000.00 \$500.00 Aggregate year-to-date \$1,000.00 Aggregate year-to-date \$1,000.00 Aggregate year-to-date \$1,000.00 Aggregate year-to-date \$1,000.00 Aggregate \$1,000.00 | Occupation (I | Required) | | | | | \$500.00 |
| Gure (Please specify) Mailing Address 164 Gene Lester Rd City, State, Zip Code Isola, MS 38754-9239 Name of Employer (Required) Delta State University Occupation (Required) Director of Flight Operations Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Full Name David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Aggregate \$1,000.00 \$500.00 Aggregate \$1,000.00 Aggregate \$1,000.00 \$500.00 Aggregate \$1,000.00 \$500.00 | Source: | Corporation | PAC | ✓Individual | Loan | Date | |
| Bradly S. Macnealy Mailing Address 164 Gene Lester Rd City, State, Zip Code Isola, MS 38754-9239 Name of Employer (Required) Delta State University Occupation (Required) Director of Flight Operations Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Date (Mo., Day, Year) Full Name David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Alliance Retail Group Occupation (Required) Aggregate \$1,000.00 Aggregate \$1,000.00 Aggregate \$1,000.00 Aggregate \$1,000.00 Aggregate \$1,000.00 Aggregate \$1,000.00 | | Other (please sp | ecify) | | <u> </u> | (Mo., Day, Year) | |
| City, State, Zip Code Isola, MS 38754-9239 Name of Employer (Required) Delta State University Cocupation (Required) Director of Flight Operations Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Alliance Retail Group Cocupation (Required) Aggregate year-to-date \$1,000.00 Aggregate (Mo., Day, Year) \$51,000.00 Aggregate (Mo., Day, Year) \$500.00 Aggregate \$1,250.00 | Full Name Bradly S. | Macnealy | | A SH | | 03/24/2023 | \$1,000.00 |
| Name of Employer (Required) Delta State University Coccupation (Required) Director of Flight Operations Source: Corporation PAC Individual Loan Other (please specify) Full Name David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Alliance Retail Group Coccupation (Required) Aggregate \$1,000.00 \$1,000.00 \$1,000.00 \$2,000.00 \$3,000.00 \$4,000.00 \$4,000.00 \$5,000.00 \$5,000.00 \$5,000.00 Aggregate \$1,250.00 | • | | | | | | |
| Delta State University Occupation (Required) Director of Flight Operations Source: Corporation PAC Individual Loan Other (please specify) Full Name David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Aggregate year-to-date \$1,000.00 Amount of each receipt this period 01/12/2023 \$500.00 Aggregate \$1,250.00 Aggregate \$1,250.00 | | • | | | | | |
| Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Alliance Retail Group Occupation (Required) Aggregate \$1,250.00 | - | • • • • | | | | | |
| Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Alliance Retail Group Occupation (Required) Aggregate \$1,250.00 | | | rations | | | | \$1,000.00 |
| Other (please specify) Full Name David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Alliance Retail Group Occupation (Required) Aggregate \$1,250.00 | | _ <u></u> | | ✓ Individual | Loan | Date | Amount of each |
| David Maddox Mailing Address 6285 Darren Dr City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Alliance Retail Group Occupation (Required) Aggregate \$1,250.00 | | Other (please sp | ecify) | | | (Mo., Day, Year) | |
| City, State, Zip Code Olive Branch, MS 38654-7151 Name of Employer (Required) Alliance Retail Group Occupation (Required) Aggregate \$1,250.00 | Full Name David Mad | ldox | | | | 01/12/2023 | \$500.00 |
| Olive Branch, MS 38654-7151 Name of Employer (Required) Alliance Retail Group Occupation (Required) Aggregate \$1,250.00 | _ | | | | | | |
| Alliance Retail Group Occupation (Required) Aggregate \$1,250.00 | | • | -7151 | | | | |
| 71,250.00 | | | | | | | |
| | | | | | | | \$1,250.00 |

023 **through**

4/30/2023

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|----------------------------|--|---------------|--------------|----------|---------------------------|---------------------------------------|
| Full Name | | | | | - 00/05/0000 | <u> </u> |
| David Mac | ldox | | | | 02/25/2023 | \$250.00 |
| Mailing Addre | ess | | | | | |
| 6285 Darr | ren Dr | | | | | |
| City, State, Zi | • | | | | | |
| | anch, MS 38654- | -7151 | | | | |
| | Noyer(Required) Retail Group | | | | | |
| Occupation (I Senior Vi | Required) Lce President | | | | Aggregate year-to-date | \$1,250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | _ | _ | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 03/15/2023 | · · · · · · · · · · · · · · · · · · · |
| David Mac | ldox | | | | 03/13/2023 | \$250.00 |
| Mailing Addre | ess | | | | | |
| 6285 Darr | ren Dr | | | | | |
| City, State, Zi | | | | | | |
| Olive Bra | anch, MS 38654- | -7151 | | | 4 | |
| - | loyer(Required) Retail Group | | | 100 | | |
| Occupation (I | Required) | | | 1119 | Aggregate | \$1,250.00 |
| Senior Vi | ce President | | | | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name David Mac | ldox | | 04 | | 04/05/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code | | | | | |
| Olive Bra | anch, MS 38654- | -7151 | | | | |
| | loyer(Required) Retail Group | | | | | |
| Occupation (I | Required) Lce President | | | | Aggregate year-to-date | \$1,250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Mandy Mah | noney | | | | 01/19/2023 | \$250.00 |
| Mailing Addre | ess | | | | | |
| 21 Oakrid | dge Ave NE | | | | | |
| City, State, Zi | • | | | | | |
| | GA 30317-2915 | | | | | |
| | loyer (Required) Ty Assistance I | Project | | | | |
| | | . + 0) = 0 0 | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$250.00 |

through

4/30/2023

| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|--------------------------------|--------|--------------|--------|---------------------------|------------------------------------|
| Full Name David R. | Mann | | | | 03/29/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| 316 Sonor | | | | | | |
| City, State, Zi | p Code MS 39110-9549 | | | | | |
| Name of Emplo | oloyer (Required) oyed | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$350.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name David R. | Mann | | | | 04/18/2023 | \$250.00 |
| Mailing Address 316 Sonor | | | | | | |
| City, State, Zi | | | | | -0 | |
| | oloyer (Required) | | | 4 | 05 | |
| Not Emplo | | | | | ,~ | |
| Occupation (| | | | A LIHE | Aggregate year-to-date | \$350.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | X | (Mo., Day, Year) | receipt this period |
| Full Name David Man | ccello | | | | 04/27/2023 | \$250.00 |
| Mailing Addre | ess Carrollton Ave | | 6 | | | |
| City, State, Zi | p Code ans, LA 70118 | | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (| | | | | Aggregate | \$250.00 |
| Attorney | , | | | | year-to-date | 7230.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Mana | Other (please sp | есіту) | | | (mo., buy, rear) | period |
| Full Name Barbara N | Marcin | | | | 03/29/2023 | \$5,000.00 |
| Mailing Addre | | | | | | |
| 1 Central City, State, Zi | | | | | | |
| | NY 10023-7703 | } | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$5,000.00 |
| | | | | | ī | |

through

4/30/2023

| Source: | Corporation Other (please sp | | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-------------|---------------------|----------|-------------------------------------|------------------------------------|
| Full Name | | | | | 03/17/2023 | \$100.00 |
| Alicia Ma | ırgolis | | | | 03/17/2023 | 7100.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code | | | | 1 | |
| Bentonia, | MS 39040-9162 | 2 | | | | |
| | loyer(Required) Arant Boult Cum | mmigs, LLP | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Alicia Ma | ırgolis | | | | 04/06/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | - | |
| Bentonia, | MS 39040-9162 | 2 | | | \ | |
| | loyer(Required) Arant Boult Cum | mmigs, LLP | | 1 60, | | |
| Occupation (I | Required) | | 1 | THIS | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | _ | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Alicia Ma | . m. m. n. 1 . i . n | | | | 04/28/2023 | \$50.00 |
| Mailina Addu | irgoils | | ~0 | | | |
| Mailing Address 1474 Dove | ess | | (p ^o | | - | |
| 1474 Dove | er Rd p Code | | (00 | | | |
| City, State, Zi Bentonia, | p Code MS 39040-9162 | 2 | - G ⁰ | | | |
| 1474 Dove City, State, Zi Bentonia, Name of Emp | er Rd p Code | | - G ^O | | | |
| 1474 Dove City, State, Zi Bentonia, Name of Emp | er Rd p Code MS 39040-9162 loyer (Required) arant Boult Cum | | - GOO | | Aggregate year-to-date | \$250.00 |
| City, State, Zi Bentonia, Name of Emp Bradley A | er Rd p Code MS 39040-9162 loyer (Required) arant Boult Cum | mmigs, LLP | √ Individual | Loan | | Amount of each |
| City, State, Zi Bentonia, Name of Emp Bradley A Occupation (I Attorney | er Rd p Code MS 39040-9162 loyer (Required) arant Boult Cum | mmigs, LLP | √ Individual | Loan | year-to-date | |
| City, State, Zi Bentonia, Name of Emp Bradley A Occupation (I Attorney | p Code MS 39040-9162 loyer (Required) arant Boult Cum Required) Corporation Other (please sp | mmigs, LLP | √ Individual | Loan | year-to-date Date | Amount of each receipt this |
| City, State, Zi Bentonia, Name of Emp Bradley A Occupation (I Attorney Source: Full Name Alfred Ma Mailing Addre | p Code MS 39040-9162 loyer (Required) Arant Boult Cum Required) Corporation Other (please sp | mmigs, LLP | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 1474 Dove City, State, Zi Bentonia, Name of Emp Bradley A Occupation (I Attorney Source: Full Name Alfred Ma Mailing Addre 130 Lake City, State, Zi | p Code MS 39040-9162 loyer (Required) arant Boult Cum Required) Corporation Other (please sp | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 1474 Dove City, State, Zi Bentonia, Name of Emp Bradley A Occupation (I Attorney Source: Full Name Alfred Ma Mailing Addre 130 Lake City, State, Zi Ridgeland Name of Emp | p Code MS 39040-9162 loyer (Required) Arant Boult Cum Required) Corporation Other (please sp Artin SS Holleman Pl p Code A, MS 39157-508 loyer (Required) | PAC pecify) | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 1474 Dove City, State, Zi Bentonia, Name of Emp Bradley A Occupation (I Attorney Source: Full Name Alfred Ma Mailing Addre 130 Lake City, State, Zi Ridgeland Name of Emp | p Code MS 39040-9162 loyer (Required) Trant Boult Cum Required) Corporation Other (please sp Artin BS Holleman Pl p Code I, MS 39157-508 loyer (Required) Ental Managemer Required) | PAC pecify) | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

through

4/30/2023

| Source: Corporation PAC Individual Loan | Date (Ma. Pau Vaan) | Amount of each receipt this |
|---|--|---|
| Other (please specify) | (Mo., Day, Year) | period |
| Full Name Alfred Martin | 04/11/2023 | \$100.00 |
| | | |
| Mailing Address 130 Lake Holleman Pl | | |
| City, State, Zip Code | | |
| Ridgeland, MS 39157-5089 | | |
| Name of Employer (Required) | | |
| Environmental Management Plus, Inc. | | |
| Occupation (Required) | Aggregate | \$250.00 |
| Business Owner | year-to-date | |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 04/26/2023 | \$100.00 |
| Alfred Martin | 01,20,2020 | 4100.00 |
| Mailing Address | | |
| 130 Lake Holleman Pl | | |
| City, State, Zip Code Ridgeland, MS 39157-5089 | | |
| Name of Employer (Required) | | |
| Environmental Management Plus, Inc. | 0 | |
| Occupation (Required) | Aggregate | \$250.00 |
| Business Owner | year-to-date | +200 : 00 |
| | | |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) Full Name | | receipt this |
| Other (please specify) Full Name Shirley Martin | (Mo., Day, Year) | receipt this period |
| Tull Name Shirley Martin Mailing Address | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr | (Mo., Day, Year) | receipt this period |
| Tull Name Shirley Martin Mailing Address | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) | (Mo., Day, Year) 03/09/2023 Aggregate | receipt this period |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) Not Employed | (Mo., Day, Year) 03/09/2023 | receipt this period |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) Not Employed Occupation (Required) | (Mo., Day, Year) 03/09/2023 Aggregate year-to-date Date | \$100.00 \$550.00 |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) Not Employed Occupation (Required) Not Employed | (Mo., Day, Year) 03/09/2023 Aggregate year-to-date | receipt this period \$100.00 |
| Gother (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 03/09/2023 Aggregate year-to-date Date | \$100.00 \$550.00 Amount of each receipt this period |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Shirley Martin | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$550.00 Amount of each receipt this |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Shirley Martin Mailing Address | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$550.00 Amount of each receipt this period |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$550.00 Amount of each receipt this period |
| Gother (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$550.00 Amount of each receipt this period |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$550.00 Amount of each receipt this period |
| Gother (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$550.00 Amount of each receipt this period |
| Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Shirley Martin Mailing Address 113 Estelle Dr City, State, Zip Code Vicksburg, MS 39180-9799 Name of Employer (Required) | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$550.00 Amount of each receipt this period |

| Source: | Corporation Other (please sp | PAC Indiv | ridual Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|--|------------|-------------|---------------------------|--|
| Full Name | | | | 04/17/2023 | \$250.00 |
| Shirley M | Martin | | | | 1 = 0 0 0 0 |
| Mailing Addr | | | | | |
| 113 Este | | | | | |
| City, State, Z | • | 0.0 | | | |
| | g, MS 39180-97 | 99 | | | |
| Not Emplo | oloyer (Required) oyed | | | | |
| Occupation (| | | | Aggregate year-to-date | \$550.00 |
| Source: | Corporation | PAC /Indiv | ridual Loan | Date | Amount of each |
| | Other (please sp | pecify) | | (Mo., Day, Year) | receipt this period |
| Full Name | 6 | | | 04/30/2023 | \$100.00 |
| Shirley M | | | | | |
| Mailing Address 113 Estel | | | | | |
| City, State, Z | | | | | |
| • | g, MS 39180-97 | 99 | | 2 | |
| | oloyer (Required) | | | COS | |
| Occupation (| | | | Aggregate year-to-date | \$550.00 |
| | | | · · | | A |
| Source: | ☐ Corporation☐ Other (please specified) | PAC /Indiv | ridualLoan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | | 40 | 01/12/2023 | \$500.00 |
| James H. | | | 20 | | |
| Mailing Addr 163 Lake | ess Trail Dr | | | | |
| City, State, Z | | | | | |
| Flora, MS | 39071-9500 | | | | |
| Name of Emp | oloyer (Required) Loyed | | | | |
| Occupation (| | | | Aggregate | \$1,000.00 |
| Gestalt N | | | | year-to-date | |
| Source: | Corporation | PAC Indiv | vidual Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | Other (please sp | pecify) | | (MO., Day, Teal) | period |
| Full Name James H. | Mason | | | 04/30/2023 | \$500.00 |
| Mailing Addr | ess | | | | |
| • | Trail Dr | | | | |
| City, State, Z | | | | | |
| | 39071-9500 | | | | |
| Self Empi | loyer (Required) | | | • | |
| | | | | | |
| Occupation / | loyed | | | Aggregate | <u> </u> |
| Occupation (Gestalt N | Loyed Required) | | | Aggregate year-to-date | \$1,000.00 |

| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
|--|---|--------|--------------|---------|---|---|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 01/12/2023 | \$100.00 |
| Stefan Ma | assong | | | |] | 1 |
| Mailing Addre | | | | | | |
| 307 Wiste | | | | | _ | |
| City, State, Zi | • | | | | | |
| | rings, MS 39564 | 1-2840 | | | 4 | |
| Self Empl | oloyer (Required) Loyed | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$400.00 |
| | | | | | ļ · | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 03/24/2023 | \$300.00 |
| Stefan Ma | assong | | | | 03/21/2023 | 4300.00 |
| Mailing Addre | ess | | | | | |
| 307 Wiste | eria St | | | | | |
| City, State, Zi | | | | | | |
| Ocean Spr | rings, MS 39564 | 1-2840 | | A 16 1 | ` | |
| Name of Emp | oloyer (Required) Loyed | | | 60, | | |
| Occupation (I | Required) | | | 112 | Aggregate | \$400.00 |
| Psycholog | | | | | year-to-date | Q400.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | | | | | | |
| | Other (please sp | ecify) | <u> </u> | A | (Mo., Day, Year) | receipt this period |
| Full Name John Rich | Other (please sp | ecify) | 0 4 | <u></u> | (Mo., Day, Year) | - |
| John Rich Mailing Addre | nard May Jr | ecify) | 100 | | | period |
| John Rich Mailing Addre PO Box 23 | nard May Jr | ecify) | 100 13 | 5 | | period |
| John Rich Mailing Addre PO Box 23 City, State, Zi | nard May Jr pss 3121 ip Code | ecify) | | | | period |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, | nard May Jr ess 3121 p Code MS 39225-3121 | ecify) | | | | period |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, | nard May Jr ess 3121 ip Code MS 39225-3121 bloyer (Required) | ecify) | | | | period |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp May Law F | nard May Jr ess 3121 p Code MS 39225-3121 ployer (Required) Firm PLLC | ecify) | | | 03/21/2023 | \$500.00 |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp | nard May Jr ess 3121 p Code MS 39225-3121 ployer (Required) Firm PLLC | ecify) | | | | period |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp May Law E Occupation (I | nard May Jr ess 3121 ip Code MS 39225-3121 bloyer (Required) Firm PLLC Required) | PAC | ✓Individual | Loan | Aggregate year-to-date Date | \$500.00 \$600.00 Amount of each |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp May Law E Occupation (I Attorney | nard May Jr ess 3121 p Code MS 39225-3121 ployer (Required) Firm PLLC Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$500.00 \$600.00 |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp May Law E Occupation (I Attorney Source: | nard May Jr ess 3121 ip Code MS 39225-3121 bloyer (Required) Firm PLLC Required) | PAC | ✓ Individual | Loan | Aggregate year-to-date Date | \$500.00 \$600.00 Amount of each receipt this |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp May Law F Occupation (I Attorney Source: Full Name John Rich Mailing Addre | mard May Jr pess 3121 pp Code MS 39225-3121 ployer (Required) Firm PLLC Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp May Law B Occupation (I Attorney Source: Full Name John Rich Mailing Addre PO Box 23 | mard May Jr ess 3121 pp Code MS 39225-3121 ployer (Required) Firm PLLC Required) Corporation Other (please sp mard May Jr ess 3121 | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp May Law B Occupation (I Attorney Source: Full Name John Rich Mailing Addre PO Box 23 City, State, Zi | mard May Jr ess 3121 pp Code MS 39225-3121 ployer (Required) Firm PLLC Required) Corporation Other (please sp mard May Jr ess 3121 pp Code | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp May Law E Occupation (I Attorney Source: Full Name John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, | mard May Jr ess 3121 p Code MS 39225-3121 ployer (Required) Firm PLLC Required) Corporation Other (please sp mard May Jr ess 3121 p Code MS 39225-3121 | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp May Law E Occupation (I Attorney Source: Full Name John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp | mard May Jr ess 3121 p Code MS 39225-3121 ployer (Required) Firm PLLC Required) Corporation Other (please sp mard May Jr ess 3121 p Code MS 39225-3121 ployer (Required) | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, Name of Emp May Law E Occupation (I Attorney Source: Full Name John Rich Mailing Addre PO Box 23 City, State, Zi Jackson, | mard May Jr ess 3121 p Code MS 39225-3121 ployer (Required) Firm PLLC Required) Corporation Other (please sp mard May Jr ess 3121 p Code MS 39225-3121 ployer (Required) Firm PLLC | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |

through

4/30/2023

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|---|--------------|---|---|--|
| Full Name | | | | | 03/06/2023 | \$500.00 |
| Clinton N | Mayes Jr | | | | 03/00/2023 | 4300:00 |
| Mailing Addre | | | | | | |
| 100 Chilt | | | | | | |
| City, State, Zi | I p Code MS 39110-7810 | | | | | |
| | oloyer (Required) | | | | | |
| - | ealth Care Clir | nic | | | | |
| Occupation (| Required) | | | | Aggregate | \$500.00 |
| Vice Pres | sident | | | | year-to-date | 4000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 01/13/2023 | · · · · · · · · · · · · · · · · · · · |
| Beverly N | McAlilly | | | | 01/13/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| 1019 Fawr | n Dr | | | | | |
| City, State, Zi | • | | | | | |
| | MS 38804-1923 | | | - A - A - A - A - A - A - A - A - A - A | 1 | |
| | bloyer (Required) t Senior Servic | ces | | 60. | | |
| Occupation (| Required) | | | III's | Aggregate | \$1,000.00 |
| Managemer | nt | | | | year-to-date | • |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| | | - · · · · · · · · · · · · · · · · · · · | | | | p |
| Full Name | | | 1 | 0 | 04/01/2023 | <u>-</u> |
| Full Name Audrey Mo | cBride | 0 | No. H | | 04/01/2023 | \$200.00 |
| Audrey Mo | ess | Q | (BON) | | 04/01/2023 | <u>-</u> |
| Audrey Mo Mailing Addre 1250 E La | ess akeshore Dr | Q | (D) 4 | | 04/01/2023 | <u>-</u> |
| Audrey Monage Mailing Address 1250 E La City, State, Zi | ess akeshore Dr ip Code | Q | (BO 4) | | 04/01/2023 | <u>-</u> |
| Audrey Mo Mailing Addre 1250 E La City, State, Zi Starkvill | ess akeshore Dr ip Code Le, MS 39759-24 | Q | 100 | | 04/01/2023 | <u>-</u> |
| Audrey Mo Mailing Addre 1250 E La City, State, Zi Starkvill Name of Emp | ess akeshore Dr ip Code | 482 | (B) (B) | | 04/01/2023 | <u>-</u> |
| Audrey Mo Mailing Addr 1250 E La City, State, Zi Starkvill Name of Emp Mcbride 8 | ess akeshore Dr ip Code le, MS 39759-24 bloyer(Required) & Co Real Estat | 482 | 100 | | | \$200.00 |
| Audrey Mo Mailing Addre 1250 E La City, State, Zi Starkvill Name of Emp | ess akeshore Dr ip Code le, MS 39759-24 bloyer(Required) & Co Real Estat | 482 | (00 P) | | Aggregate year-to-date | <u>-</u> |
| Audrey Mo Mailing Addre 1250 E La City, State, Zi Starkvill Name of Emp Mcbride & Occupation (| ess akeshore Dr ip Code le, MS 39759-24 bloyer(Required) & Co Real Estat | 482 | ✓Individual | Loan | Aggregate | \$200.00 \$250.00 Amount of each |
| Audrey Mo Mailing Addre 1250 E La City, State, Zi Starkvill Name of Emp Mcbride & Occupation (Realtor | ess akeshore Dr ip Code le, MS 39759-24 bloyer (Required) & Co Real Estat Required) | 482 te | ✓Individual | Loan | Aggregate year-to-date | \$200.00 |
| Audrey Mo Mailing Addre 1250 E La City, State, Zi Starkvill Name of Emp Mcbride & Occupation (Realtor Source: | ess akeshore Dr ip Code le, MS 39759-24 bloyer (Required) a Co Real Estat Required) Corporation Other (please sp | 482 te | ✓Individual | Loan | Aggregate year-to-date | \$200.00 \$250.00 Amount of each receipt this |
| Audrey Mo Mailing Addre 1250 E La City, State, Zi Starkvill Name of Emp Mcbride & Occupation (Realtor Source: Full Name Audrey Mo | ess akeshore Dr ip Code le, MS 39759-24 bloyer (Required) & Co Real Estat Required) Corporation Other (please sp | 482 te | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Audrey Mo Mailing Addre 1250 E La City, State, Zi Starkvill Name of Emp Mcbride 8 Occupation (Realtor Source: Full Name Audrey Mo Mailing Addre | ess akeshore Dr ip Code le, MS 39759-24 bloyer (Required) & Co Real Estat Required) Corporation Other (please sp | 482 te | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Audrey Mo Mailing Addre 1250 E La City, State, Zi Starkvill Name of Emp Mcbride & Occupation (I Realtor Source: Full Name Audrey Mo Mailing Addre 1250 E La | ess akeshore Dr ip Code le, MS 39759-24 bloyer (Required) & Co Real Estat Required) Corporation Other (please sp cBride ess akeshore Dr | 482 te | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Audrey Mo Mailing Addre 1250 E La City, State, Zi Starkvill Name of Emp Mcbride 8 Occupation (I Realtor Source: Full Name Audrey Mo Mailing Addre 1250 E La City, State, Zi | ess akeshore Dr ip Code le, MS 39759-24 bloyer (Required) & Co Real Estat Required) Corporation Other (please sp cBride ess akeshore Dr | 482 te PAC pecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Audrey Mo Mailing Addreit 1250 E La City, State, Zi Starkvill Name of Emp Mcbride & Occupation (I Realtor Source: Full Name Audrey Mo Mailing Addreit 1250 E La City, State, Zi Starkvill | ess akeshore Dr ip Code le, MS 39759-24 bloyer (Required) & Co Real Estat Required) Corporation Other (please sp cBride ess akeshore Dr ip Code | 482 te PAC pecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
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| Audrey Mo Mailing Addrei 1250 E La City, State, Zi Starkvill Name of Emp Mcbride 8 Occupation (I Realtor Source: Full Name Audrey Mo Mailing Addrei 1250 E La City, State, Zi Starkvill Name of Emp | ess akeshore Dr ip Code le, MS 39759-24 bloyer (Required) & Co Real Estat Required) Corporation Other (please sp akeshore Dr ip Code le, MS 39759-24 bloyer (Required) & Co Real Estat | 482 te PAC pecify) 482 | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |

| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|--------|--------------|------|---|--|
| Full Name Ruth McBr | i de | | | | 02/26/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| • | ermill Ter | | | | | |
| City, State, Zi | | | | | | |
| | ge, VA 22191-41 | 19 | | | | |
| Name of Emp Not Emplo | loyer (Required) oyed | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | period |
| Full Name Ruth McBr | ride | | | | 03/29/2023 | \$100.00 |
| Mailing Addre | ess cermill Ter | | | | | |
| City, State, Zi Woodbridg | p Code ge, VA 22191-41 | 19 | | | 20 | |
| Name of Emp | loyer (Required) | | | 60 | 9 | |
| Occupation (I | | | | THIS | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | 0 | ~~~~ | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | | |
| Ruth McBr | ride | | | | 04/30/2023 | \$100.00 |
| Mailing Addre | | | 100 K | | 04/30/2023 | \$100.00 |
| Mailing Addre 15326 Wat City, State, Zi | ess ermill Ter p Code | 19 | (40 k) | | 04/30/2023 | \$100.00 |
| Mailing Addre 15326 Wat City, State, Zi Woodbridg | ess cermill Ter p Code ge, VA 22191-41 | 19 | | | 04/30/2023 | \$100.00 |
| Mailing Addre 15326 Wat City, State, Zi Woodbridg Name of Emp | p Code ge, VA 22191-41 loyer (Required) | 19 | DO N | | 04/30/2023 | \$100.00 |
| Mailing Addre 15326 Wat City, State, Zi Woodbridg Name of Emp Not Emplo | p Code ge, VA 22191-41 loyer (Required) byed Required) | 19 | | | Aggregate year-to-date | \$300.00 |
| Mailing Addre 15326 Wat City, State, Zi Woodbridg Name of Emp Not Emplo | p Code ge, VA 22191-41 loyer (Required) byed Required) | 19 | ✓ Individual | Loan | Aggregate | \$300.00 Amount of each |
| Mailing Addres 15326 Wat City, State, Zi Woodbridg Name of Emp Not Emplo Occupation (I | p code pe, VA 22191-41 loyer (Required) pyed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$300.00 |
| Mailing Addre 15326 Wat City, State, Zi Woodbridg Name of Emp Not Emplo Occupation (I Not Emplo Source: | p Corporation Description Description | PAC | ✓Individual | Loan | Aggregate year-to-date | \$300.00 Amount of each receipt this |
| Mailing Addre 15326 Wat City, State, Zi Woodbridg Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Catherine | pcss pcermill Ter p Code ge, VA 22191-41 loyer (Required) byed Required) byed Corporation Other (please spectation) | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Mailing Addres 15326 Wat City, State, Zi Woodbridg Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Catherine Mailing Addres 414 Andal | p code p Code pe, VA 22191-41 loyer (Required) pyed Required) pyed Corporation Other (please spectrum) e McClinton pss usia Dr | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Mailing Addre 15326 Wat City, State, Zi Woodbridg Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Catherine Mailing Addre 414 Andal City, State, Zi | p code p Code pe, VA 22191-41 loyer (Required) pyed Required) pyed Corporation Other (please spectrum) e McClinton pss usia Dr | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Mailing Addres 15326 Wat City, State, Zi Woodbridg Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Catherine Mailing Addres 414 Andal City, State, Zi Oxford, M Name of Emp | p Code ge, VA 22191-41 loyer (Required) byed Corporation Other (please spectrum) custa Dr p Code gs 38655-9258 loyer (Required) | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Mailing Addre 15326 Wat City, State, Zi Woodbridg Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Catherine Mailing Addre 414 Andal City, State, Zi Oxford, M | p Code ge, VA 22191-41 loyer (Required) byed Corporation Other (please spectrum) custa Dr p Code gs 38655-9258 loyer (Required) | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Mailing Addres 15326 Wat City, State, Zi Woodbridg Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Catherine Mailing Addres 414 Andal City, State, Zi Oxford, M Name of Emp | p Code ge, VA 22191-41 loyer (Required) byed Corporation Other (please speed) McClinton p Code IS 38655-9258 loyer (Required) byed | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |

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4/30/2023

| | _ | | |
|--|--|-------------------------------------|--|
| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Davis McC | 001 | 04/12/2023 | \$500.00 |
| Mailing Addre | | | |
| 8220 Mapl | e St | | |
| City, State, Zi | o Code ns, LA 70118-1059 | | |
| | | | |
| Name of Emp Laitram | oyer (Required) | | |
| Occupation (F | Required) Development Analyst | Aggregate year-to-date | \$500.00 |
| Source: | Corporation PAC /Individual Loan | Date | Amount of each |
| | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name John McCu | rdy | 02/13/2023 | \$1,000.00 |
| Mailing Addre | ss | | |
| 106 Castl | | | |
| City, State, Zi | o Code S 38655-7354 | | |
| Name of Emp | oyer (Required) | | |
| Self Empl | oyed | | |
| Occupation (F | | Aggregate year-to-date | \$1,000.00 |
| | | D. (| A |
| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | Mcdade Jr | 04/26/2023 | \$1,000.00 |
| Mailing Addre | | | |
| City, State, Zi | | | |
| City, State, Zi | Cada | I | |
| Belden, M | Code S 38826-8731 | | |
| | S 38826-8731 oyer (Required) | | |
| Name of Emp | s 38826-8731 oyer (Required) oyed | Aggregate year-to-date | \$1,000.00 |
| Name of Empl Self Empl Occupation (F | s 38826-8731 oyer (Required) oyed Required) | | \$1,000.00 Amount of each |
| Name of Empl Self Empl Occupation (F Attorney | s 38826-8731 oyer (Required) oyed | year-to-date | |
| Name of Empl Self Empl Occupation (F Attorney Source: | oyer (Required) oyed Required) Corporation PAC Individual Loan Other (please specify) | year-to-date Date | Amount of each receipt this |
| Name of Empl Self Empl Occupation (F Attorney Source: Full Name Roger Mcd | oyer (Required) oyed Required) Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Empl Self Empl Occupation (F Attorney Source: | oyer (Required) oyed Required) Corporation PAC Individual Loan Other (please specify) owell ss | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Empl Self Empl Occupation (F Attorney Source: Full Name Roger Mcd Mailing Addre 1904 Full City, State, Zi | oyer (Required) oyed Required) Corporation PAC Individual Loan Other (please specify) owell ss er St | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Empl Self Empl Occupation (F Attorney Source: Full Name Roger Mcc Mailing Addre 1904 Full City, State, Zi Hattiesbu | s 38826-8731 oyer (Required) oyed lequired) Corporation PAC Individual Loan Other (please specify) owell ss er St o Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Empl Self Empl Occupation (F Attorney Source: Full Name Roger Mcc Mailing Addre 1904 Full City, State, Zi Hattiesbu | s 38826-8731 oyer (Required) oyed lequired) Corporation PAC Individual Loan Other (please specify) owell ss er St o Code rg, MS 39401-7544 oyer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Empl Self Empl Occupation (F Attorney Source: Full Name Roger Mcc Mailing Addre 1904 Full City, State, Zi Hattiesbu Name of Emp | oyer (Required) oyed Required) Corporation PAC Individual Loan Other (please specify) owell ss er St O Code rg, MS 39401-7544 oyer (Required) yed | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

through

4/30/2023

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|----------|--------------|----------|--------------------------------------|------------------------------------|
| Full Name | Other (please sp | | | | - | period |
| Roger Mcc | dowell | | | | 04/10/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| 1904 Full | | | | | | |
| City, State, Zi | • | | | | | |
| | ırg, MS 39401- | 7544 | | | | |
| Name of Emp | oloyer (Required) Dyed | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$725.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | Decify) | _ | | (Mo., Day, Year) | receipt this period |
| Full Name | | , | | | - 0.4 /4.4 /0.000 | · |
| Roger Mcc | dowell | | | | 04/14/2023 | \$25.00 |
| Mailing Addre | ess | | | | | |
| 1904 Full | | | | | | |
| City, State, Zi | • | | | | | |
| | ırg, MS 39401- | 7544 | | | 4 | |
| Name of Emp | oloyer (Required) Dyed | | | 60, | | |
| Occupation (| Required) | | // | THIS | Aggregate year-to-date | \$725.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | _ | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Roger Mcc | dowell | | | | 04/26/2023 | \$250.00 |
| Mailing Addre | | |) (c) | | | |
| City, State, Zi | ip Code | | | | | |
| Hattiesbu | ırg, MS 39401- | 7544 | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| | oyea | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$725.00 |
| | | □PAC | ✓ Individual | Loan | year-to-date Date | Amount of each |
| Retired | Required) | _ | ✓Individual | Loan | year-to-date | |
| Retired | Required) Corporation Other (please sp | _ | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Source: | Corporation Other (please sp | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Retired Source: Full Name Robert B. Mailing Addre | Corporation Other (please sp McDuff ess ngress St | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Retired Source: Full Name Robert B. Mailing Addre 767 N Cor City, State, Zi | Required) Corporation Other (please sp McDuff ess ngress St ip Code | _ | ✓Individual | ☐ Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Robert B. Mailing Addre 767 N Cor City, State, Zi Jackson, | Corporation Other (please sp. McDuff ess ngress St ip Code MS 39202-3009 | _ | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Robert B. Mailing Addre 767 N Cor City, State, Zi Jackson, Name of Emp | Corporation Other (please sp. McDuff ess ngress St ip Code MS 39202-3009 bloyer (Required) | pecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Robert B. Mailing Addre 767 N Cor City, State, Zi Jackson, Name of Emp | Corporation Other (please sp. McDuff ess ngress St ip Code MS 39202-3009 ppi Center for | pecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: | Corporation Other (please spec | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-------|--------------|------|-------------------------------------|------------------------------------|
| Full Name Robert G. | McInnis | | | | 04/28/2023 | \$10,000.00 |
| Mailing Addre | | | | | | |
| | | | | | | |
| Clinton, | MS 39060-0176 | | | | | |
| | oyer (Required) | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$10,000.00 |
| Business | Owner | | | | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | Other (please spe | city) | | | - (Mo., Day, Tear) | period |
| Full Name Nancy H. | McKee | | | | 04/28/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | e, MS 38614-195 | 51 | | | 4 | |
| | loyer (Required) in Engineers Ir | nc | | 1 | ₹ | |
| Occupation (F | | | . 4 | 19 | Aggregate | |
| Marketing | | | | | year-to-date | \$250.00 |
| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | | ···· | | 9, | _ | period |
| Marie McK | ellar | | | | 04/06/2023 | \$5,000.00 |
| Mailing Addre | ee | | | | | |
| | | | | | | |
| | St | | | | | |
| City, State, Zi | St | | | | | |
| City, State, Zip Evanston, | St Code | | > 0 | | | |
| City, State, Zip Evanston, | St o Code IL 60201-4830 over (Required) | | > Ø | | | |
| City, State, Zip Evanston, Name of Emplo Not Emplo Occupation (F | St Code IL 60201-4830 Coyer (Required) Yed Required) | | | | Aggregate year-to-date | \$5,000.00 |
| City, State, Zip Evanston, Name of Emplo | St Code IL 60201-4830 Coyer (Required) Yed Required) | PAC | ✓Individual | Loan | | Amount of each |
| City, State, Zip Evanston, Name of Emplo Not Emplo Occupation (F Not Emplo Source: | o Code IL 60201-4830 loyer (Required) yed Required) yed | | ✓Individual | Loan | year-to-date | |
| City, State, Zip Evanston, Name of Emplo Not Emplo Occupation (F Not Emplo | o Code IL 60201-4830 loyer (Required) yed Required) yed Corporation Other (please special | | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| City, State, Zip Evanston, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Steve McK Mailing Addre | St Code IL 60201-4830 Coyer (Required) Yed Corporation Other (please specially seconds) | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zip Evanston, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Steve McK Mailing Addre | St co Code IL 60201-4830 loyer (Required) yed Required) yed Corporation Other (please specially seconds) inney ss Ln | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zip Evanston, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Steve McK Mailing Addre 114 Pecan City, State, Zip | St Code IL 60201-4830 Oyer (Required) yed Required) yed Corporation Other (please specially seconds) inney ss Ln | cify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zip Evanston, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Steve McK Mailing Addre 114 Pecan City, State, Zip West Poin | St Code IL 60201-4830 Oyer (Required) yed Required) yed Corporation Other (please specially seconds) inney ss Ln Code | cify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zip Evanston, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Steve McK Mailing Addre 114 Pecan City, State, Zip West Poin | o Code IL 60201-4830 loyer (Required) yed Required) yed Corporation Other (please specially seconds) Ln O Code t, MS 39773-396 loyer (Required) | cify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zip Evanston, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Steve McK Mailing Addre 114 Pecan City, State, Zip West Poin Name of Emplo | o Code IL 60201-4830 oyer (Required) yed Required) yed Corporation Other (please special speci | cify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|--|----------|--------------|------------|---------------------------|------------------------------------|
| Full Name | innia | | | | 02/22/2023 | \$37.30 |
| Mailing Addre | | | | | | |
| 301 Sasco | | | | | | |
| City, State, Zi | p Code | | | | | |
| Fairfield | l, CT 06824-564 | 19 | | | | |
| | loyer(Required) Linnis Consult: | ing, LLC | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$1,037.30 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name David McK | Zinnis | | | | 02/23/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| 301 Sasco | | | | | | |
| City, State, Zi | | | | | | |
| | l, CT 06824-564 | 19 | | | 2 | |
| • | loyer (Required) Linnis Consult: | ing, LLC | | 1 |)* | |
| Occupation (I | | | | THIS | Aggregate year-to-date | \$1,037.30 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | 05° | ¥ <u>,</u> | (Mo., Day, Year) | receipt this period |
| Full Name Leslie-Bu | ırl McLemore | | 04 | | 04/05/2023 | \$250.00 |
| Mailing Addre | | | 6 | | | |
| City, State, Zi | | | | | | |
| • . | orant, MS 3864 | 41-8211 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | s. McMahan | | | | 03/06/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| 46 Longwo | | | | | | |
| City, State, Zi | p Code irg, MS 39402-3 | 3083 | | | | |
| | loyer (Required) | | | | | |
| Self Empl | | | | | | |
| Occupation (| - 1 | | | | | |
| Attorney | Required) | | | | Aggregate year-to-date | \$1,000.00 |

| Source: | ☐ Corporation ☐ Other (please specif | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-------------------|------|-------------------------------------|--|
| Full Name Mike McMa | han | | | 04/28/2023 | \$500.00 |
| Mailing Addre | | | | \dashv | |
| 46 Longwo | | | | | |
| City, State, Zip | | | | 7 | |
| | rg, MS 39402-308 | ;3 | | | |
| | oyer(Required) Apts, LLC | | | | |
| Occupation (R | equired) | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC Individual | Loan | Date (Ma. Pau Vaar) | Amount of each receipt this |
| | Other (please specif | y) | | (Mo., Day, Year) | period |
| Full Name Obie M. M | cNair Jr | | | 04/18/2023 | \$250.00 |
| Mailing Addre | | | | | |
| City, State, Zip | | | | \dashv | |
| | , MS 39157-9788 | | | 2 | |
| | oyer (Required) | | 4 04 | | |
| Central M | S Health Service | :S | | | |
| Occupation (R | • • | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | Other (please specif | | | (Mo., Day, Year) | receipt this period |
| Full Name Michael R | . McWherter | 0 | .50 | 01/18/2023 | \$500.00 |
| Mailing Addre | | | | | |
| City, State, Zip | | | | - | |
| | TN 38302-1762 | | | | |
| | oyer(Required) istributors, Inc | | | - | |
| | oyer(Required) istributors, Inc | :- | | Aggregate year-to-date | \$500.00 |
| Central D Occupation (R | oyer (Required) istributors, Inc equired) Corporation | ☐PAC ✓ Individual | Loan | year-to-date Date | \$500.00 Amount of each receipt this |
| Central D Occupation (R President Source: | oyer (Required) istributors, Inc Required) | ☐PAC ✓ Individual | Loan | year-to-date | Amount of each |
| Central D Occupation (R President | oyer (Required) istributors, Inc lequired) Corporation Other (please specif | ☐PAC ✓ Individual | Loan | year-to-date Date | Amount of each receipt this |
| Central D Occupation (R President Source: Full Name Carolyn M Mailing Addre | oyer (Required) istributors, Inc lequired) Corporation Other (please specif | ☐PAC ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Central D Occupation (R President Source: Full Name Carolyn M Mailing Addre 1303 Laur City, State, Zig | oyer (Required) istributors, Inc lequired) Corporation Other (please specified by the component of the comp | ☐PAC ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Central D Occupation (R President Source: Full Name Carolyn M Mailing Addre 1303 Laur City, State, Zig Laurel, M | coyer (Required) istributors, Inc. istributors, | ☐PAC ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Central D Occupation (R President Source: Full Name Carolyn M Mailing Addre 1303 Laur City, State, Zig Laurel, M Name of Empl | coyer (Required) istributors, Inc istrib | ☐PAC ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|--|
| Full Name Carolyn Meaders | 04/14/2023 | \$100.00 |
| | | |
| Mailing Address 1303 Laurelwood Cir | | |
| City, State, Zip Code | | |
| Laurel, MS 39440-1868 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$375.00 |
| Source: Corporation PAC / Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Carolyn Meaders | 04/26/2023 | \$250.00 |
| Mailing Address 1303 Laurelwood Cir | | |
| City, State, Zip Code | | |
| Laurel, MS 39440-1868 | 2 | |
| Name of Employer (Required) Not Employed | 2,4 | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$375.00 |
| | | |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) | | receipt this |
| Timothy Medley Mailing Address | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Timothy Medley Mailing Address 238 Eastbrooke St | (Mo., Day, Year) | receipt this period |
| Timothy Medley Mailing Address | (Mo., Day, Year) | receipt this period |
| Timothy Medley Mailing Address 238 Eastbrooke St City, State, Zip Code Jackson, MS 39216-4716 Name of Employer (Required) | (Mo., Day, Year) | receipt this period |
| Timothy Medley Mailing Address 238 Eastbrooke St City, State, Zip Code Jackson, MS 39216-4716 | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Timothy Medley Mailing Address 238 Eastbrooke St City, State, Zip Code Jackson, MS 39216-4716 Name of Employer (Required) Medley & Brown Occupation (Required) | (Mo., Day, Year) 03/27/2023 Aggregate | \$250.00 |
| Timothy Medley Mailing Address 238 Eastbrooke St City, State, Zip Code Jackson, MS 39216-4716 Name of Employer (Required) Medley & Brown Occupation (Required) Partner | (Mo., Day, Year) 03/27/2023 Aggregate year-to-date | receipt this period \$250.00 |
| Timothy Medley Mailing Address 238 Eastbrooke St City, State, Zip Code Jackson, MS 39216-4716 Name of Employer (Required) Medley & Brown Occupation (Required) Partner Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 03/27/2023 Aggregate year-to-date Date | \$250.00 \$250.00 Amount of each receipt this |
| Timothy Medley Mailing Address 238 Eastbrooke St City, State, Zip Code Jackson, MS 39216-4716 Name of Employer (Required) Medley & Brown Occupation (Required) Partner Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) O3/27/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Gother (please specify) Full Name Timothy Medley Mailing Address 238 Eastbrooke St City, State, Zip Code Jackson, MS 39216-4716 Name of Employer (Required) Medley & Brown Occupation (Required) Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name Mary A. Mehrle Mailing Address | (Mo., Day, Year) O3/27/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| City, State, Zip Code Jackson, MS 39216-4716 Name of Employer (Required) Medley & Brown Occupation (Required) Partner Source: Corporation PAC Individual Loan Other (please specify) Full Name Mary A. Mehrle Mailing Address PO Box 1036 City, State, Zip Code | (Mo., Day, Year) O3/27/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |

| Source: | Corporation Other (please spec | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|-------------|--------------|---|---|--|
| Full Name | | •, <u> </u> | | | 04/26/2023 | \$250.00 |
| Robert K. | Mehrle | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zij | o Code | | | | | |
| Lambert, | | | | | | |
| | loyer (Required) | | | | | |
| Mississip | pi Sports Medic | ine & 0: | rthopaedics | | | |
| Occupation (F | Required) ic Surgeon | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | ify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 02/14/2023 | \$250.00 |
| John Merc | ier | | | | 02/14/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| 501 E Shi | loh Rd | | | | | |
| City, State, Zi | | | | | | |
| | MS 38834-3460 | | | A 54 | ` | |
| Name of Employers | loyer (Required) | | | 60, | | |
| Occupation (F | | | | | Aggregate year-to-date | \$400.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | | | | 7 <u>4</u> , | (Mo., Day, Year) | receipt this |
| | Other (please spec | JIIY) | | 3 | | period |
| Full Name John Merc | | | No H |) | 03/16/2023 | \$50.00 |
| | ier ss | | 100 |) · · · · · · · · · · · · · · · · · · · | 03/16/2023 | <u>-</u> |
| John Merc Mailing Addre 501 E Shi City, State, Zi | ier ss loh Rd p Code | | (100 14 | <u> </u> | 03/16/2023 | <u>-</u> |
| John Merc Mailing Addre 501 E Shi City, State, Zil Corinth, | ier ss loh Rd p Code MS 38834-3460 | | 100 | | 03/16/2023 | <u>-</u> |
| John Merc Mailing Addre 501 E Shi City, State, Zil Corinth, | ier ss loh Rd c Code MS 38834-3460 loyer (Required) | | (40) | | 03/16/2023 | <u>-</u> |
| John Merc Mailing Addre 501 E Shi City, State, Zij Corinth, Name of Empl | ier ss loh Rd p Code MS 38834-3460 loyer (Required) | | 100 | | Aggregate year-to-date | <u>-</u> |
| John Merc Mailing Addre 501 E Shi City, State, Zip Corinth, Name of Emplo officePRO Occupation (F | ier ss loh Rd p Code MS 38834-3460 loyer (Required) | PAC | ✓Individual | Loan | Aggregate | \$50.00 \$400.00 Amount of each |
| John Merco Mailing Addre 501 E Shi City, State, Zip Corinth, Name of Emplo officePRO Occupation (F President | ier uss loh Rd p Code MS 38834-3460 loyer (Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$50.00 |
| John Merco Mailing Addre 501 E Shi City, State, Zig Corinth, Name of EmploofficePRO Occupation (F President Source: | ier sss loh Rd p Code MS 38834-3460 loyer (Required) Required) Corporation Other (please spec | PAC | ✓Individual | Loan | Aggregate year-to-date | \$400.00 Amount of each receipt this |
| John Merco Mailing Addre 501 E Shi City, State, Zig Corinth, Name of EmploofficePRO Occupation (F President Source: Full Name John Merco | ier ss loh Rd p Code MS 38834-3460 loyer (Required) Corporation Other (please special) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$400.00 Amount of each receipt this period |
| John Merco Mailing Addre 501 E Shi City, State, Zij Corinth, Name of Empl officePRO Occupation (F President Source: Full Name John Merco Mailing Addre 501 E Shi | ier ss loh Rd p Code MS 38834-3460 loyer (Required) Corporation Other (please specials) ier ss loh Rd | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$400.00 Amount of each receipt this period |
| John Merco Mailing Addre 501 E Shi City, State, Zij Corinth, Name of Emplo officePRO Occupation (F President Source: Full Name John Merco Mailing Addre 501 E Shi City, State, Zij | ier ss loh Rd p Code MS 38834-3460 loyer (Required) Corporation Corporation Other (please specials) ier ss loh Rd p Code | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$400.00 Amount of each receipt this period |
| John Merco Mailing Addre 501 E Shi City, State, Zig Corinth, Name of EmploofficePRO Occupation (F President Source: Full Name John Merco Mailing Addre 501 E Shi City, State, Zig Corinth, | ier ss loh Rd p Code MS 38834-3460 loyer (Required) Corporation Other (please specials) ier ss loh Rd | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$400.00 Amount of each receipt this period |
| John Merco Mailing Addre 501 E Shi City, State, Zig Corinth, Name of EmploofficePRO Occupation (F President Source: Full Name John Merco Mailing Addre 501 E Shi City, State, Zig Corinth, | ier iss loh Rd p Code MS 38834-3460 loyer (Required) Corporation Other (please spectors ier iss loh Rd p Code MS 38834-3460 loyer (Required) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$400.00 Amount of each receipt this period |
| John Merco Mailing Addre 501 E Shi City, State, Zig Corinth, Name of EmploofficePRO Occupation (F President Source: Full Name John Merco Mailing Addre 501 E Shi City, State, Zig Corinth, Name of Emploof | ier ss loh Rd p Code MS 38834-3460 loyer (Required) Corporation Corporation Other (please spection) ier ss loh Rd p Code MS 38834-3460 loyer (Required) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$400.00 Amount of each receipt this period |

| Source: | ☐ Corporation ✓ Other (please spe | PAC | ☐ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|----------------------------|------------------------------------|---------|---------------------|-------------|---------------------------|--|
| Full Name | | | | | 04/18/2023 | \$1,000.00 |
| Mailing Addre | for Senate Co | mmittee | | | | |
| • | Canton Rd | | | | | |
| City, State, Zi | | | | | | |
| | MS 39211-5994 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Charles J | . Mikhail | | | | 04/28/2023 | \$5,000.00 |
| Mailing Addre | | | | | | |
| PO Box 38 City, State, Zi | | | | | | |
| • | MS 39577-0038 | | | | 2 | |
| | loyer (Required) | | | | ,08 | |
| Occupation (I | Required) | | | J HIS | Aggregate year-to-date | \$5,000.00 |
| Attorney | | | | | , | |
| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name William T | . Miles | | 9 4 |) | 01/18/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | en Chapel Rd | | | | | |
| • . | IS 38843-9705 | | | | | |
| Name of Emp | loyer (Required) yed | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | period |
| Full Name Alysson M | ills | | | | 04/24/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code | | | | | |
| | ns, LA 70130-5 | 201 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (I | | | | | Aggregate | \$1,000.00 |
| Attorney | . , | | | | year-to-date | 71,000.00 |

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
|--|---|-------------|--------------|---------|---|---|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | _ | | | | 04/25/2023 | \$2,500.00 |
| Brent Mil | | | | | | |
| Mailing Address 735 Broad | | | | | | |
| City, State, Zi | | | | | | |
| | p code oga, TN 37402-1 | 1855 | | | | |
| | loyer (Required) | | | | | |
| | Associates | | | | | |
| Occupation (I | Required) | | | | Aggregate | \$2,500.00 |
| Filmmaker | - | | | | year-to-date | , , , |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/17/2023 | \$25,000.00 |
| Olan Mill | ls II | | | | | , |
| Mailing Addre | | | | | | |
| 735 Broad | | | | | | |
| Chattanoo | p Code oga, TN 37402-1 | 1855 | | | .0 | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | 1 00 | | |
| Occupation (I | Required) | | | ال. الأ | Aggregate | \$25,000.00 |
| Retired | | | | | year-to-date | 423,000.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please an | ocifu) | | | (Mo., Day, Year) | receipt this |
| | Other (please sp | | | | _ | period |
| Full Name | Other (please sp | | 1 |), | 02/09/2023 | <u>-</u> |
| Full Name Douglas M | | | No N | > - | 02/09/2023 | \$250.00 |
| Douglas Mailing Addre | dinor | | 1004 | 5, | 02/09/2023 | <u>-</u> |
| Douglas Mailing Addre | Minor PSS De Rd | | 100 | > | 02/09/2023 | <u>-</u> |
| Douglas Mailing Address 113 Sharp City, State, Zi | Minor PSS De Rd p Code | | (40.14 | | 02/09/2023 | <u>-</u> |
| Douglas Mailing Address 113 Sharp City, State, Zi Madison, | Minor PSS De Rd P Code MS 39110-8547 | | (100) | | 02/09/2023 | <u>-</u> |
| Douglas Mailing Address 113 Sharp City, State, Zi Madison, | Minor pess pe Rd p Code MS 39110-8547 ployer (Required) | | 600 | | 02/09/2023 | <u>-</u> |
| Mailing Addre 113 Sharp City, State, Zi Madison, Name of Emp Raymond | Minor pess pe Rd p Code MS 39110-8547 ployer (Required) James | | (400 14) | | | \$250.00 |
| Douglas Mailing Address 113 Sharp City, State, Zi Madison, Name of Emp | Minor pess pe Rd p Code MS 39110-8547 ployer (Required) James Required) | | 100 K | | Aggregate year-to-date | <u>-</u> |
| Mailing Addre 113 Sharp City, State, Zi Madison, Name of Emp Raymond C | Minor pess pe Rd p Code MS 39110-8547 ployer (Required) James Required) | PAC | □Individual | Loan | Aggregate | \$250.00 \$250.00 Amount of each |
| Mailing Address 113 Sharp City, State, Zi Madison, Name of Emp Raymond Coccupation (I Financial | Minor pess pe Rd p Code MS 39110-8547 ployer (Required) James Required) Advisor | PAC | □Individual | Loan | Aggregate year-to-date | \$250.00 \$250.00 Amount of each receipt this |
| Mailing Address 113 Sharp City, State, Zi Madison, Name of Emp Raymond Coccupation (I Financial | Minor Poss De Rd P Code MS 39110-8547 Ployer (Required) James Required) Advisor Corporation | PAC | ☐ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Douglas Mailing Addres 113 Sharp City, State, Zi Madison, Name of Emp Raymond Coccupation (I Financial Source: | Minor Poss De Rd P Code MS 39110-8547 Ployer (Required) James Required) Advisor Corporation | PAC | | Loan | Aggregate year-to-date | \$250.00 \$250.00 Amount of each receipt this |
| Douglas M Mailing Addre 113 Sharp City, State, Zi Madison, Name of Emp Raymond C Occupation (I Financial Source: Full Name Mississip Mailing Addre | Minor Poss De Rd P Code MS 39110-8547 Ployer (Required) James Required) Advisor Corporation Other (please spopi Peanut Suppopess | PAC | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Douglas M Mailing Addre 113 Sharp City, State, Zi Madison, Name of Emp Raymond C Occupation (I Financial Source: Full Name Mississip Mailing Addre 41155 Hig | Minor Pess De Rd P Code MS 39110-8547 Ployer (Required) James Required) Advisor Corporation Other (please sp Popi Peanut Supposes ghway 45 S | PAC | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Douglas Mailing Address 113 Sharp City, State, Zi Madison, Name of Emp Raymond Cocupation (I Financial Source: Full Name Mississip Mailing Address 41155 Higs City, State, Zi | Minor Poss Poe Rd P Code MS 39110-8547 Ployer (Required) James Required) Advisor Corporation Other (please sp Popi Peanut Supp Poss Pophway 45 S P Code | PAC Pecify) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Mailing Address 113 Sharp City, State, Zi Madison, Name of Emp Raymond Ci Occupation (I Financial Source: Full Name Mississip Mailing Address 41155 Hig City, State, Zi Aberdeen, | Minor PSS DE Rd P Code MS 39110-8547 Ployer (Required) James Required) Advisor Corporation Other (please sp Popi Peanut Supp PSS ghway 45 S P Code MS 39730-9601 | PAC Pecify) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Mailing Address 113 Sharp City, State, Zi Madison, Name of Emp Raymond Ci Occupation (I Financial Source: Full Name Mississip Mailing Address 41155 Hig City, State, Zi Aberdeen, | Minor Poss Poe Rd P Code MS 39110-8547 Ployer (Required) James Required) Advisor Corporation Other (please sp Popi Peanut Supp Poss Pophway 45 S P Code | PAC Pecify) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Douglas Mailing Addres 113 Sharp City, State, Zi Madison, Name of Emp Raymond Cocupation (I Financial Source: Full Name Mississip Mailing Addres 41155 Hig City, State, Zi Aberdeen, Name of Emp | Minor Pess De Rd P Code MS 39110-8547 Ployer (Required) James Required) Advisor Corporation Other (please sp Pepi Peanut Suppless ghway 45 S P Code MS 39730-9601 Ployer (Required) | PAC Pecify) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) 03/06/2023 | \$250.00 \$250.00 Amount of each receipt this period \$1,000.00 |
| Mailing Address 113 Sharp City, State, Zi Madison, Name of Emp Raymond Ci Occupation (I Financial Source: Full Name Mississip Mailing Address 41155 Hig City, State, Zi Aberdeen, | Minor Pess De Rd P Code MS 39110-8547 Ployer (Required) James Required) Advisor Corporation Other (please sp Pepi Peanut Suppless ghway 45 S P Code MS 39730-9601 Ployer (Required) | PAC Pecify) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|--|
| Full Name Cynthia I. Mitchell | 01/28/2023 | \$1,000.00 |
| Mailing Address | | |
| 1620 Anne Dr | | |
| City, State, Zip Code Clarksdale, MS 38614-1802 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Retired | Aggregate year-to-date | \$2,000.00 |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Cynthia I. Mitchell | 04/28/2023 | \$1,000.00 |
| Mailing Address 1620 Anne Dr | | |
| City, State, Zip Code Clarksdale, MS 38614-1802 | 0 | |
| Name of Employer (Required) Not Employed | | |
| | | |
| Occupation (Required) Retired | Aggregate year-to-date | \$2,000.00 |
| Occupation (Required) | | \$2,000.00 Amount of each receipt this period |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each receipt this |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Brad Mittendorf Mailing Address | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Brad Mittendorf Mailing Address 8002 Lanes End City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Brad Mittendorf Mailing Address 8002 Lanes End City, State, Zip Code Baton Rouge, LA 70810-2255 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Brad Mittendorf Mailing Address 8002 Lanes End City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Brad Mittendorf Mailing Address 8002 Lanes End City, State, Zip Code Baton Rouge, LA 70810-2255 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Brad Mittendorf Mailing Address 8002 Lanes End City, State, Zip Code Baton Rouge, LA 70810-2255 Name of Employer (Required) Southern Strategy Group Louisiana Occupation (Required) | year-to-date Date (Mo., Day, Year) 04/22/2023 Aggregate | Amount of each receipt this period \$2,500.00 |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Brad Mittendorf Mailing Address 8002 Lanes End City, State, Zip Code Baton Rouge, LA 70810-2255 Name of Employer (Required) Southern Strategy Group Louisiana Occupation (Required) Consultant | year-to-date Date (Mo., Day, Year) 04/22/2023 Aggregate year-to-date | Amount of each receipt this period \$2,500.00 |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Brad Mittendorf Mailing Address 8002 Lanes End City, State, Zip Code Baton Rouge, LA 70810-2255 Name of Employer (Required) Southern Strategy Group Louisiana Occupation (Required) Consultant Source: Corporation PAC Individual Loan | year-to-date Date (Mo., Day, Year) 04/22/2023 Aggregate year-to-date Date | Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Brad Mittendorf Mailing Address 8002 Lanes End City, State, Zip Code Baton Rouge, LA 70810-2255 Name of Employer (Required) Southern Strategy Group Louisiana Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Brad Mittendorf Mailing Address 8002 Lanes End City, State, Zip Code Baton Rouge, LA 70810-2255 Name of Employer (Required) Southern Strategy Group Louisiana Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard H. Molpus Jr Mailing Address 858 North St City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period |
| Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Brad Mittendorf Mailing Address 8002 Lanes End City, State, Zip Code Baton Rouge, LA 70810-2255 Name of Employer (Required) Southern Strategy Group Louisiana Occupation (Required) Consultant Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard H. Molpus Jr Mailing Address 858 North St | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period |

| Source: | Corporation Other (please spec | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|---|-------|--------------|----------|---|--|
| Full Name | Other (please spec | | | | | period |
| | H. Molpus Jr | | | | 04/28/2023 | \$10,000.00 |
| Mailing Addre | ess | | | | | |
| 858 North | | | | | _ | |
| City, State, Zi | p Code MS 39202-3019 | | | | | |
| Name of Emp | loyer (Required) | | | | - | |
| Molpus Wo | oodlands Group | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$25,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | ce | | | | 02/06/2023 | \$2,500.00 |
| Mailing Addre | ess | | | | | |
| 104 Hidde | en Oaks Cv | | | | | |
| City, State, Zi | - |) | | | | |
| | d, MS 39157-7703 | 3 | | 4 | _ | |
| Self Empl | | | | 1 200 | | |
| Occupation (| Required) | | | III. | Aggregate | \$2,500.00 |
| Attorney | | | | ~~~ | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | A | (Mo., Day, Year) | receipt this period |
| Full Name | | cify) | 1 P | 5 | (Mo., Day, Year) | period \$100.00 |
| Full Name Marshall Mailing Addre | Morgan | cify) | (00 P | <u> </u> | | period |
| Marshall Mailing Addre | Morgan | cify) | (100 13 | 5 | | period |
| Marshall Mailing Addre 281 Pat I City, State, Zi | Morgan ess Luckett Rd p Code | cify) | 000 | | | period |
| Mailing Addre 281 Pat I City, State, Zi Canton, M | Morgan ess Luckett Rd p Code 4S 39046-8952 | cify) | (100 13 | | | period |
| Mailing Addre 281 Pat I City, State, Zi Canton, M | Morgan ess Luckett Rd ip Code 4S 39046-8952 loyer (Required) | cify) | 100 H | | | period |
| Marshall Mailing Address 281 Pat I City, State, Zi Canton, N Name of Emplo Occupation (| Morgan ess Luckett Rd p Code 4S 39046-8952 bloyer (Required) byed Required) | cify) | 100 N | | 01/12/2023 Aggregate | period |
| Marshall Mailing Addre 281 Pat I City, State, Zi Canton, N Name of Emp Not Emplo Occupation (Not Emplo | Morgan ess Luckett Rd p Code 4S 39046-8952 eloyer (Required) byed Required) | | | | Aggregate year-to-date | \$100.00 \$203.75 |
| Marshall Mailing Address 281 Pat I City, State, Zi Canton, N Name of Emplo Occupation (| Morgan ess Luckett Rd ip Code 4S 39046-8952 bloyer (Required) byed Required) byed Corporation | □PAC | ✓Individual | Loan | Aggregate year-to-date Date | \$100.00 |
| Marshall Mailing Addre 281 Pat I City, State, Zi Canton, N Name of Emp Not Emplo Occupation (Not Emplo Source: | Morgan ess Luckett Rd p Code 4S 39046-8952 eloyer (Required) byed Required) | □PAC | ✓Individual | Loan | Aggregate year-to-date | \$100.00 \$203.75 |
| Marshall Mailing Addre 281 Pat I City, State, Zi Canton, N Name of Emp Not Emplo Occupation (Not Emplo | Morgan ess Luckett Rd p Code 4S 39046-8952 cloyer (Required) byed Required) byed Corporation Other (please special | □PAC | ✓Individual | Loan | Aggregate year-to-date Date | \$203.75 Amount of each receipt this |
| Marshall Mailing Address 281 Pat I City, State, Zi Canton, N Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Marshall Mailing Address | Morgan pess Luckett Rd pp Code 4S 39046-8952 ployer (Required) pyed Corporation Other (please spec | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$203.75 Amount of each receipt this period |
| Marshall Mailing Addre 281 Pat I City, State, Zi Canton, N Name of Emp Not Emplo Occupation (Not Emplo Source: Full Name Marshall Mailing Addre 281 Pat I | Morgan Buckett Rd Ip Code 4S 39046-8952 Bloyer (Required) Dyed Corporation Other (please spectage) Morgan Buckett Rd | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$203.75 Amount of each receipt this period |
| Marshall Mailing Addre 281 Pat I City, State, Zi Canton, N Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Marshall Mailing Addre 281 Pat I City, State, Zi | Morgan Buckett Rd Ip Code 4S 39046-8952 Bloyer (Required) Dyed Corporation Other (please spectage) Morgan Buckett Rd | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$203.75 Amount of each receipt this period |
| Marshall Mailing Addresses 281 Pat I City, State, Zi Canton, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Marshall Mailing Addresses 281 Pat I City, State, Zi Canton, M | Morgan ess Luckett Rd ip Code 4S 39046-8952 loyer (Required) byed Corporation Other (please spec | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$203.75 Amount of each receipt this period |
| Marshall Mailing Addresses 281 Pat I City, State, Zi Canton, M Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Marshall Mailing Addresses 281 Pat I City, State, Zi Canton, M | Morgan ess Luckett Rd p Code 4S 39046-8952 ployed Required) pyed Corporation Other (please spectage) Morgan ess Luckett Rd p Code 4S 39046-8952 ployer (Required) | □PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$203.75 Amount of each receipt this period |
| Marshall Mailing Addre 281 Pat I City, State, Zi Canton, N Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Marshall Mailing Addre 281 Pat I City, State, Zi Canton, N Name of Emp | Morgan ess Luckett Rd p Code 4S 39046-8952 loyed Required) byed Corporation Other (please spectage) Buckett Rd p Code 4S 39046-8952 loyer (Required) byed Required) ess Luckett Rd p Code 4S 39046-8952 loyer (Required) byed Required) | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$203.75 Amount of each receipt this period |

| | | | — | | | |
|------------------------|---------------------------------|----------|---------------------|------|---------------------------|--|
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Staci Mor | gan | | | | 01/12/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| City, State, Zip | o Code | | | | | |
| | loyer (Required) | | | | | |
| Occupation (F | Required) e Director | | | | Aggregate year-to-date | \$768.40 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Staci Mor | gan | | | | 02/09/2023 | \$68.40 |
| Mailing Addre | | | | | | |
| City, State, Zip | | | | | . ~0 | |
| Name of Empl | loyer (Required) oyed | | | | COL | |
| Occupation (F | Required) e Director | | | | Aggregate year-to-date | \$768.40 |
| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Staci Mor | gan | | 9 4 |) | 03/07/2023 | \$100.00 |
| Mailing Addre | | | (D) | | | |
| City, State, Zip | | | | | | |
| Name of Empl | loyer (Required) oyed | | | | | |
| Occupation (F | Required) e Director | | | | Aggregate year-to-date | \$768.40 |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Staci Mor | gan | <u> </u> | | | 04/07/2023 | \$100.00 |
| Mailing Addre | ess Panhandle Rd | | | | | |
| City, State, Zip | | | | | | |
| Name of Empl | loyer (Required) | | | | | |
| Occupation (F | Required) e Director | | | | Aggregate year-to-date | \$768.40 |

| Source: | Corporation Other (please spec | | dividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|-------------------------------|-----------------------------------|---------|----------|---------|---------------------------|--|
| Full Name Tommy Mor | gan | | | | 02/08/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zip Tupelo, M | Code S 38804-4017 | | | | | |
| Name of Empl Tommy Mor | oyer (Required) gan, Inc. | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation Other (please spec | | dividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Brad Morr | | | | | 04/28/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| | S 38655-7136 | | | | 240 | |
| | oyer(Required) is Law Firm PLI | ıC | | | .0* | |
| Occupation (F Attorney | Required) | | | A LIHIT | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation Other (please spec | | dividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Forrest M | orris | 0 | 20 H | | 03/30/2023 | \$250.00 |
| Mailing Addre | ch Blvd | | 6 | | | |
| | Louis, MS 3952 | 20-4604 | | | | |
| Name of Emplo | oyer (Required) yed | | | | | |
| Occupation (F Not Emplo | • • | | | | Aggregate year-to-date | \$250.00 |
| Source: | ☐ Corporation☐ Other (please spec | | dividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Martha R. | Morrow | | | | 04/03/2023 | \$500.00 |
| Mailing Addre | oft Ave | | | | | |
| | e, MS 39759-927 | '5 | | | | |
| Self Empl | oyer (Required) | | | | | |
| Occupation (F | | | | | Aggregate | |

| Source: | Corporation Other (please spec | | ∕ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|------|--------------|----------------|--------------------------------------|------------------------------------|
| Full Name Martha R. | Morrow | | | | 04/26/2023 | \$5,000.00 |
| Mailing Addre | | | | | | |
| 166 Bancr | oft Ave | | | | | |
| City, State, Zip | | | | | | |
| Starkvill | e, MS 39759-927 | 5 | | | | |
| Name of Empl Self Empl | oyer (Required) oyed | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$5,500.00 |
| Source: | Corporation | PAC | / Individual | Loan | Date | Amount of each receipt this |
| | Other (please spec | ify) | | | (Mo., Day, Year) | period |
| Full Name Joseph Mo | rse | | | | 03/31/2023 | \$50.00 |
| Mailing Addre | | | | | | |
| 929 Bridg | e St | | | | | |
| City, State, Zi | | | | | | |
| | MS 39507-3432 | | | | 4) | |
| Name of Emplo | oyer (Required) yed | | | 60, | | |
| Occupation (F | | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | / Individual | Loan | Date | Amount of each |
| | Other (please spec | ify) | 0 | , ^x | (Mo., Day, Year) | receipt this period |
| Full Name Joseph Mo | rse | | | | 04/24/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| | | | () | | | |
| 929 Bridg | e St | | | | | |
| City, State, Zi | e St | | | | | |
| City, State, Zip Gulfport, | e St o Code | | | | | |
| City, State, Zip Gulfport, | e St c Code MS 39507-3432 loyer (Required) | | | | | |
| City, State, Zip Gulfport, Name of Emp | e St D Code MS 39507-3432 Required) Required) | | | | Aggregate year-to-date | \$300.00 |
| City, State, Zip Gulfport, Name of Emplo Not Emplo Occupation (F | e St D Code MS 39507-3432 Required) Required) | PAC | ∕ Individual | Loan | | Amount of each |
| City, State, Zig Gulfport, Name of Empl Not Emplo Occupation (F Not Emplo | e St c Code MS 39507-3432 coyer (Required) yed Required) yed | | ∕ Individual | Loan | year-to-date | |
| City, State, Zig Gulfport, Name of Empl Not Emplo Occupation (F Not Emplo | e St c Code MS 39507-3432 loyer (Required) yed Required) yed Corporation Other (please spec | | ∕∫Individual | Loan | year-to-date Date | Amount of each receipt this |
| City, State, Zig Gulfport, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Reilly Mo Mailing Addre | e St c Code MS 39507-3432 loyer (Required) yed Required) yed Corporation Other (please spec | | ∕∫Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zig Gulfport, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Reilly Mo Mailing Addre 929 Bridg | e St c Code MS 39507-3432 loyer (Required) yed Required) yed Corporation Other (please spec rse ss e St | | ∕ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zig Gulfport, Name of Empl Not Emplo Occupation (F Not Emplo Source: Full Name Reilly Mo Mailing Addre 929 Bridg City, State, Zig | e St c Code MS 39507-3432 loyer (Required) yed Required) yed Corporation Other (please spec rse ss e St | | ∕Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zig Gulfport, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Reilly Mo Mailing Addre 929 Bridg City, State, Zig Gulfport, | e St c Code MS 39507-3432 loyer (Required) yed Required) yed Corporation Other (please spec rse ss e St c Code | | ☑Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zig Gulfport, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Reilly Mo Mailing Addre 929 Bridg City, State, Zig Gulfport, | e St c Code MS 39507-3432 loyer (Required) yed Required) yed Corporation Other (please spectorse) ss e St c Code MS 39507-3432 loyer (Required) | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zig Gulfport, Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Reilly Mo Mailing Addre 929 Bridg City, State, Zig Gulfport, Name of Emplo | e St c Code MS 39507-3432 loyer (Required) yed Required) yed Corporation Other (please spectors e St c Code MS 39507-3432 loyer (Required) yed Required) | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|-----------------------|---------------------------------|--------|---------------------------------------|------|---------------------------|-----------------------------|
| Full Name | | | | | | period |
| Reilly Mo | orse | | | | 04/30/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| 929 Bridg | | | | | | |
| City, State, Zi | • | | | | | |
| | MS 39507-3432 | 2 | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (Not Emplo | | | | | Aggregate year-to-date | \$350.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | <u> </u> | |
| Ning Mosk | erger | | | | 04/26/2023 | \$5,000.00 |
| Mailing Addre | ess | | | | | |
| _ | ny Hill Rd | | | | | |
| City, State, Zi | | | | | | |
| | CO 80305-6824 | | | | 2 | |
| Name of Emp | loyer(Required) Wing, LLC | | | 1 | 0, | |
| Occupation (I | | | | THIS | Aggregate year-to-date | \$5,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | _ | · · · · · · · · · · · · · · · · · · · | | (Mo., Day, Year) | receipt this period |
| Full Name Pam Mott] | -еу | | | | 03/07/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| • | irg, MS 39401-7 | 7548 | | | | |
| Name of Emp | loyer (Required) byed | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$225.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Pam Mottl | _ey | | | | 03/16/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| Hattiesbu | • | | | | | |
| Name of Emp | 119, MS 33401 | 7548 | | | | |
| | loyer (Required) | 7548 | | | | |
| Not Emplo | loyer (Required) byed Required) | 7548 | | | Aggregate year-to-date | \$225.00 |

through

4/30/2023

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|---|---------|--------------|------|-------------------------------------|---|
| Full Name | | | | | | period |
| Pam Mottl | ey | | | | 04/13/2023 | \$25.00 |
| Mailing Addre | ess | | | | | |
| 1810 Full | ler St | | | | | |
| City, State, Zi | • | 7.5.4.0 | | | | |
| | irg, MS 39401-7 | /548 | | | | |
| Name of Emp | oloyer (Required) byed | | | | | |
| Occupation (Not Emplo | | | | | Aggregate year-to-date | \$225.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 03/01/2023 | \$500.00 |
| Jim Mozir | ngo | | | | 03/01/2023 | \$300.00 |
| Mailing Addre | ess | | | | | |
| 1016 Loui | sville St | | | | | |
| City, State, Zi | • | | | | | |
| | Le, MS 39759-39 | 953 | | | . ` | |
| Self Empl | loyer (Required) Loyed | | | 60, | | |
| Occupation (| Required) | | | | Aggregate | \$500.00 |
| Attorney | | | | | year-to-date | |
| Source: | ☐ Corporation☐ Other (please sp | ✓ PAC | Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| Full Name | | | | 9 | | period |
| | | | | | 03/17/2023 | \$45,000.00 |
| MS Sierra | a Club PAC | | 00 | | | ¥ 13 , 000.00 |
| MS Sierra Mailing Addre PO Box 43 | ess | | 100 | | | ¥ 13 , 000.00 |
| Mailing Addre | ess 335 p Code | | 400 | | | ¥ 13 , 000.00 |
| Mailing Addre | 9 ss 335 | | | | | ¥ 13 , 000.00 |
| Mailing Address PO Box 43 City, State, Zity Jackson, | ess 335 p Code | | | | | ¥ 13 , 000.00 |
| Mailing Address PO Box 43 City, State, Zity Jackson, | p Code MS 39296-4335 | | | | Aggregate year-to-date | \$45,000.00 |
| Mailing Addre PO Box 43 City, State, Zi Jackson, Name of Emp | p Code MS 39296-4335 | PAC | ✓Individual | Loan | year-to-date Date | \$45,000.00 Amount of each |
| Mailing Address PO Box 43 City, State, Zi Jackson, Name of Emp | p Code MS 39296-4335 cloyer (Required) | _ | ✓Individual | Loan | year-to-date | \$45,000.00 |
| Mailing Address PO Box 43 City, State, Zi Jackson, Name of Emp | p Code MS 39296-4335 bloyer (Required) Required) Corporation Other (please sp | _ | ✓Individual | Loan | year-to-date Date | \$45,000.00 Amount of each receipt this |
| Mailing Addre PO Box 43 City, State, Zi Jackson, Name of Emp Occupation (I Source: Full Name Luther Mu Mailing Addre | pss 335 p Code MS 39296-4335 cloyer (Required) Required) Corporation Other (please sp | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$45,000.00 Amount of each receipt this period |
| Mailing Address PO Box 43 City, State, Zi Jackson, Name of Emp Occupation (I Source: Full Name Luther Mt Mailing Address 810 Gilles | pss 335 p Code MS 39296-4335 cloyer (Required) Required) Corporation Other (please sp anford ess espie St | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$45,000.00 Amount of each receipt this period |
| Mailing Address PO Box 43 City, State, Zi Jackson, Name of Emp Occupation (I Source: Full Name Luther Mu Mailing Address 810 Gille City, State, Zi | p Code MS 39296-4335 bloyer (Required) Required) Corporation Other (please sp anford ess espie St p Code | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$45,000.00 Amount of each receipt this period |
| Mailing Address PO Box 43 City, State, Zi Jackson, Name of Emp Occupation (I Source: Full Name Luther Mu Mailing Address 810 Gilles City, State, Zi Jackson, | p Code MS 39296-4335 clover (Required) Required) Corporation Other (please special points) essigned by Sespile St p Code MS 39202-1714 | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$45,000.00 Amount of each receipt this period |
| Mailing Address PO Box 43 City, State, Zi Jackson, Name of Emp Occupation (I Source: Full Name Luther Mu Mailing Address 810 Gilles City, State, Zi Jackson, | p Code MS 39296-4335 cloyer (Required) Corporation Other (please sp anford ess espie St p Code MS 39202-1714 cloyer (Required) | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$45,000.00 Amount of each receipt this period |
| Mailing Address PO Box 43 City, State, Zi Jackson, Name of Emp Occupation (I Source: Full Name Luther Mu Mailing Address 810 Gille City, State, Zi Jackson, Name of Emp | p Code MS 39296-4335 ployer (Required) Required) Corporation Other (please spanford essespie St p Code MS 39202-1714 ployer (Required) pyed | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$45,000.00 Amount of each receipt this period |

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|----------|--------------|----------------|---|--|
| | Other (please sp | | | | (,, , , | period |
| Full Name James Mur | rav | | | | 04/23/2023 | \$100.00 |
| Mailing Addre | | | | | - | |
| 65 Caitly | | | | | | |
| City, State, Zi | p Code | | | | - | |
| Hattiesbu | irg, MS 39402-7 | 7995 | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$1,100.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | <u> </u> | | | 04/30/2023 | \$1,000.00 |
| James Mur | rray | | | | 04/30/2023 | 71,000.00 |
| Mailing Addre | | | | | | |
| 65 Caitly | nn Cir | | | | _ | |
| City, State, Zi | | | | | | |
| | ırg, MS 39402-7 | 7995 | | | | |
| Name of Emp | oloyer (Required) byed | | | 60, | | |
| Occupation (I | | | | | Aggregate year-to-date | \$1,100.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | 4 ⁻ | (Mo., Day, Year) | receipt this period |
| | | | | | 0.4./0.0./0.000 | |
| Full Name Ronnie Mu | ısgrove | | O F | | 04/30/2023 | \$5,000.00 |
| | ess | 9 | (100 kg | | 04/30/2023 | \$5,000.00 |
| Ronnie Mu Mailing Addre | ess Leld | 9 | (HO P) | | 04/30/2023 | \$5,000.00 |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi | ess Leld | | (100 10) | | 04/30/2023 | \$5,000.00 |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M Name of Emp | p Code 4S 38655-1215 | | (BOL) | | 04/30/2023 | \$5,000.00 |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M | p Code 4S 38655-1215 | | (400 %) | | 04/30/2023 | \$5,000.00 |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M Name of Emp | ess Leld ip Code 4S 38655-1215 lloyer (Required) asgrove | | N COOP | | Aggregate year-to-date | \$5,000.00 |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M Name of Emp Ronnie Mu Occupation (I | ess Leld ip Code 4S 38655-1215 lloyer (Required) asgrove | PAC | ✓Individual | Loan | Aggregate | \$5,000.00 Amount of each |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M Name of Emp Ronnie Mu Occupation (I Attorney | ess Leld ip Code 4S 38655-1215 bloyer (Required) asgrove Required) | | ✓Individual | Loan | Aggregate year-to-date | \$5,000.00 |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M Name of Emp Ronnie Mu Occupation (I Attorney | process Leld process As 38655-1215 ployer (Required) | | ✓Individual | Loan | Aggregate year-to-date | \$5,000.00 Amount of each receipt this |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M Name of Emp Ronnie Mu Occupation (I Attorney Source: | ess Leld ip Code 4S 38655-1215 loyer (Required) asgrove Required) Corporation Other (please sp | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M Name of Emp Ronnie Mu Occupation (I Attorney Source: Full Name Sally Nas Mailing Addre 120 Distr | pess Leld p Code 4S 38655-1215 ployer (Required) ployer (Required) ployer (Required) ployer (Required) ployer (Required) ployer (Required) ployer (Please spots) ployer (Please | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M Name of Emp Ronnie Mu Occupation (I Attorney Source: Full Name Sally Nas Mailing Addre 120 Distr City, State, Zi | p Code Corporation | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M Name of Emp Ronnie Mu Occupation (I Attorney Source: Full Name Sally Nas Mailing Addre 120 Distr City, State, Zi Jackson, | pess iteld ip Code 4S 38655-1215 illoyer (Required) asgrove Required) Corporation Other (please sp ict Blvd ip Code MS 39211-6390 | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M Name of Emp Ronnie Mu Occupation (I Attorney Source: Full Name Sally Nas Mailing Addre 120 Distr City, State, Zi Jackson, | p Code (Solution of Code) | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Ronnie Mu Mailing Addre 135 Mayfi City, State, Zi Oxford, M Name of Emp Ronnie Mu Occupation (I Attorney Source: Full Name Sally Nas Mailing Addre 120 Distr City, State, Zi Jackson, Name of Emp | p Code (Solution of Code) (Solution of Code) | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |

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4/30/2023

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|----------------|--------------|----------|-------------------------------------|------------------------------------|
| Full Name | Other (please sp | | | | | period |
| Donna Nel | son | | | | 02/04/2023 | \$500.00 |
| Mailing Addre | | | | | - | |
| 207 Iron | | | | | | |
| City, State, Zi | p Code | | | | | |
| Georgetow | m, TX 78633-23 | 356 | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | · | | 4 | 01/18/2023 | · |
| James O. | Nelson II | | | | 01/18/2023 | \$500.00 |
| Mailing Addre | ess | | | . 179 | | |
| 113 Excur | rsion | | | | | |
| City, State, Zi | p Code | | | | | |
| Irvine, (| CA 92618-0819 | | | A 16/1 | | |
| | loyer(Required) erican Title In | ns Co | | 60, | | |
| Occupation (| Required) | | | 11/2 | Aggregate | \$1,000.00 |
| Attorney | | | | | year-to-date | , , |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | Oby | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name James O. | Nelson II | | | | 01/31/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| 113 Excur | | | 0 | | | |
| 113 Excur City, State, Zi | rsion p Code | | <u> </u> | | | |
| 113 Excur City, State, Zi | rsion | | | | | |
| 113 Excur City, State, Zi Irvine, C | rsion p Code | ns Co | | | | |
| 113 Excur City, State, Zi Irvine, C | rsion p Code CA 92618-0819 Hoyer (Required) Prican Title Ir | ns Co | | | Aggregate year-to-date | \$1,000.00 |
| 113 Excur City, State, Zi Irvine, C Name of Emp First Ame | rsion p Code CA 92618-0819 Hoyer (Required) Prican Title Ir | ns Co | ✓Individual | Loan | | Amount of each |
| 113 Excur City, State, Zi Irvine, (Name of Emp First Ame Occupation (Attorney | p Code CA 92618-0819 Cloyer (Required) erican Title Ir Required) | PAC | ✓Individual | Loan | year-to-date | |
| City, State, Zi Irvine, C Name of Emp First Ame Occupation (I Attorney Source: | p Code CA 92618-0819 loyer (Required) erican Title In Required) Corporation Other (please sp | PAC | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| City, State, Zi Irvine, C Name of Emp First Ame Occupation (I Attorney Source: Full Name Adam Ness | p Code CA 92618-0819 loyer (Required) erican Title Ir Required) Corporation Other (please sp | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Irvine, C Name of Emp First Ame Occupation (I Attorney Source: | p Code CA 92618-0819 loyer (Required) erican Title In Required) Corporation Other (please speeds | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Irvine, C Name of Emp First Ame Occupation (I Attorney Source: Full Name Adam Ness Mailing Addres 3410 I St City, State, Zi | p Code CA 92618-0819 loyer (Required) erican Title In Required) Corporation Other (please sp | □PAC ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Irvine, C Name of Emp First Ame Occupation (I Attorney Source: Full Name Adam Ness Mailing Addre 3410 I St City, State, Zi Little Ro | p Code CA 92618-0819 loyer (Required) erican Title Ir Required) Corporation Other (please species) p Code pock, AR 72205-4 | □PAC ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Irvine, C Name of Emp First Ame Occupation (I Attorney Source: Full Name Adam Ness Mailing Addre 3410 I St City, State, Zi Little Ro Name of Emp | p Code CA 92618-0819 loyer (Required) erican Title Ir Required) Corporation Other (please species p Code cock, AR 72205-4 loyer (Required) | PAC secify) | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Irvine, C Name of Emp First Ame Occupation (I Attorney Source: Full Name Adam Ness Mailing Addre 3410 I St City, State, Zi Little Ro Name of Emp | p Code CA 92618-0819 loyer (Required) erican Title In Required) Corporation Other (please species p Code ock, AR 72205-4 loyer (Required) der Infrastruct | PAC secify) | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

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| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|----------|--------------|------|---------------------------|--|
| Full Name | | | | | / / | period |
| Mickey Ne | wsom | | | | 02/28/2023 | \$250.00 |
| Mailing Addre | ss | | | | | |
| PO Box 11 | | | | | | |
| City, State, Zi | | | | | | |
| | MS 39652-0112 | | | | | |
| Name of Emp | loyer (Required) yed | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | <u> </u> | | | 04/20/2023 | \$250.00 |
| Zachery N | ewton | | | | 04/20/2023 | \$230.00 |
| Mailing Addre | | | | | | |
| 1016 Chur | | | | | | |
| City, State, Zi | | | | | 0 | |
| | , MI 48104-346 | .8 | | | 1, | |
| | loyer(Required) se Fulbright | | | 60. | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$250.00 |
| Attorney | | | | 4 | year-to-date | |
| Source: | ✓ Corporation Other (please spe | PAC | Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | - 4 | N 10 13 | 0 | 01 /05 /0000 | · |
| NexGen Cr | ane & Rigging | LLC | | | 01/25/2023 | \$10,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | o Code | | | | | |
| Hamilton, | MS 39746-0299 |) | | | | |
| | loyer (Required) ane & Rigging | LLC | | | | |
| Occupation (F | | | | | Aggregate | <u> </u> |
| · | required) | | | | year-to-date | \$10,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please spe | ecify) | | _ | (Mo., Day, Year) | period |
| Full Name Thomas Ne | yhart | | | | 01/03/2023 | \$5,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | ns, LA 70116-2 | :658 | | | | |
| | loyer (Required) | | | | | |
| PosiGen D | eveloper, LLC | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$5,000.00 |
| Mailing Address 1301 N Ra City, State, Zin New Orlea Name of Emp PosiGen D Occupation (F | p Code ns, LA 70116-2 loyer (Required) eveloper, LLC Required) | 658 | | | | \$5,000.00 |

through

4/30/2023

| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|------------|------------------|----------|-------------------------------------|------------------------------------|
| Full Name | | | | | 04/26/2023 | \$500.00 |
| Joli Nich | nols | | | | | 4000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | - | |
| • | 4S 38655-4725 | | | | | |
| | loyer (Required) Hand Clinics | | | | | |
| Occupation (| Required) onal Therapist | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Horace Ni | -X | | | | 04/29/2023 | \$1,000.00 |
| Mailing Addre | ess nidad Ave NE | | | | | |
| City, State, Zi | | | | | 1 | |
| Washingto | on, DC 20002-38 | 314 | | | \ | |
| Name of Emp | loyer (Required) Lon Media | | | 60, | | |
| Occupation (I | | | | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Walter Ni | xon | | 04 | | 04/20/2023 | \$500.00 |
| Mailing Addre | | | · (2) | | | |
| City, State, Zi | n Code | | | | | |
| | | | | | 1 | |
| | lle, AR 72076- | -3835 | | | | |
| | | | on | | | |
| | lle, AR 72076- loyer(Required) Public Service | | on | | Aggregate year-to-date | \$500.00 |
| Arkansas Occupation (| lle, AR 72076- loyer(Required) Public Service | | on Individual | Loan | | Amount of each |
| Arkansas Occupation (| lle, AR 72076- loyer(Required) Public Service Required) | e Commissi | | Loan | year-to-date | |
| Arkansas Occupation (| lle, AR 72076- lloyer (Required) Public Service Required) Corporation Other (please specific properties) | e Commissi | | Loan | year-to-date Date | Amount of each receipt this |
| Arkansas Occupation (I Attorney Source: | Dille, AR 72076- Dille, | e Commissi | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Arkansas Occupation (I Attorney Source: Full Name Robert No Mailing Addre 2 Jenny (C City, State, Zi | lle, AR 72076- lloyer (Required) Public Service Required) Corporation Other (please specials bbel ess Close p Code | PAC | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Arkansas Occupation (I Attorney Source: Full Name Robert No Mailing Addre 2 Jenny (City, State, Zi Mamaroneo | Corporation Other (please species Close Cock, NY 10543-10 | PAC | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Arkansas Occupation (I Attorney Source: Full Name Robert No Mailing Addre 2 Jenny (C City, State, Zi Mamaronec Name of Emp | lle, AR 72076- lloyer (Required) Public Service Required) Corporation Other (please specials bbel ess Close p Code | PAC ecify) | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Arkansas Occupation (I Attorney Source: Full Name Robert No Mailing Addre 2 Jenny (C City, State, Zi Mamaronec Name of Emp | Corporation Other (please specials) PCOde Ck, NY 10543-10 Corporation Diss Close Diss Close Disper | PAC ecify) | | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

ugh 4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
|---------------------------|---------------------------------------|-----------|--------------|------|---------------------------|--------------------------------|
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/11/2023 | \$1,000.00 |
| Bentley 1 | | | | | | |
| Mailing Address 1425 E Ma | | | | | | |
| City, State, Z | | | | | | |
| - | MS 38804-2926 | | | | | |
| | oloyer (Required) | _ | | | | |
| Nolan Bro | others Motor Sa | les | | | | |
| Occupation (| • • | | | | Aggregate year-to-date | \$1,000.00 |
| General N | | | | | · | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Ma. Day Vaar) | Amount of each receipt this |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | period |
| Full Name Cindy O'I | Donnell | | | | 04/12/2023 | \$500.00 |
| Mailing Addr | | | | | | |
| | perry Cir | | | | | |
| City, State, Z | ip Code | | | | | |
| Oxford, 1 | MS 38655-2568 | | | | 2 | |
| Name of Emplo | oloyer (Required) Dyed | | | | COX | |
| Occupation (| Required) | | | THIS | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | (O) | , | (Mo., Day, Year) | receipt this period |
| Full Name Kimberly | O'Guinn | | | | 04/29/2023 | \$1,000.00 |
| Mailing Addr | ess | - 4 | | | | |
| 11615 Sha | ady Creek Dr | | | | | |
| City, State, Z | ip Code ock, AR 72211-4 | 541 | | | | |
| | oloyer (Required) | | | | | |
| | Utilities Dive | rsity Cou | ıncil | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 01/19/2023 | \$1,000.00 |
| Julia A. | | | | | | |
| Mailing Addr | | | | | | |
| City, State, Z | ip Code rings, MS 39566 | -0165 | | | | |
| | oloyer (Required) | <u> </u> | | | | |
| Not Emplo | | | | | | |
| Occupation (| Required) | | | | Aggregate | \$1,250.00 |
| Retired | · · · · · · · · · · · · · · · · · · · | | | | year-to-date | Y1,230.00 |

3 through

4/30/2023

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|---|
| Full Name Julia A. O'Neal | 04/10/2023 | \$250.00 |
| Mailing Address | | |
| PO Box 165 | | |
| City, State, Zip Code | | |
| Ocean Springs, MS 39566-0165 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Retired | Aggregate year-to-date | \$1,250.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 02/02/2023 | \$500.00 |
| David Odonnell | | |
| Mailing Address 420 Turnberry Cir | | |
| City, State, Zip Code Oxford, MS 38655-2568 | 20 | |
| Name of Employer (Required) Clayton O'Donnell, PLLC | ,0° | |
| Occupation (Required) Attorney | Aggregate year-to-date | \$500.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| | | , o. o. o |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Kathy Olsen | (Mo., Day, Year) | • |
| Full Name Kathy Olsen Mailing Address | | period |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr | | period |
| Full Name Kathy Olsen Mailing Address | | period |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 Name of Employer (Required) | | period |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 | | period |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 Name of Employer (Required) | | period |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 Name of Employer (Required) Not Employed Occupation (Required) | 04/28/2023 Aggregate | \$5,000.00 \$5,000.00 Amount of each |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 Name of Employer (Required) Not Employed Occupation (Required) Retired | Aggregate year-to-date | \$5,000.00 \$5,000.00 |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date | \$5,000.00 \$5,000.00 Amount of each receipt this |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this period |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this period |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this period |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this period |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this period |
| Full Name Kathy Olsen Mailing Address 4416 Sunnybrook Dr City, State, Zip Code Nashville, TN 37205-3860 Name of Employer (Required) Not Employed Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) | Aggregate year-to-date Date (Mo., Day, Year) | \$5,000.00 \$5,000.00 Amount of each receipt this period |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

Page <u>171</u> of <u>320</u>

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

| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|----------------------------------|---------|--------------|------|---------------------------|------------------------------------|
| Full Name Michael C | 222 | | | | 03/02/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| 1011 Adel | | | | | | |
| City, State, Zi | • | | | | | |
| | irg, MS 39401- | 5022 | | | | |
| | loyer (Required) arg Clinic | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$750.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name |) 1 | | | | 03/16/2023 | \$50.00 |
| Michael C | | | | _ | | |
| Mailing Address 1011 Adel | | | | | | |
| City, State, Zi | p Code | | | | | |
| Hattiesbu | arg, MS 39401- | 5022 | | | 2 | |
| | lloyer (Required) arg Clinic | | | 0 | 0, | |
| Occupation (I | | | | THIS | Aggregate year-to-date | \$750.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | () () | , | (Mo., Day, Year) | receipt this period |
| Full Name Michael C | neal | 40 | 0 kg | | 03/28/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code arg, MS 39401-5 | 5022 | | | | |
| | loyer (Required) | | | | | |
| Hattiesbu | rg Clinic | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$750.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Michael C | neal | | | | 04/13/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | • | 5000 | | | | |
| | irg, MS 39401- | 5022 | | | | |
| | loyer (Required) arg Clinic | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$750.00 |
| rnvsiciar | 1 | | | | , | |

through

4/30/2023

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|--|
| Full Name Michael Oneal | 04/15/2023 | \$50.00 |
| | | |
| Mailing Address | | |
| 1011 Adeline St | | |
| City, State, Zip Code Hattiesburg, MS 39401-5022 | | |
| Name of Employer (Required) | | |
| Hattiesburg Clinic | | |
| Occupation (Required) Physician | Aggregate year-to-date | \$750.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Michael Oneal | 04/26/2023 | \$50.00 |
| | | |
| Mailing Address 1011 Adeline St | | |
| City, State, Zip Code | | |
| Hattiesburg, MS 39401-5022 | 4 | |
| Name of Employer (Required) Hattiesburg Clinic | | |
| | A | ATTO 00 |
| Occupation (Required) Physician | Aggregate year-to-date | \$750.00 |
| Physician | | Amount of each |
| Physician | year-to-date | |
| Physician Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each receipt this |
| Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician | year-to-date Date (Mo., Day, Year) 04/30/2023 Aggregate | Amount of each receipt this period \$25.00 |
| Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician | year-to-date Date (Mo., Day, Year) 04/30/2023 Aggregate year-to-date | Amount of each receipt this period \$25.00 |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) 04/30/2023 Aggregate year-to-date Date | Amount of each receipt this period \$25.00 |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal | Aggregate year-to-date Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |
| Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code | Aggregate year-to-date Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |
| Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 | Aggregate year-to-date Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |
| Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code | Aggregate year-to-date Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |
| Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) Hattiesburg Clinic Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Oneal Mailing Address 1011 Adeline St City, State, Zip Code Hattiesburg, MS 39401-5022 Name of Employer (Required) | Aggregate year-to-date Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$25.00 |

| Source: | Corporation Other (please specif | PAC Individ | ualLoan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|-----------------|---|---|--|
| Full Name | | <i></i> | | 04/10/2023 | period |
| J. David | Orlansky | | | 04/10/2023 | \$1,000.00 |
| Mailing Addre | | | | | |
| 1013 Lara | | | | | |
| City, State, Zi | p Code MS 39110-7746 | | | | |
| | loyer (Required) | | | | |
| Self Empl | | | | | |
| Occupation (F | Required) | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC Individ | ual Loan | Date | Amount of each |
| | Other (please specif | y) | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 04/02/2023 | \$250.00 |
| Jay Osman | | | | | |
| Mailing Address 2550 Mars | | | | | |
| City, State, Zi | | | | | |
| • | is 39531-4747 | | | 2 | |
| Name of Emp | loyer (Required) | | | 25 | |
| Occupation (F | Required) | | الله الله | Aggregate | \$250.00 |
| Financial | Investments | | | year-to-date | · |
| Source: | Corporation | ☐ PAC ✓ Individ | ual Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | Other (please specif | y) | | (MO., Day, Teal) | period |
| Full Name | Other (please specif | y) | <u> </u> | | period |
| Full Name Tim Oswal | | y) | O Not | 04/30/2023 | period \$250.00 |
| Tim Oswal | t | ý) | 0 100 | | ` |
| Mailing Address 50333 Jon City, State, Zi | t pss nesboro Rd p Code | ý) | , <u>, , , , , , , , , , , , , , , , , , </u> | | ` |
| Tim Oswal Mailing Addre 50333 Jon City, State, Zi Aberdeen, | ess lesboro Rd p Code MS 39730-9640 | ý) | 0 100 | | <u>-</u> |
| Tim Oswal Mailing Addre 50333 Jon City, State, Zi Aberdeen, Name of Emp | ess desboro Rd p Code MS 39730-9640 loyer (Required) | ý) | | | <u>-</u> |
| Tim Oswal Mailing Addre 50333 Jon City, State, Zi Aberdeen, Name of Emp Tombigbee | ess lesboro Rd p Code MS 39730-9640 loyer (Required) P Pawn | ý) | | 04/30/2023 | \$250.00 |
| Tim Oswal Mailing Addre 50333 Jon City, State, Zi Aberdeen, Name of Emp | ess lesboro Rd p Code MS 39730-9640 loyer (Required) e Pawn Required) | (y) | | | ` |
| Tim Oswal Mailing Addre 50333 Jon City, State, Zi Aberdeen, Name of Emp Tombigbee Occupation (F | ess lesboro Rd p Code MS 39730-9640 loyer (Required) e Pawn Required) | PAC ✓Individ | ualLoan | 04/30/2023 Aggregate | \$250.00 \$250.00 Amount of each |
| Tim Oswal Mailing Addre 50333 Jon City, State, Zi Aberdeen, Name of Emp Tombigbee Occupation (F Pawn Brok | ess esboro Rd p Code MS 39730-9640 loyer (Required) e Pawn Required) | PAC ✓Individ | ualLoan | Aggregate year-to-date | \$250.00 |
| Tim Oswal Mailing Addre 50333 Jon City, State, Zi Aberdeen, Name of Emp Tombigbee Occupation (F Pawn Brok | ess lesboro Rd p Code MS 39730-9640 loyer (Required) Pawn Required) Ler Corporation Other (please specif | PAC ✓Individ | ual | Aggregate year-to-date Date | \$250.00 \$250.00 Amount of each receipt this |
| Tim Oswal Mailing Addre 50333 Jon City, State, Zi Aberdeen, Name of Emp Tombigbee Occupation (F Pawn Brok Source: Full Name David M. Mailing Addre | ess esboro Rd p Code MS 39730-9640 loyer (Required) e Pawn Required) eer Corporation Other (please specif | PAC ✓Individ | ualLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Mailing Address 50333 Jon City, State, Zi Aberdeen, Name of Emp Tombigbee Occupation (F Pawn Brok Source: Full Name David M. Mailing Address 310 S 22n | ess lesboro Rd p Code MS 39730-9640 loyer (Required) Pawn Required) leer Corporation Other (please specification) Ott | PAC ✓Individ | ualLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Mailing Address 50333 Jon City, State, Zi Aberdeen, Name of Emp Tombigbee Occupation (F Pawn Brok Source: Full Name David M. Mailing Address 310 S 22n City, State, Zi | ess lesboro Rd p Code MS 39730-9640 loyer (Required) Pawn Required) leer Corporation Other (please specification) Ott | PAC ✓Individ | ualLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Mailing Address 50333 Jon City, State, Zi Aberdeen, Name of Emp Tombigbee Occupation (FP awn Broke Source: Full Name David M. Mailing Address 310 S 22n City, State, Zi Hattiesbu | ess lesboro Rd p Code MS 39730-9640 loyer (Required) Pawn Required) leer Corporation Other (please specification) Ott | PAC ✓Individ | ualLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Mailing Address 50333 Jon City, State, Zi Aberdeen, Name of Emp Tombigbee Occupation (FP awn Broke Source: Full Name David M. Mailing Address 310 S 22n City, State, Zi Hattiesbu | ess lesboro Rd p Code MS 39730-9640 loyer (Required) P Pawn Required) Corporation Other (please specification) | PAC ✓Individ | ualLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Mailing Address 50333 Jon City, State, Zi Aberdeen, Name of Emp Tombigbee Occupation (FP awn Broke Source: Full Name David M. Mailing Address 310 S 22n City, State, Zi Hattiesbu Name of Emp | ess lesboro Rd p Code MS 39730-9640 loyer (Required) Pawn Required) In the component of t | PAC ✓Individ | ualLoan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |

| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---|---|
| Full Name Janet S. | Ott | 02/08/2023 | \$1,000.00 |
| Mailing Addre | | \dashv | |
| PO Box 55 | | | |
| City, State, Zip | | 7 | |
| | MS 39288-5593 | | |
| Name of Emplo | oyer (Required) yed | | |
| Occupation (R | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation PAC /Individual Loan | Date | Amount of each |
| | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Calvin Ou | sby | 04/10/2023 | \$500.00 |
| Mailing Addre | | | |
| City, State, Zip | | - | |
| | MS 39130-2816 | 0 | |
| Name of Emplo | oyer (Required) yed | 1 | |
| Occupation (R | Required) | Aggregate year-to-date | \$500.00 |
| Source: | Corporation PAC /Individual Loan | Date | Amount of each |
| Source. | | | receipt this |
| | Other (please specify) | (Mo., Day, Year) | period |
| Full Name David Owe | 700 | 03/23/2023 | period \$250.00 |
| | n ss | | · |
| David Owe Mailing Addre 124 5th S City, State, Zip | n ss t N | | · |
| David Owe Mailing Addre 124 5th S City, State, Zip Columbus, | n ss t N O Code MS 39701-4522 oyer (Required) | | · |
| David Owe Mailing Addre 124 5th S City, State, Zip Columbus, Name of Empl | nss t N O Code MS 39701-4522 oyer (Required) n Lawyer | | · |
| David Owe Mailing Addre 124 5th S City, State, Zip Columbus, Name of Empl David Owe Occupation (R | nss t N O Code MS 39701-4522 oyer (Required) n Lawyer | Aggregate year-to-date Date | \$250.00 \$350.00 Amount of each |
| David Owe Mailing Addre 124 5th S City, State, Zip Columbus, Name of Empl David Owe Occupation (R Attorney | nss t N Code MS 39701-4522 oyer (Required) n Lawyer Required) | Aggregate year-to-date | \$250.00 |
| David Owe Mailing Addre 124 5th S City, State, Zip Columbus, Name of Empl David Owe Occupation (R Attorney Source: | ss t N Code MS 39701-4522 Oyer (Required) n Lawyer Required) Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date | \$250.00 \$350.00 Amount of each receipt this |
| David Owe Mailing Addre 124 5th S City, State, Zip Columbus, Name of Empl David Owe Occupation (R Attorney Source: Full Name David Owe | ss t N Code MS 39701-4522 Oyer (Required) n Lawyer Required Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$350.00 Amount of each receipt this period |
| David Owe Mailing Addre 124 5th S City, State, Zip Columbus, Name of Empl David Owe Occupation (R Attorney Source: Full Name David Owe Mailing Addre 124 5th S | ss t N c Code MS 39701-4522 coyer (Required) n Lawyer cequired) Corporation PAC Individual Loan Other (please specify) n ss t N | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$350.00 Amount of each receipt this period |
| David Owe Mailing Addre 124 5th S City, State, Zip Columbus, Name of Empl David Owe Occupation (R Attorney Source: Full Name David Owe Mailing Addre 124 5th S City, State, Zip | ss t N c Code MS 39701-4522 coyer (Required) n Lawyer cequired) Corporation PAC Individual Loan Other (please specify) n ss t N | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$350.00 Amount of each receipt this period |
| David Owe Mailing Addre 124 5th S City, State, Zip Columbus, Name of Empl David Owe Occupation (R Attorney Source: Full Name David Owe Mailing Addre 124 5th S City, State, Zip Columbus, | ss t N Code MS 39701-4522 Oyer (Required) n Lawyer Required) Corporation PAC Individual Loan Other (please specify) n ss t N Code MS 39701-4522 Oyer (Required) | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$350.00 Amount of each receipt this period |
| David Owe Mailing Addre 124 5th S City, State, Zip Columbus, Name of Empl David Owe Occupation (R Attorney Source: Full Name David Owe Mailing Addre 124 5th S City, State, Zip Columbus, Name of Empl | ss t N Code MS 39701-4522 oyer (Required) n Lawyer Required) Corporation PAC Individual Loan Other (please specify) n ss t N Code MS 39701-4522 oyer (Required) n Lawyer | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$350.00 Amount of each receipt this period |

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|--------|--------------|------|---|--|
| | Other (please sp | есіту) | | | - (moi, 2ay, 1oai) | period |
| Full Name Stanley (|)wen | | | | 03/16/2023 | \$100.00 |
| Mailing Addre | | | | | _ | |
| 24 Sweets | | | | | | |
| City, State, Zi | ip Code | | | | | |
| Ocean Spi | rings, MS 39564 | 1-3455 | | | | |
| Name of Emp | oloyer (Required) Dyed | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Stanley (| Dwen | | | | 03/28/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| 24 Sweets | | | | | | |
| City, State, Zi | ip Code | | | | | |
| Ocean Spi | rings, MS 39564 | 4-3455 | | | 1 | |
| Name of Emp | oloyer (Required) oyed | | | 100 | | |
| Occupation (| | | | THIS | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| oouroc. | Other (please sp | | V marviadai | Loan | (Mo., Day, Year) | receipt this period |
| | | • | | | | |
| Full Name Stanley (| Owen | 6 | 1 | | 04/21/2023 | \$100.00 |
| Stanley (| ess | 9 | TO N | | 04/21/2023 | <u>-</u> |
| Stanley (Mailing Address 24 Sweet) | ess grass Ln | 9 | (BOL) | | 04/21/2023 | <u>-</u> |
| Stanley C Mailing Addre 24 Sweete City, State, Zi | ess grass Ln ip Code | 1-3455 | 100 | | 04/21/2023 | <u>-</u> |
| Mailing Address 24 Sweets Ocean Springer | ess grass Ln ip Code rings, MS 39564 | 4-3455 | (BOL) | | 04/21/2023 | <u>-</u> |
| Mailing Address 24 Sweets Ocean Springer | ess grass Ln ip Code rings, MS 39564 ployer (Required) | 4-3455 | (100 10) | | 04/21/2023 | <u>-</u> |
| Mailing Address 24 Sweete City, State, Zi Ocean Spi Name of Emp | ess grass Ln ip Code rings, MS 39564 bloyer (Required) byed Required) | 4-3455 | N GOOP | | Aggregate year-to-date | <u>-</u> |
| Mailing Address 24 Sweete City, State, Zi Ocean Spi Name of Emplo Occupation (| ess grass Ln ip Code rings, MS 39564 bloyer (Required) byed Required) | 4-3455 | ✓Individual | Loan | Aggregate | \$100.00 \$300.00 Amount of each |
| Mailing Address 24 Sweets City, State, Zi Ocean Spr Name of Emp Not Emplo Occupation (Not Emplo | ess grass In ip Code rings, MS 39564 bloyer (Required) byed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$100.00 |
| Mailing Address 24 Sweets City, State, Zi Ocean Spr Name of Emp Not Emplo Occupation (Not Emplo | ess grass In ip Code rings, MS 39564 bloyer (Required) byed Required) byed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date | \$100.00 \$300.00 Amount of each receipt this |
| Mailing Address 24 Sweets City, State, Zi Ocean Spr Name of Emp Not Emplo Occupation (Not Emplo Source: Full Name Garry Pac Mailing Address | ess grass In ip Code rings, MS 39564 bloyer (Required) byed Required) byed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Mailing Address 24 Sweeter City, State, Zi Ocean Spr Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Garry Pac Mailing Addre PO Box 10 | ess grass In ip Code rings, MS 39564 bloyer (Required) byed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Mailing Address 24 Sweete City, State, Zi Ocean Spr Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Garry Pac Mailing Addre PO Box 10 City, State, Zi | ess grass In ip Code rings, MS 39564 bloyer (Required) byed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Mailing Address 24 Sweete City, State, Zi Ocean Spr Name of Emp Not Emple Occupation (Not Emple Source: Full Name Garry Pace Mailing Address PO Box 10 City, State, Zi Decatur, | ess grass In ip Code rings, MS 39564 bloyer (Required) byed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Mailing Address 24 Sweets City, State, Zi Ocean Spr Name of Emp Not Emplo Occupation (i Not Emplo Source: Full Name Garry Pace Mailing Address PO Box 10 City, State, Zi Decatur, Name of Emp | ess grass Ln ip Code rings, MS 39564 bloyer (Required) byed Corporation Other (please sp ce ess c) ip Code MS 39327-0010 | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Stanley (Mailing Address 24 Sweetes City, State, Zi Ocean Spr Name of Emp Not Emplo Occupation (Not Emplo Source: Full Name Garry Pace Mailing Address PO Box 10 City, State, Zi Decatur, Name of Emp Newton He Occupation (| grass In ip Code rings, MS 39564 bloyer (Required) byed Corporation Other (please sp ce ess) ip Code MS 39327-0010 bloyer (Required) ealthCare Manage | PAC | √ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |

4/30/2023

| Source: | Corporation Other (please specify | ☐ PAC ☑ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|--------------------|------------|---|---|
| Full Name | | <i></i> | | | period |
| John N. H | Palmer | | | 01/31/2023 | \$12,500.00 |
| Mailing Addre | ess | | | | |
| PO Box 37 | | | | | |
| City, State, Zi | - | | | | |
| | MS 39207-3747 | | | | |
| | loyer(Required) th Capital | | | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$25,000.00 |
| Source: | Corporation | PAC / Individual | Loan | Date | Amount of each |
| | Other (please specify | | _ | (Mo., Day, Year) | receipt this period |
| Full Name | | , <u> </u> | | 00/01/0000 | <u> </u> |
| John N. H | Palmer | | | 03/01/2023 | \$12,500.00 |
| Mailing Addre | ess | | . 73 | | |
| PO Box 37 | 47 | | | | |
| City, State, Zi | | | | | |
| | MS 39207-3747 | | A 8/ 04/ | | |
| - | loyer(Required) th Capital | | 60, | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$25,000.00 |
| Source: | Corporation | PAC / Individual | Loan | Date | Amount of each |
| | | | ~ | "" " " " | receipt this |
| | Other (please specify | | <u>~</u> _ | (Mo., Day, Year) | period |
| Full Name John Palm | | | | 04/27/2023 | |
| | ner ess | DO F | | | period |
| John Palm | ner Pss .a Dr | | | | period |
| John Palm Mailing Addre 1671 Leli City, State, Zi | ner Pss .a Dr | | | | period |
| John Palm Mailing Addre 1671 Leli City, State, Zi Jackson, | ner pcode MS 39216-4818 loyer (Required) | 30°F | | | period |
| John Palm Mailing Addre 1671 Leli City, State, Zi Jackson, Name of Emp | ner p Code MS 39216-4818 loyer (Required) | | | | period |
| John Palm Mailing Addre 1671 Leli City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I | ner p Code MS 39216-4818 loyer (Required) | PAC Individual | Loan | Aggregate year-to-date Date | \$2,500.00 \$2,500.00 Amount of each |
| John Palm Mailing Addre 1671 Leli City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Retired | p Code MS 39216-4818 loyer (Required) byed Required) | PAC Individual | Loan | 04/27/2023 Aggregate year-to-date | \$2,500.00 \$2,500.00 |
| John Palm Mailing Addre 1671 Leli City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Retired | ner pss a Dr p Code MS 39216-4818 loyer (Required) byed Required) Corporation Other (please specify | PAC Individual | Loan | Aggregate year-to-date Date | \$2,500.00 \$2,500.00 \$2,500.00 Amount of each receipt this |
| John Palm Mailing Addre 1671 Leli City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Buddy Par Mailing Addre | pess a Dr p Code MS 39216-4818 loyer (Required) byed Required) Corporation Other (please specify | PAC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$2,500.00 \$2,500.00 Amount of each receipt this period |
| John Palm Mailing Addre 1671 Leli City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Buddy Par Mailing Addre 202 Autum | ner pss. a Dr p Code MS 39216-4818 loyer (Required) byed Required) Corporation Other (please specify cham pss. an Ridge Dr | PAC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$2,500.00 \$2,500.00 Amount of each receipt this period |
| John Palm Mailing Addre 1671 Leli City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Buddy Par Mailing Addre 202 Autum City, State, Zi | ner pss. a Dr p Code MS 39216-4818 loyer (Required) byed Required) Corporation Other (please specify cham pss. an Ridge Dr | PAC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$2,500.00 \$2,500.00 Amount of each receipt this period |
| John Palm Mailing Addre 1671 Leli City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Buddy Par Mailing Addre 202 Autum City, State, Zi Jackson, | ner pss. a Dr p Code MS 39216-4818 loyer (Required) byed Required) Corporation Other (please specify cham pss. an Ridge Dr p Code | PAC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$2,500.00 \$2,500.00 Amount of each receipt this period |
| John Palm Mailing Addre 1671 Leli City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Buddy Par Mailing Addre 202 Autum City, State, Zi Jackson, | pcode MS 39216-4818 loyer (Required) pyed Corporation Other (please specify cham ss nn Ridge Dr p Code MS 39211-5954 loyer (Required) | PAC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$2,500.00 \$2,500.00 Amount of each receipt this period |
| John Palm Mailing Addre 1671 Leli City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Buddy Par Mailing Addre 202 Autum City, State, Zi Jackson, Name of Emp Self Empl | ner pss. a Dr p Code MS 39216-4818 loyer (Required) byed Required) Corporation Other (please specify cham pss. an Ridge Dr p Code MS 39211-5954 loyer (Required) .oyed | PAC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 \$2,500.00 Amount of each receipt this period |

Reporting Period 1/1/2023 thro

through

4/30/2023

| Source: | Corporation Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|--|-----------|--------------|------|---------------------------|------------------------------------|
| Full Name | 21 | | | | 02/28/2023 | \$2,500.00 |
| Cynthia 1 | | | | | | |
| Mailing Addr | ess L Garden Ter | | | | | |
| City, State, Z | | | | | | |
| | MS 39110-7635 | | | | | |
| Name of Emp | ployer (Required) | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$2,500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Bill Paso | chall | | | _ | 04/29/2023 | \$1,000.00 |
| Mailing Addr | | | | | | |
| 2913 Lee | | | | | | |
| City, State, Z | ip Code | | | | | |
| Little Ro | ock, AR 72205-4 | 351 | | | 2 | |
| | oloyer(Required) Strategic Comm | unicatio | ns | 0 | 2,4 | |
| Occupation (| | | | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | ✓ Corporation | PAC | Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | 05° | 74. | (Mo., Day, Year) | receipt this period |
| Full Name | n Ehrhardt PLLC | | | | 03/24/2023 | \$1,000.00 |
| Mailing Addr | | | | | | |
| PO Box 3 | | | | | | |
| City, State, Z | ip Code | | | | | |
| Como, MS | 38619-0399 | | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | period |
| Full Name Elizabeth | n A. Payne | | | | 02/08/2023 | \$1,000.00 |
| Mailing Addr | | | | | | |
| 633 Park | | | | | | |
| City, State, Z | ip Code MS 38655-2824 | | | | | |
| | | | | | | |
| | | | | | | |
| Southern | oloyer (Required) Association fo | r Women l | Historians | | | |
| Occupation (| oloyer (Required) Association fo Required) | r Women l | Historians | | Aggregate year-to-date | \$1,000.00 |

Reporting Period 1/1/2023 through

4/30/2023

| Source: | Corporation | ☐ PAC ✓ Individua | al Loan | Date (Ma. Pay Year) | Amount of each receipt this |
|---|---|---------------------|----------|---|---|
| | Other (please sp | ecify) | | (Mo., Day, Year) | period |
| Full Name | | | | 03/15/2023 | \$500.00 |
| Diane Per | | | | | |
| Mailing Address 25176 Lea | | | | | |
| City, State, Zi | p Code | | | | |
| Pass Chri | istian, MS 395 | 71-9238 | | | |
| Name of Emp | oloyer (Required) oyed | | | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC Individua | al Loan | Date | Amount of each |
| | Other (please sp | ecify) | | (Mo., Day, Year) | receipt this period |
| Full Name | | | 4 | 03/27/2023 | \$3,000.00 |
| Lisa Pero | БÀ | | | 03/27/2023 | 43,000.00 |
| Mailing Addre | ess | | | | |
| 134 Bayou | ı Rd | | | | |
| City, State, Zi | • | | | | |
| | Le, MS 38701-7 | 725 | | 7 / | |
| Name of Emp | oloyer (Required) Diyed | | 60, | | |
| Occupation (Not Emplo | | | THE | Aggregate year-to-date | \$3,000.00 |
| Source: | Corporation | PAC / Individua | al Loan | Date | Amount of each |
| | Other (please sp | | 7 | (Mo., Day, Year) | receipt this period |
| | | | A . | • | periou |
| Full Name Wade Perr | | | 100 | 01/12/2023 | \$250.00 |
| Wade Perr | cy | R Co | , SO | 01/12/2023 | <u>-</u> |
| Wade Perr Mailing Addre 2454 Eloc | ess ong Dr | | | 01/12/2023 | <u>-</u> |
| Wade Perr Mailing Addre 2454 Eloc City, State, Zi | ess ong Dr | | | 01/12/2023 | <u>-</u> |
| Wade Perr Mailing Addre 2454 Eloc City, State, Zi Mobile, A Name of Emp | ess ong Dr ip Code AL 36605-4113 | Information Adminis | stration | 01/12/2023 | <u>-</u> |
| Wade Perr Mailing Addre 2454 Eloc City, State, Zi Mobile, A Name of Emp | ess png Dr p Code AL 36605-4113 ployer (Required) Telecomm and | | stration | | \$250.00 |
| Wade Perr Mailing Addre 2454 Eloc City, State, Zi Mobile, A Name of Emp | ess ong Dr op Code AL 36605-4113 oloyer (Required) Telecomm and : | | stration | Aggregate year-to-date | <u>-</u> |
| Wade Perm Mailing Addre 2454 Eloc City, State, Zi Mobile, A Name of Emp National Occupation (| ess ong Dr op Code AL 36605-4113 oloyer (Required) Telecomm and : | | | Aggregate | \$250.00 \$250.00 Amount of each |
| Wade Perr Mailing Addre 2454 Eloc City, State, Zi Mobile, F Name of Emp National Occupation (I Program (| ess ong Dr pCode AL 36605-4113 eloyer (Required) Telecomm and : Required) Officer | Information Adminis | | Aggregate year-to-date | \$250.00 |
| Wade Perr Mailing Addre 2454 Eloc City, State, Zi Mobile, F Name of Emp National Occupation (I Program C Source: | ess ong Dr ip Code AL 36605-4113 oloyer (Required) Telecomm and in Required) Officer Corporation | Information Adminis | | Aggregate year-to-date | \$250.00 \$250.00 Amount of each receipt this |
| Wade Perr Mailing Addre 2454 Eloc City, State, Zi Mobile, F Name of Emp National Occupation (I Program C Source: | ess ong Dr ip Code AL 36605-4113 oloyer (Required) Telecomm and in Required) Officer Corporation Other (please special Energy | Information Adminis | | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Wade Perr Mailing Addre 2454 Eloc City, State, Zi Mobile, A Name of Emp National Occupation (I Program C Source: Full Name Petro Che Mailing Addre | ess ong Dr ip Code AL 36605-4113 loyer (Required) Telecomm and in Required) Officer Corporation Other (please special Energy ess 236 | Information Adminis | | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Wade Perr Mailing Addre 2454 Eloc City, State, Zi Mobile, F Name of Emp National Occupation (I Program C Source: Full Name Petro Che Mailing Addre PO Box 12 City, State, Zi | ess ong Dr ip Code AL 36605-4113 loyer (Required) Telecomm and in Required) Officer Corporation Other (please special Energy ess 236 | Information Adminis | | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Wade Perr Mailing Addre 2454 Eloc City, State, Zi Mobile, F Name of Emp National Occupation (I Program C Source: Full Name Petro Che Mailing Addre PO Box 12 City, State, Zi Russellvi | ess ong Dr ip Code AL 36605-4113 loyer (Required) Telecomm and in Required) Officer Corporation Other (please special Energy ess 236 ip Code | Information Adminis | | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Wade Perr Mailing Addre 2454 Eloc City, State, Zi Mobile, F Name of Emp National Occupation (I Program C Source: Full Name Petro Che Mailing Addre PO Box 12 City, State, Zi Russellvi | ess ong Dr ip Code AL 36605-4113 lloyer (Required) Telecomm and : Required) Officer Corporation Other (please special Energy ess 236 ip Code ille, AL 35653- lloyer (Required) | Information Adminis | | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |

through

4/30/2023

| Source: | Corporation | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|---------|-------------------|------|-------------------------------------|------------------------------------|
| | Other (please sp | ресіту) | | | (, 24), 104.7 | period |
| Full Name Joshua Ph | nillips | | | | 01/19/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| 104 Cavar | | | | | | |
| City, State, Zi | p Code | | | | | |
| Madison, | MS 39110-6205 | | | | | |
| | loyer (Required) opi Asthma and | Allergy | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$600.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | Decify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 02/20/2022 | <u>-</u> |
| Joshua Ph | illips | | | | 03/28/2023 | \$500.00 |
| Mailing Addre | ess | | | | | |
| 104 Cavar | augh Dr | | | | | |
| City, State, Zi | • | | | | _ | |
| | MS 39110-6205 | | | | 1, | |
| | loyer(Required) opi Asthma and | Allergy | | 60, | | |
| Occupation (I | | | // | THIS | Aggregate year-to-date | \$600.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | | | A | (Mo., Day, Year) | receipt this period |
| Full Name Cris Pick | ering | |) A OH | | 01/19/2023 | \$100.00 |
| Mailing Addre | | - | | | | |
| 232 Calum | | | | | | |
| | | |) (v) | | | |
| City, State, Zi | p Code | | N | | | |
| Madison, | p Code MS 39110-8685 | | » « | | | |
| Madison, | p Code MS 39110-8685 loyer (Required) | | > & | | | |
| Madison, Name of Emp | p Code MS 39110-8685 loyer (Required) byed | | > ° | | Aggregate | \$1,100,00 |
| Madison, Name of Emp | p Code MS 39110-8685 loyer (Required) eyed Required) | | | | Aggregate year-to-date | \$1,100.00 |
| Madison, Name of Emp Not Emplo | p Code MS 39110-8685 loyer (Required) eyed Required) | PAC | √Individual | Loan | | Amount of each |
| Madison, Name of Emp Not Emplo Occupation (I | p Code MS 39110-8685 loyer (Required) byed Required) byed | | ✓Individual | Loan | year-to-date | |
| Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: | p Code MS 39110-8685 loyer (Required) byed Required) byed Corporation Other (please sp | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: | p Code MS 39110-8685 loyer (Required) byed Required) byed Corporation Other (please sp | | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Madison, Name of Emplo Not Emplo Occupation (I Not Emplo Source: Full Name Cris Pick Mailing Addre | p Code MS 39110-8685 loyer (Required) byed Required) byed Corporation Other (please sp | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Cris Pick Mailing Addre 232 Calum | p Code MS 39110-8685 loyer (Required) byed Required) byed Corporation Other (please specials) cering ess met Dr | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Cris Pick Mailing Addre 232 Calun City, State, Zi | p Code MS 39110-8685 loyer (Required) byed Required) byed Corporation Other (please specials are to be performed by the code b | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Cris Pick Mailing Addre 232 Calum City, State, Zi Madison, | p Code MS 39110-8685 loyer (Required) byed Required) byed Corporation Other (please special property) erring ers net Dr p Code MS 39110-8685 | | √Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Cris Pick Mailing Addre 232 Calum City, State, Zi Madison, | p Code MS 39110-8685 loyer (Required) byed Corporation Other (please sp ering ess net Dr p Code MS 39110-8685 loyer (Required) | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Cris Pick Mailing Addre 232 Calum City, State, Zi Madison, Name of Emp | p Code MS 39110-8685 loyer (Required) byed Corporation Other (please specting) ess lect Dr p Code MS 39110-8685 loyer (Required) byed Required) | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: | Corporation Other (please s | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------------|--|---------|--------------|------|---------------------------|------------------------------------|
| Full Name | | | | | 02/28/2023 | \$500.00 |
| Cris Pic | | | | | | |
| Mailing Address 232 Calur | | | | | | |
| City, State, Z | | | | | | |
| Madison, | MS 39110-8685 | | | | | |
| Name of Emp | oloyer (Required) oyed | | | | | |
| Occupation (Required) Not Employed | | | | | Aggregate year-to-date | \$1,100.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Brad Pigott | | | | | 04/30/2023 | \$1,000.00 |
| Mailing Address 775 N Congress St | | | | | | |
| City, State, Z | | | | | | |
| | MS 39202-3009 | | | | 2 | |
| | ployer (Required) Johnson P.A. | | | | ,0` | |
| Occupation (Required) Attorney | | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | | ×. | (Mo., Day, Year) | receipt this period |
| Full Name Troy Pike | = | | 04 | | 02/26/2023 | \$500.00 |
| Mailing Address 747 Green | ess nview Trl NE | | | | | |
| City, State, Zi | ip Code en, MS 39601-8 | 760 | | | | |
| | ployer (Required) masson & Assoc | iates | | | | |
| Occupation (| Required) al Engineer | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please s | oecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Denise Pilgrim | | | | | 02/07/2023 | \$100.00 |
| Mailing Address | ess ingham Dr | | | | | |
| City, State, Z | i p Code MS 39110-8524 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Not Emplo | oyed | | | | | |
| Occupation (Required) Not Employed | | | | | Aggregate year-to-date | \$267.90 |
| | | | | | | |

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|--|
| Full Name Denise Pilgrim | 02/10/2023 | \$17.90 |
| | | |
| Mailing Address 108 Bellingham Dr | | |
| City, State, Zip Code | | |
| Madison, MS 39110-8524 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$267.90 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Denise Pilgrim | 04/13/2023 | \$100.00 |
| Mailing Address | | |
| 108 Bellingham Dr | | |
| City, State, Zip Code Madison, MS 39110-8524 | 3 | |
| Name of Employer (Required) Not Employed | -OX | |
| Occupation (Required) | Aggregate | \$267.90 |
| Not Employed | year-to-date | 7207.50 |
| Not Employed | year-to-date | |
| | | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan | year-to-date Date | Amount of each receipt this |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Denise Pilgrim Mailing Address | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Denise Pilgrim Mailing Address 108 Bellingham Dr | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Denise Pilgrim Mailing Address 108 Bellingham Dr City, State, Zip Code Madison, MS 39110-8524 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Denise Pilgrim Mailing Address 108 Bellingham Dr City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Denise Pilgrim Mailing Address 108 Bellingham Dr City, State, Zip Code Madison, MS 39110-8524 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Denise Pilgrim Mailing Address 108 Bellingham Dr City, State, Zip Code Madison, MS 39110-8524 Name of Employer (Required) Not Employed Occupation (Required) | year-to-date Date (Mo., Day, Year) 04/28/2023 Aggregate | Amount of each receipt this period \$50.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Denise Pilgrim Mailing Address 108 Bellingham Dr City, State, Zip Code Madison, MS 39110-8524 Name of Employer (Required) Not Employed Occupation (Required) Not Employed | year-to-date Date (Mo., Day, Year) 04/28/2023 Aggregate year-to-date | Amount of each receipt this period \$50.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Denise Pilgrim Mailing Address 108 Bellingham Dr City, State, Zip Code Madison, MS 39110-8524 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan | Aggregate year-to-date Date (Mo., Day, Year) 04/28/2023 | Amount of each receipt this period \$50.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Denise Pilgrim Mailing Address 108 Bellingham Dr City, State, Zip Code Madison, MS 39110-8524 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$50.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Denise Pilgrim Mailing Address 108 Bellingham Dr City, State, Zip Code Madison, MS 39110-8524 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name John Pinkard Mailing Address 403 Brickworks Cir NE City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$50.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Denise Pilgrim Mailing Address 108 Bellingham Dr City, State, Zip Code Madison, MS 39110-8524 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name John Pinkard Mailing Address 403 Brickworks Cir NE | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$50.00 |

| Source: | Corporation | | Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|--------------|--------------|----------|-------------------------------------|--|
| Full Name | Other (please sp | | | | (1, 13, 11, | period |
| John Pink | ard | | | | 04/26/2023 | \$94.25 |
| Mailing Addre | ess | | | | - | |
| • | works Cir NE | | | | | |
| City, State, Zi | • | | | | | |
| | GA 30307-5515 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (I | Required) g Operations | | | | Aggregate year-to-date | \$594.25 |
| Source: | Corporation | PAC V | / Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | _ | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 00/00/000 | · · · · · · · · · · · · · · · · · · · |
| Crymes G. | Pitmann | | | | 02/28/2023 | \$7,500.00 |
| Mailing Addre | ess | | | × 1/2 | | |
| 410 S Pre | esident St | | | | | |
| City, State, Zi | • | | | | | |
| | MS 39201-5007 | | | | . ` | |
| - | loyer(Required) Roberts, & Wel | lsh PLLC | | 60, | | |
| Occupation (I | Required) | | | | Aggregate | \$7,500.00 |
| Attorney | | | | | year-to-date | , , |
| Source: | Corporation | ☐PAC ✓ | / Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/27/2023 | \$5,000.00 |
| crymes G. | Pittman | | 0 | | | 43,000.00 |
| Mailing Addre | ess | - 9 | (00) | | _ | 43,000.00 |
| Mailing Addre | ess esident St | 9 | 100 | | | Ÿ3 , 000.00 |
| Mailing Addre | esident St p Code | 9 | 00 | | | Ÿ3 , 000.00 |
| Mailing Address 410 S Pres City, State, Zi Jackson, | p Code MS 39201-5007 | 8 | 100 | | | 73,000.00 |
| Mailing Address 410 S Pres City, State, Zi Jackson, Name of Emp | esident St p Code | rts & Welsh, | LLP | | | Ç3,000.00 |
| Mailing Addre 410 S Pre City, State, Zi Jackson, Name of Emp Pittman, | ess esident St p Code MS 39201-5007 loyer(Required) Germany, Rober | rts & Welsh, | LLP | | Aggregate | |
| Mailing Address 410 S Pres City, State, Zi Jackson, Name of Emp | ess esident St p Code MS 39201-5007 loyer(Required) Germany, Rober | rts & Welsh, | LLP | | Aggregate year-to-date | \$5,000.00 |
| Mailing Address 410 S Prescript, State, Zi Jackson, Name of Emp Pittman, Occupation (I | ess esident St p Code MS 39201-5007 loyer(Required) Germany, Rober | | LLP | Loan | year-to-date Date | \$5,000.00 Amount of each |
| Mailing Addre 410 S Pre City, State, Zi Jackson, Name of Emp Pittman, Occupation (I Attorney | esident St p Code MS 39201-5007 loyer (Required) Germany, Rober Required) | ☐PAC ✓ | | Loan | year-to-date | \$5,000.00 |
| Mailing Addre 410 S Pre City, State, Zi Jackson, Name of Emp Pittman, Occupation (I Attorney Source: | pess esident St p Code MS 39201-5007 loyer (Required) Germany, Rober Required) Corporation Other (please sp | ☐PAC ✓ | | Loan | year-to-date Date | \$5,000.00 Amount of each receipt this |
| Mailing Addres 410 S Pre City, State, Zi Jackson, Name of Emp Pittman, Occupation (I Attorney Source: Full Name Mona Pitt | pcss esident St p Code MS 39201-5007 loyer (Required) Germany, Rober Required) Corporation Other (please sp | ☐PAC ✓ | | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Mailing Address 410 S Prescription City, State, Zi Jackson, Name of Emp Pittman, Occupation (I Attorney Source: Full Name Mona Pitt Mailing Address | p Same sident St p Code MS 39201-5007 loyer (Required) Germany, Rober Required) Corporation Other (please specimen) | ☐PAC ✓ | | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Mailing Address 410 S Prescription City, State, Zing Jackson, Name of Emp Pittman, Occupation (In Attorney Source: Full Name Mona Pitt Mailing Address 613 Royal | pcss esident St p Code MS 39201-5007 loyer (Required) Germany, Rober Required) Corporation Other (please spectrum) man coss Coaks Dr | ☐PAC ✓ | | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Mailing Address 410 S Prescription City, State, Zing Jackson, Name of Emp Pittman, Occupation (In Attorney Source: Full Name Mona Pitt Mailing Address 613 Royal City, State, Zing State, | pcss esident St p Code MS 39201-5007 loyer (Required) Germany, Rober Required) Corporation Other (please spectrum) man coss Coaks Dr | ☐PAC ✓ | | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Mailing Addre 410 S Pre City, State, Zi Jackson, Name of Emp Pittman, Occupation (I Attorney Source: Full Name Mona Pitt Mailing Addre 613 Royal City, State, Zi Oxford, M | pcss esident St p Code MS 39201-5007 loyer (Required) Germany, Rober Required) Corporation Other (please spectrum) man ess Oaks Dr p Code | ☐PAC ✓ | | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Mailing Addre 410 S Pre City, State, Zi Jackson, Name of Emp Pittman, Occupation (I Attorney Source: Full Name Mona Pitt Mailing Addre 613 Royal City, State, Zi Oxford, M | Pess Pesident St P Code MS 39201-5007 Required) Corporation Other (please spots) Coman C | ☐PAC ✓ | | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Mailing Address 410 S Pre City, State, Zi Jackson, Name of Emp Pittman, Occupation (I Attorney Source: Full Name Mona Pitt Mailing Addres 613 Royal City, State, Zi Oxford, M Name of Emp | p Code MS 39201-5007 loyer (Required) Germany, Rober Required) Corporation Other (please spectrum) Code MS 38655-9057 loyer (Required) Loyed | ☐PAC ✓ | | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |

| Source: | Corporation | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|---|------------|---------------|----------|---|--|
| | Other (please sp | ecity) | | | (Mo., Day, Tear) | period |
| Full Name Bo Plunk | | | | | 04/15/2023 | \$250.00 |
| Mailing Addre | ess | | | | | |
| 1514 Herr | | | | | | |
| City, State, Zi | • | | | | | |
| Clarksdal | e, MS 38614-31 | L O 4 | | | | |
| | loyer (Required) Clarksdale | | | | | |
| Occupation (I | • • | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| Source. | | | V IIIuiviuuai | Loan | (Mo., Day, Year) | receipt this |
| | Other (please sp | ecify) | | | (IVIO., Day, Teal) | period |
| Full Name Brenda Pl | unkett | | | | 02/09/2023 | \$97.25 |
| Mailing Addre | ess | | | | P | |
| 138 N Ric | lge Dr | | | | | |
| City, State, Zi | • | | | | | |
| | MS 38866-5763 | 3 | | | ` | |
| Name of Emp | loyer (Required) oyed | | | 60, | | |
| Occupation (I | Required) | | | 112 | Aggregate | \$601.20 |
| Retired | | | | | year-to-date | 7001.20 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | | | | 27 | | |
| | Other (please sp | ecify) | 05° | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Brenda Pl | | ecify) | 1 2 | | (Mo., Day, Year) | • |
| Brenda Pl | unkett | ecify) | 40° K | | | period |
| Brenda Pl Mailing Addre | unkett ess dge Dr | ecify) | 100 13 | | | period |
| Brenda Pl Mailing Addre 138 N Ric City, State, Zi | unkett ess dge Dr p Code | Q | 60 13 | | | period |
| Brenda Pl Mailing Addre 138 N Ric City, State, Zi Saltillo, | unkett ess dge Dr p Code MS 38866-5763 | Q | (d) (s) | | | period |
| Brenda Pl Mailing Addre 138 N Ric City, State, Zi Saltillo, | unkett ess dge Dr p Code MS 38866-5763 loyer (Required) | Q | 100 PA | | | period |
| Brenda Pl Mailing Addre 138 N Ric City, State, Zi Saltillo, Name of Emp | unkett ess dge Dr p Code MS 38866-5763 loyer (Required) byed | Q | 100 13 | | | period |
| Brenda Pl Mailing Addre 138 N Ric City, State, Zi Saltillo, Name of Emp Not Emplo Occupation (I | unkett ess dge Dr p Code MS 38866-5763 loyer (Required) byed | Q | ✓Individual | Loan | Aggregate year-to-date Date | \$65.25 \$601.20 |
| Mailing Addres 138 N Rice City, State, Zi Saltillo, Name of Emp Not Emplo Occupation (I Retired | unkett ess dge Dr p Code MS 38866-5763 loyer (Required) byed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$65.25 \$601.20 |
| Mailing Addres 138 N Rice City, State, Zi Saltillo, Name of Emp Not Emplo Occupation (I Retired | unkett ess dge Dr p Code MS 38866-5763 loyer (Required) byed Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date | \$65.25 \$601.20 Amount of each receipt this |
| Brenda Pl Mailing Addre 138 N Ric City, State, Zi Saltillo, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Brenda Pl | unkett ess dge Dr p Code MS 38866-5763 loyer (Required) byed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$65.25 \$601.20 Amount of each receipt this period |
| Mailing Addres 138 N Rice City, State, Zi Saltillo, Name of Emp Not Emplo Occupation (I Retired Source: | unkett pss dge Dr p Code MS 38866-5763 doyer (Required) byed Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$65.25 \$601.20 Amount of each receipt this period |
| Brenda Pl Mailing Addre 138 N Ric City, State, Zi Saltillo, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Brenda Pl Mailing Addre 138 N Ric City, State, Zi | unkett pss dge Dr p Code MS 38866-5763 loyer (Required) pyed Required) Corporation Other (please sp unkett pss dge Dr p Code | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$65.25 \$601.20 Amount of each receipt this period |
| Brenda Pl Mailing Addre 138 N Ric City, State, Zi Saltillo, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Brenda Pl Mailing Addre 138 N Ric City, State, Zi | unkett pss dge Dr p Code MS 38866-5763 loyer (Required) pyed Required) Corporation Other (please sp unkett pss dge Dr | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$65.25 \$601.20 Amount of each receipt this period |
| Mailing Addres 138 N Rice City, State, Zi Saltillo, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Brenda Pl Mailing Addres 138 N Rice City, State, Zi Saltillo, Name of Emp | unkett pss dge Dr p Code MS 38866-5763 loyer (Required) pyed Corporation Other (please sp unkett pss dge Dr p Code MS 38866-5763 loyer (Required) | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$65.25 \$601.20 Amount of each receipt this period |
| Mailing Address 138 N Rice City, State, Zi Saltillo, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Brenda Pl Mailing Addres 138 N Rice City, State, Zi Saltillo, | unkett pss dge Dr p Code MS 38866-5763 loyer (Required) pyed Corporation Other (please sp unkett pss dge Dr p Code MS 38866-5763 loyer (Required) | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$65.25 \$601.20 Amount of each receipt this period |
| Brenda Pl Mailing Addre 138 N Ric City, State, Zi Saltillo, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Brenda Pl Mailing Addre 138 N Ric City, State, Zi Saltillo, Name of Emp | unkett PSS Rage Dr P Code MS 38866-5763 Required) Corporation Other (please sp unkett PSS Rage Dr P Code MS 38866-5763 Required) Diver (Required) Diver (Required) Diver (Required) Diver (Required) Diver (Required) | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$65.25 \$601.20 Amount of each receipt this period |

| Source: | Corporation | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|------------|--------------|-------------|---|--|
| | Other (please sp | ecity) | | | (Mo., Day, Tear) | period |
| Full Name Brenda Pl | unket.t. | | | | 03/27/2023 | \$188.70 |
| Mailing Addre | | | | | - | |
| 138 N Ric | | | | | | |
| City, State, Zi | p Code | | | | | |
| Saltillo, | MS 38866-5763 | 3 | | | | |
| Name of Emp | loyer (Required) byed | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$601.20 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Brenda Pl | unkett | | | | 04/26/2023 | \$250.00 |
| Mailing Addre | | | | | h | |
| 138 N Ric | | | | | | |
| City, State, Zi | | | | | | |
| Saltillo, | MS 38866-5763 | 3 | | A 100 A | | |
| Name of Emp | oloyer (Required) Dyed | | | 60, | | |
| Occupation (| Required) | | | | Aggregate | \$601.20 |
| Retired | | | | | year-to-date | • |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | Other (please sp | ecity) | | | (, 2) | period |
| | | | | | 03/31/2023 | 4050 00 |
| Full Name James Plu | ınkett | | | | 03/31/2023 | \$250.00 |
| James Plu Mailing Addre | ess | - 9 | 100 | | - 03/31/2023 | \$250.00 |
| James Plu Mailing Addre | ess lge Dr | 9 | (HO) | | 03/31/2023 | \$250.00 |
| James Plu Mailing Addre 138 N Ric City, State, Zi | ess dge Dr p Code | 3 | 1000 | | 03/31/2023 | \$250.00 |
| Mailing Addre 138 N Ric City, State, Zi Saltillo, | pss dge Dr p Code MS 38866-5763 | 3 | 1000 | | 03/31/2023 | \$250.00 |
| Mailing Addre 138 N Ric City, State, Zi Saltillo, | p Code MS 38866-5763 | 3 | 1000 | | 03/31/2023 | \$25 0. 00 |
| Mailing Address 138 N Ricc City, State, Zi Saltillo, Name of Emp | pess dge Dr p Code MS 38866-5763 lloyer (Required) | 3 | 100 P | | Aggregate year-to-date | \$250.00 |
| Mailing Address 138 N Rice City, State, Zi Saltillo, Name of Emp Sanctuary Occupation (| pess dge Dr p Code MS 38866-5763 lloyer (Required) |] PAC | ✓Individual | Loan | Aggregate | \$250.00 Amount of each |
| Mailing Address 138 N Rice City, State, Zi Saltillo, Name of Emp Sanctuary Occupation (I CEO | p Code MS 38866-5763 Nover (Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$250.00 |
| Mailing Address 138 N Rice City, State, Zi Saltillo, Name of Emp Sanctuary Occupation (I CEO Source: | p Code MS 38866-5763 bloyer (Required) Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date | \$250.00 Amount of each receipt this |
| Mailing Address 138 N Rice City, State, Zi Saltillo, Name of Emp Sanctuary Occupation (CEO Source: | p Code MS 38866-5763 Nover (Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address 138 N Rice City, State, Zi Saltillo, Name of Emp Sanctuary Occupation (I CEO Source: | p Code MS 38866-5763 Nover (Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address 138 N Rice City, State, Zi Saltillo, Name of Emp Sanctuary Occupation (ICEO Source: Full Name Norris Po Mailing Address 4618 Sawn City, State, Zi | p Code MS 38866-5763 bloyer (Required) Corporation Other (please sp | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address 138 N Rice City, State, Zis Saltillo, Name of Emp Sanctuary Occupation (ICEO Source: Full Name Norris Po Mailing Address 4618 Sawn City, State, Zi Moss Poir | p Code MS 38866-5763 Nover (Required) Corporation Other (please spools p Code mill Rd p Code mt, MS 39563-23 | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address 138 N Rice City, State, Zis Saltillo, Name of Emp Sanctuary Occupation (ICEO Source: Full Name Norris Po Mailing Address 4618 Sawn City, State, Zi Moss Poir | p Code MS 38866-5763 lloyer (Required) Corporation Other (please sp plk ess aill Rd p Code at, MS 39563-23 lloyer (Required) | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address 138 N Rice City, State, Zissaltillo, Name of Emp Sanctuary Occupation (ICEO Source: Full Name Norris Po Mailing Address 4618 Sawn City, State, Zissaltillo, Name of Emp | p Code MS 38866-5763 Nover (Required) Corporation Other (please spools place of the code of the cod | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |

4/30/2023

| Source: | Corporation Other (please sp | | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|----------|--------------|--------|---|---|
| Full Name | Other (please sp | | | | | period |
| Richard E | Pope | | | | 03/22/2023 | \$300.00 |
| Mailing Addre | ess | | | | | |
| 1839 151s | | | | | | |
| City, State, Zi | • | _ | | | | |
| | WA 98007-6101 | 1 | | | | |
| | Noyer(Required) Is Legal Servio | ces PC | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 01/30/2023 | \$5,000.00 |
| Tim W. Po | orter | | | | 01/30/2023 | 43,000.00 |
| Mailing Addre | | | | | | |
| 921 Montr | | | | | | |
| City, State, Zi | p Code 1, MS 39157-139 | 0.4 | | | | |
| | loyer (Required) | 94 | | 4 | | |
| Porter/Ma | • • • • | | | 1 200 | | |
| Occupation (| Required) | | <i>A</i> | J. His | Aggregate | \$5,000.00 |
| Attorney | | | | | year-to-date | |
| Source: | ☐ Corporation☐ Other (please sp | | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | | | | 00/04/0000 | |
| Full Name | | | (L) | | | |
| Full Name Eddie Pov | vell | | 10 H | | 02/04/2023 | \$2,500.00 |
| Eddie Pov Mailing Addre | ess | 9 | (B) (A) | | | \$2,500.00 |
| Eddie Pov Mailing Addre 2620 Nort | ess chplace Dr | Q | (00 h) | | 02/04/2023 | \$2,500.00 |
| Eddie Pow Mailing Addre 2620 Nort City, State, Zi | ess hplace Dr p Code | 8 | (100 k) | | 02/04/2023 | \$2,500.00 |
| Eddie Pow Mailing Addre 2620 Nort City, State, Zi Tupelo, M | p Code 4S 38804-5019 | 9 | 100 kg | | 02/04/2023 | \$2,500.00 |
| Eddie Pow Mailing Addre 2620 Nort City, State, Zi Tupelo, M | p Code 4S 38804-5019 | Q | (40 P) | | 02/04/2023 | \$2,500.00 |
| Eddie Pov Mailing Addre 2620 Nort City, State, Zi Tupelo, N Name of Emp | p Code 4S 38804-5019 bloyer (Required) | | (C) (C) | | Aggregate year-to-date | \$2,500.00 |
| Eddie Pow Mailing Addre 2620 Nort City, State, Zi Tupelo, N Name of Emplo Occupation (I | p Code 4S 38804-5019 bloyer (Required) | PAC [| ✓Individual | Loan | Aggregate | \$2,500.00 Amount of each |
| Eddie Pov Mailing Addre 2620 Nort City, State, Zi Tupelo, N Name of Emp Not Emplo Occupation (I Retired | p Code 4S 38804-5019 bloyer (Required) byed Required) | | ✓Individual | Loan | Aggregate year-to-date | \$2,500.00 |
| Eddie Pov Mailing Addre 2620 Nort City, State, Zi Tupelo, N Name of Emp Not Emplo Occupation (I Retired | p Code 4S 38804-5019 bloyer (Required) byed Corporation | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 Amount of each receipt this period |
| Mailing Address 2620 Nort City, State, Zi Tupelo, M Name of Emp Not Emplo Occupation (I Retired Source: | pess chplace Dr p Code 4S 38804-5019 cloyer (Required) cyed Required) Corporation Other (please sp | | ✓Individual | Loan | Aggregate year-to-date | \$2,500.00 Amount of each receipt this |
| Eddie Pov Mailing Addre 2620 Nort City, State, Zi Tupelo, N Name of Emplo Occupation (I Retired Source: Full Name Joe Powel Mailing Addre | pess chplace Dr p Code 4S 38804-5019 cloyer (Required) byed Required) Corporation Other (please sp | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 Amount of each receipt this period |
| Eddie Pov Mailing Addre 2620 Nort City, State, Zi Tupelo, M Name of Emp Not Emplo Occupation (I Retired Source: Full Name Joe Powel Mailing Addre 417 Glenv | p Code 18 38804-5019 18 38804-5019 19 20 38804-5019 19 20 38804-5019 20 3880 | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 Amount of each receipt this period |
| Eddie Pov Mailing Addre 2620 Nort City, State, Zi Tupelo, M Name of Emp Not Emplo Occupation (I Retired Source: Full Name Joe Powel Mailing Addre 417 Glenv City, State, Zi | p Code 18 38804-5019 19 Solver (Required) 19 Solved 19 Corporation 10 Other (please sports) 20 Solved 21 Solved 22 Solved 23 Solved 24 Solved 25 Solved 26 Solved 27 Solved 28 Solved 29 Solved 20 Solved 20 Solved 20 Solved 21 Solved 22 Solved 23 Solved 24 Solved 25 Solved 26 Solved 27 Solved 28 Solved 28 Solved 29 Solved 20 Solved 2 | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 Amount of each receipt this period |
| Eddie Pov Mailing Addre 2620 Nort City, State, Zi Tupelo, M Name of Emp Not Emplo Occupation (I Retired Source: Full Name Joe Powel Mailing Addre 417 Glenv City, State, Zi Jackson, | p Code 4S 38804-5019 bloyer (Required) byed Corporation Other (please sp 24 ay Dr p Code MS 39216-4108 | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 Amount of each receipt this period |
| Eddie Pov Mailing Addre 2620 Nort City, State, Zi Tupelo, N Name of Emp Not Emplo Occupation (I Retired Source: Full Name Joe Powel Mailing Addre 417 Glenv City, State, Zi Jackson, Name of Emp | p Code 4S 38804-5019 bloyer (Required) byed Corporation Other (please sp Agy Dr P Code MS 39216-4108 bloyer (Required) | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 Amount of each receipt this period |
| Eddie Pov Mailing Addre 2620 Nort City, State, Zi Tupelo, M Name of Emp Not Emplo Occupation (I Retired Source: Full Name Joe Powel Mailing Addre 417 Glenv City, State, Zi Jackson, Name of Emp WC Leasir | p Code 4S 38804-5019 bloyer (Required) byed Corporation Other (please sp 2 | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) 02/28/2023 | \$2,500.00 Amount of each receipt this period \$500.00 |
| Eddie Pov Mailing Addre 2620 Nort City, State, Zi Tupelo, N Name of Emp Not Emplo Occupation (I Retired Source: Full Name Joe Powel Mailing Addre 417 Glenv City, State, Zi Jackson, Name of Emp | p Code 4S 38804-5019 bloyer (Required) byed Corporation Other (please sp 2 | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 Amount of each receipt this period |

| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|------------|--------------|------|---|--|
| Full Name | | | | | 2.4.42= 42.222 | period |
| Joe Powel | .1 | | | | 04/27/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| 417 Glenw | vay Dr | | | | | |
| City, State, Zi | • | | | | | |
| | MS 39216-4108 | | | | | |
| WC Leasir | oloyer (Required) ng, LLC | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$1,500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Norman Po | owell | | | | 04/27/2023 | \$2,500.00 |
| Mailing Addre | ess | | | | | |
| PO Box 26 | | | | | | |
| City, State, Zi | p Code | | | | | |
| Tupelo, M | 4S 38803-2617 | | | | | |
| | oloyer(Required) natic Fire Prot | tection | | 60, | | |
| Occupation (I | | | | HIL | Aggregate year-to-date | \$2,500.00 |
| Business | <u> </u> | | _ 4/ | _ 4 | | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | Other (please sp | ecity) | | | | period |
| Full Name | Other (please sp | ecity) | 1 | 0 | | period \$1,000.00 |
| Full Name Wesley F. | | ecity) | 100 | 5 | 02/28/2023 | period \$1,000.00 |
| | Prater | есіту) | (do la | 5 | | |
| Mailing Address PO Box 90 City, State, Zi | Prater pss p Code | есіту) | 000 | 5 | | |
| Wesley F. Mailing Addre PO Box 90 City, State, Zi Canton, M | Prater pss p Code 4S 39046-0090 | ecity) | 100 | | | |
| Wesley F. Mailing Addre PO Box 90 City, State, Zi Canton, M | Prater pss p Code 4s 39046-0090 lloyer (Required) | ecity) | (BO) | 5 | | |
| Wesley F. Mailing Addre PO Box 90 City, State, Zi Canton, M Name of Emp | Prater Proces Proce | ecity) | (000 | | | |
| Wesley F. Mailing Addre PO Box 90 City, State, Zi Canton, M Name of Empl Occupation (I | Prater Proces Proce | PAC | ✓Individual | Loan | Aggregate year-to-date Date | \$1,000.00 \$1,000.00 Amount of each |
| Wesley F. Mailing Addre PO Box 90 City, State, Zi Canton, M Name of Emp Self Empl Occupation (I Physician | Prater ess p Code 4s 39046-0090 eloyer (Required) coyed Required) | PAC | ✓ Individual | Loan | Aggregate year-to-date | \$1,000.00 |
| Wesley F. Mailing Addre PO Box 90 City, State, Zi Canton, M Name of Emp Self Empl Occupation (I Physician | Prater pss p Code 4S 39046-0090 ployer (Required) oyed Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date | \$1,000.00 \$1,000.00 Amount of each receipt this |
| Wesley F. Mailing Addre PO Box 90 City, State, Zi Canton, M Name of Emp Self Empl Occupation (I Physiciar Source: | Prater pss p Code ds 39046-0090 ployer (Required) poyed Required) proporation proporati | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Wesley F. Mailing Addre PO Box 90 City, State, Zi Canton, M Name of Emp Self Empl Occupation (I Physician Source: Full Name Greta Pre Mailing Addre 7054 Penk City, State, Zi | Prater Process Proc | PAC ecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Wesley F. Mailing Addre PO Box 90 City, State, Zi Canton, M Name of Emp Self Empl Occupation (I Physician Source: Full Name Greta Pre Mailing Addre 7054 Penk City, State, Zi Franklin, | Prater pss p Code 4S 39046-0090 ployer (Required) oyed Required) Corporation Other (please species brook Dr p Code TN 37069-8407 | PAC ecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Wesley F. Mailing Addre PO Box 90 City, State, Zi Canton, M Name of Emp Self Empl Occupation (I Physician Source: Full Name Greta Pre Mailing Addre 7054 Penk City, State, Zi Franklin, | Prater Process Proce | PAC ecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Wesley F. Mailing Addre PO Box 90 City, State, Zi Canton, M Name of Emp Self Empl Occupation (I Physiciar Source: Full Name Greta Pre Mailing Addre 7054 Penk City, State, Zi Franklin, Name of Emp HCA Healt Occupation (I | Prater Process Proce | PAC ecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|---|---------------------|--------------|----------|---|--|
| F. II M | Other (please sp | | | | (,, , , , | period |
| Full Name Greta Pre | aslev | | | | 04/26/2023 | \$150.00 |
| Mailing Addre | | | | | _ | |
| 7054 Penb | | | | | | |
| City, State, Zi | p Code TN 37069-840 | 7 | | | | |
| | loyer (Required) | , | | | | |
| HCA Healt | • • • • | | | | | |
| Occupation (I | Required) re Administrat: | ion | | | Aggregate year-to-date | \$202.30 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Marcus Pr | reslev | | | | 01/12/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| _ | Town Vu Rd | | | | | |
| City, State, Zi | • | | | | | |
| Bentonvil | lle, AR 72712-8 | 3986 | | | | |
| Name of Emp | loyer (Required) | | | 60, | | |
| Occupation (I | Required) | | ^ | 115 | Aggregate | \$600.00 |
| Director | of Compliance | | | | year-to-date | 7000:00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo. Day Year) | Amount of each receipt this |
| | Other (please sp | ecify) | | <u> </u> | (Mo., Day, Year) | period |
| Evill Mana | | | | | 04/06/2023 | ¢ = 0 0 0 0 |
| Full Name Marcus Pr | resley | | | | 0170072023 | \$500.00 |
| Marcus Pr | ess | - 9 | 1000 | | | \$300.00 |
| Marcus Pr Mailing Addre 3405 SW T | ess Cown Vu Rd | 9 | 00 | | | \$300.00 |
| Marcus Pr Mailing Addre 3405 SW T | ess Cown Vu Rd p Code | 3986 | 1 4 0 T | | - 01/00/2023 | \$300.00 |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil | ess Cown Vu Rd p Code .le, AR 72712-8 | 3986 | 100 | | 01,00,2023 | \$300.00 |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil | p Code Lle, AR 72712-8 | 3986 | | | | \$300.00 |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil Name of Emp Walmart, Occupation (I | Poss Cown Vu Rd P Code Lie, AR 72712-8 Required) Required) | 3986 | | | Aggregate year-to-date | \$600.00 |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil Name of Emp Walmart, Occupation (I | Poss Cown Vu Rd p Code Lle, AR 72712-8 ployer (Required) Inc. Required) of Compliance | 3986 □PAC | ✓Individual | Loan | Aggregate | |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil Name of Emp Walmart, Occupation (I Director | Poss Cown Vu Rd P Code Lie, AR 72712-8 Required) Required) | □PAC | ✓ Individual | Loan | Aggregate year-to-date | \$600.00 |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil Name of Emp Walmart, Occupation (I Director Source: | Poss Cown Vu Rd p Code le, AR 72712-8 cloyer (Required) Inc. Required) of Compliance Corporation Other (please sp | □PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 Amount of each receipt this period |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil Name of Emp Walmart, Occupation (I Director Source: Full Name Peyton Pr | Poss Cown Vu Rd P Code Lle, AR 72712-8 Ployer (Required) Inc. Required) of Compliance Corporation Other (please sp | □PAC | ✓Individual | Loan | Aggregate year-to-date | \$600.00 Amount of each receipt this |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil Name of Emp Walmart, Occupation (I Director Source: Full Name Peyton Pr Mailing Addre | Poss Cown Vu Rd P Code Lle, AR 72712-8 Ployer (Required) Inc. Required) of Compliance Corporation Other (please sp | □PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 Amount of each receipt this period |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil Name of Emp Walmart, Occupation (I Director Source: Full Name Peyton Pr Mailing Addre 1336 Sair City, State, Zi | Poss Cown Vu Rd p Code Lle, AR 72712-8 ployer (Required) Inc. Required) of Compliance Corporation Other (please species cospere pss at Mary St p Code | □PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 Amount of each receipt this period |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil Name of Emp Walmart, Occupation (I Director Source: Full Name Peyton Pr Mailing Addre 1336 Sair City, State, Zi Jackson, | Poss Cown Vu Rd p Code Lle, AR 72712-8 Ployer (Required) Inc. Required) of Compliance Corporation Other (please species at Mary St p Code MS 39202-1848 | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 Amount of each receipt this period |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil Name of Emp Walmart, Occupation (I Director Source: Full Name Peyton Pr Mailing Addre 1336 Sair City, State, Zi Jackson, Name of Emp | Poss Cown Vu Rd p Code Lle, AR 72712-8 Ployer (Required) Inc. Required) of Compliance Corporation Other (please species at Mary St p Code MS 39202-1848 Ployer (Required) | □PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 Amount of each receipt this period |
| Marcus Pr Mailing Addre 3405 SW T City, State, Zi Bentonvil Name of Emp Walmart, Occupation (I Director Source: Full Name Peyton Pr Mailing Addre 1336 Sair City, State, Zi Jackson, Name of Emp | Poss Cown Vu Rd p Code Lle, AR 72712-8 ployer (Required) Inc. Required) of Compliance Corporation Other (please sp cospere ess at Mary St p Code MS 39202-1848 ployer (Required) a Eager PLLC | □PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$600.00 Amount of each receipt this period |

Reporting Period 1/1/2023

through

4/30/2023

| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|------------------------------------|---------|--------------|---------|---------------------------|------------------------------------|
| Full Name | | | | | 04/06/2023 | \$500.00 |
| Peyton Pr | | | | | | |
| Mailing Addre | ess nt Mary St | | | | | |
| City, State, Zi | - | | | | | |
| Jackson, | MS 39202-1848 | | | | | |
| | oloyer(Required) & Eager PLLC | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name E. K. Pri | ıitt | | | | 02/22/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | MS 39216-3420 | | | | at Comment | |
| Name of Emp | oloyer (Required) oyed | | | 1 | | |
| Occupation (| | | | A Lills | Aggregate year-to-date | \$225.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | 0 | -X | (Mo., Day, Year) | receipt this period |
| Full Name E. K. Pri | uitt | | | | 03/18/2023 | \$50.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | ip Code MS 39216-3420 | | | | | |
| | oloyer (Required) | | | | | |
| Not Emplo | • | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$225.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name E. K. Pru | ıitt | | | | 04/14/2023 | \$25.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | ip Code | | | | | |
| | MS 39216-3420 Dloyer (Required) | | | | | |
| Not Emplo | | | | | | |
| | | | | | | |
| Not Emplo | Required) | | | | Aggregate year-to-date | \$225.00 |

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|----------------------------|---------------------------------|---------|--------------|------|---------------------------|------------------------------------|
| Full Name | | | | | 04/27/2023 | \$50.00 |
| E. K. Pri | | | | | | |
| Mailing Address 4217 Oaks | | | | | | |
| City, State, Z | | | | | | |
| | MS 39216-3420 | | | | | |
| Name of Emp | oloyer (Required) oyed | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$225.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Robert M | . Pugh | | | | 03/11/2023 | \$25.00 |
| Mailing Address 5924 White | ess testone Rd | | | | | |
| City, State, Z | • | | | | | |
| | MS 39206-2515 | | | | 041 | |
| Not Emplo | oloyer (Required) oyed | | | | 0 | |
| Occupation (| | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | | , X | (Mo., Day, Year) | receipt this period |
| Full Name Robert M. | . Pugh | | 04 | | 04/11/2023 | \$25.00 |
| Mailing Address 5924 White | ess testone Rd | | | | | |
| City, State, Zi | ip Code MS 39206-2515 | | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (| • • | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please s | pecify) | | | (Mo., Day, Year) | period |
| Full Name Robert M. | . Pugh | | | | 04/18/2023 | \$250.00 |
| Mailing Address 5924 White | ess testone Rd | | | | | |
| City, State, Zi | ip Code MS 39206-2515 | | | | | |
| | oloyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$300.00 |
| | | | | | | |

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
|-------------------------------|--|--------|--------------|----------|---------------------------|---------------------|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | rlog | | | | 03/10/2023 | \$1,000.00 |
| Lydia Qua | | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zip | Code | | | | | |
| | e, MS 39759-39 | 953 | | | | |
| | oyer(Required) uarles PLLC | | | | | |
| Occupation (R | Required) | | | | Aggregate year-to-date | \$1,100.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Lydia Qua | rles | | | | 04/26/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| City, State, Zip | | | | | | |
| | e, MS 39759-39 | 953 | | | 2 | |
| | oyer(Required) uarles PLLC | | | 60 | 5 | |
| Occupation (R | Required) | | | THIS | Aggregate year-to-date | \$1,100.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Regina Qu | inn | | 1 0 H | | 03/21/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| City, State, Zip | | | | | | |
| | MS 39211-2941 | | | | | |
| | <pre>oyer (Required) aw Firm, PLLC</pre> | | | | | |
| Occupation (R | Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 02/07/2023 | \$250.00 |
| Susan Rab | | | | | | |
| Mailing Addre 306 River | | | | | | |
| City, State, Zip Southport | Code , NC 28461-411 | | | | | |
| | oyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (R | | | | | | |

Reporting Period 1/1/2023 t

through

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
|----------------|----------------------------------|--------|--------------|----------|---------------------------|------------------------|
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 02/14/2023 | \$25.00 |
| Heath Ran | | | | | | |
| Mailing Addr | | | | | | |
| 2248 Sumr | | | | | | |
| City, State, Z | MO 63010-2254 | | | | | |
| | loyer (Required) | | | | | |
| Campbells | | | | | | |
| Occupation (| Required) | | | | Aggregate | \$275.00 |
| Sales | . , | | | | year-to-date | Ψ273 . 00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 02/17/2023 | <u>-</u> |
| Heath Ran | ndall | | | | 02/11/2023 | \$25.00 |
| Mailing Addre | ess | | | | | |
| 2248 Sumr | | | | | | |
| City, State, Z | | | | | | |
| | 40 63010-2254 | | | | 04 | |
| Campbells | oloyer (Required) | | | | > | |
| Occupation (| Required) | | | J HIS | Aggregate | \$275.00 |
| Sales | | | | | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | 0 6 |) | 02/24/2023 | \$25.00 |
| Heath Ran | ndall | | | | | 720.00 |
| Mailing Addr | | | | | | |
| 2248 Sumr | | | | | | |
| City, State, Z | i p Code MO 63010-2254 | | | | | |
| | oloyer (Required) | | | | | |
| Campbells | • | | | | | |
| Occupation (| | | | | Aggregate | 2075 00 |
| Sales | rtequileu) | | | | year-to-date | \$275.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 03/16/2023 | \$50.00 |
| Heath Ran | ndall | | | | | 400.00 |
| Mailing Addr | | | | | | |
| 2248 Sumr | | | | | | |
| City, State, Z | - | | | | | |
| | | | | | | |
| Name of Emr | MO 63010-2254 | | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Campbells | oloyer (Required) | | | | Aggregate | 6075 00 |
| | oloyer (Required) | | | | Aggregate year-to-date | \$275.00 |

| Source: | Corporation | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---------------------------|--------------------------------|----------------|------|---------------------------|-----------------------------|
| | Other (please s | ресіту) | | (Mo., Bay, Tour) | period |
| Full Name Heath Rar | ndall | | | 03/18/2023 | \$25.00 |
| Mailing Addre | ess | | | | |
| 2248 Summ | | | | | |
| City, State, Zi | p Code 40 63010-2254 | | | | |
| | loyer (Required) | | | | |
| Campbells | | | | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$275.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 03/24/2023 | \$25.00 |
| Heath Rar | | | | | , |
| Mailing Address 2248 Summ | | | | | |
| City, State, Zi | | | | | |
| | 40 63010-2254 | | | | |
| Name of Emp | loyer (Required) | | COL | • | |
| Occupation (| | | 115 | Aggregate | \$275.00 |
| Sales | , | | | year-to-date | 7273.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | , | (Mo., Day, Year) | receipt this period |
| Full Name | ada 11 | 7 6 | | 04/19/2023 | \$25.00 |
| Heath Rar | | | | | |
| Mailing Address 2248 Summ | | | | | |
| City, State, Zi | p Code | | | | |
| Arnold, N | 10 63010-2254 | | | | |
| - | loyer (Required) | | | | |
| Campbells | | | | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$275.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each receipt this |
| | Other (please s | pecify) | | (Mo., Day, Year) | period |
| Full Name | 1 11 | | | 04/20/2023 | \$50.00 |
| Heath Rar | | | | | |
| Mailing Address 2248 Summ | | | | | |
| City, State, Zi | | | | | |
| Arnold, N | 10 63010-2254 | | | | |
| | loyer (Required) | | | | |
| Campbells | 5 | | | | |
| Occupation (| | | | | |
| Sales | Required) | | | Aggregate year-to-date | \$275.00 |

| Source: | Corporation | PAC | ✓Individual | Loan | Date (Mo. Day Year) | Amount of each receipt this |
|---|--|--------|---------------------|------|---|--|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Heath Rar | ada 11 | | | | 04/24/2023 | \$25.00 |
| | | | | | 4 | |
| Mailing Address 2248 Summ | | | | | | |
| City, State, Zi | | | | | - | |
| • | 10 63010-2254 | | | | | |
| Name of Emp | loyer (Required) | | | | 1 | |
| Campbells | 3 | | | | | |
| Occupation (| Required) | | | | Aggregate | \$275.00 |
| Sales | | | | | year-to-date | 1-1111 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | _ | 00/04/0000 | <u>.</u> |
| Barbara F | Rankin | | | | 03/04/2023 | \$100.00 |
| Mailing Addre | ess | | | | | |
| PO Box 21 | . 9 | | | | | |
| City, State, Zi | p Code | | | | 1 | |
| Braxton, | MS 39044-0219 | | | | ` | |
| | loyer (Required) | | | 1 | | |
| Not Emplo | yed | | _ | | | |
| Occupation (| | | | | Aggregate year-to-date | \$325.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| Cource. | Other (please sp | _ | V marvidaai | | (Mo., Day, Year) | receipt this period |
| | | | | | 22/22/222 | |
| Full Name | | | 1 L. | | I 03/09/2023 | \$50.00 |
| Barbara F | | | 04 | | 03/09/2023 | \$50.00 |
| | ess | 9 | (B) E | | 03/09/2023 | \$50.00 |
| Barbara F | 988 . 9 | R | (B) VI | | 03/09/2023 | \$50.00 |
| Barbara F Mailing Addre PO Box 21 City, State, Zi Braxton, | p Code MS 39044-0219 | 9 | (100 H) | | 03/09/2023 | \$50.00 |
| Barbara F Mailing Addre PO Box 21 City, State, Zi Braxton, Name of Emp | p Code MS 39044-0219 loyer (Required) | | (BO 4) | | 03/09/2023 | \$50.00 |
| Barbara F Mailing Addre PO Box 21 City, State, Zi Braxton, | p Code MS 39044-0219 loyer (Required) | | (B) (B) | | 03/09/2023 | \$50.00 |
| Barbara F Mailing Addre PO Box 21 City, State, Zi Braxton, Name of Emp | p Code MS 39044-0219 loyer (Required) byed Required) | | Tho H | | Aggregate year-to-date | \$325.00 |
| Barbara F Mailing Addre PO Box 21 City, State, Zi Braxton, Name of Emp Not Emplo Occupation (| p Code MS 39044-0219 loyer (Required) byed Required) | PAC | ✓Individual | Loan | Aggregate | \$325.00 Amount of each |
| Mailing Address PO Box 21 City, State, Zi Braxton, Name of Emp Not Emplo Occupation (I Not Emplo | p Code MS 39044-0219 loyer (Required) byed Required) | _ | ✓ Individual | Loan | Aggregate year-to-date | \$325.00 |
| Mailing Address PO Box 21 City, State, Zi Braxton, Name of Emp Not Emplo Occupation (I Not Emplo | p Code MS 39044-0219 loyer (Required) byed Required) byed Corporation | _ | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$325.00 Amount of each receipt this period |
| Mailing Address PO Box 21 City, State, Zi Braxton, Name of Emp Not Emplo Occupation (I Not Emplo | p Code MS 39044-0219 loyer (Required) byed Required) byed Corporation Other (please sp | _ | ✓ Individual | Loan | Aggregate year-to-date | \$325.00 Amount of each receipt this |
| Mailing Address PO Box 21 City, State, Zi Braxton, Name of Emp Not Emplo Occupation (I Not Emplo Source: | p Code MS 39044-0219 loyer (Required) byed Required) byed Corporation Other (please sp | _ | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$325.00 Amount of each receipt this period |
| Barbara F Mailing Addre PO Box 21 City, State, Zi Braxton, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Barbara F | p Code MS 39044-0219 loyer (Required) byed Corporation Other (please species) | _ | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$325.00 Amount of each receipt this period |
| Barbara F Mailing Addre PO Box 21 City, State, Zi Braxton, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Barbara F Mailing Addre PO Box 21 City, State, Zi | p Code MS 39044-0219 loyer (Required) byed Corporation Other (please species) | _ | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$325.00 Amount of each receipt this period |
| Barbara F Mailing Addre PO Box 21 City, State, Zi Braxton, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Barbara F Mailing Addre PO Box 21 City, State, Zi Braxton, Name of Emp | p Code MS 39044-0219 loyer (Required) byed Corporation Other (please sp Rankin ess 9 p Code MS 39044-0219 loyer (Required) | _ | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$325.00 Amount of each receipt this period |
| Mailing Address PO Box 21 City, State, Zi Braxton, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Barbara F Mailing Addres PO Box 21 City, State, Zi Braxton, | p Code MS 39044-0219 loyer (Required) byed Corporation Other (please sp Rankin ess 9 p Code MS 39044-0219 loyer (Required) | _ | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$325.00 Amount of each receipt this period |
| Barbara F Mailing Addre PO Box 21 City, State, Zi Braxton, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Barbara F Mailing Addre PO Box 21 City, State, Zi Braxton, Name of Emp | p Code MS 39044-0219 loyer (Required) byed Corporation Other (please special s | _ | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$325.00 Amount of each receipt this period |

| Barbara Rankin Mailing Address PO Box 219 Source: Corporation PAC Individual Loan Loan Corporation PAC Individual Loan Date Pactor, MS 39044-0219 Pactor, MS 39044-0219 Pactor, State, Zip Code Parakton, MS 39044-0219 Pactor, State, Zip Code Parakton, MS 39044-0219 Pactor, MS 3 | Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|----------------|------------------------------|--------|--------------|----------|--------------------------|------------------------------------|
| Mailing Address FO Box 219 City, State, Zip Code Braxton, MS 39044-0219 Not Employed City City, State, Zip Code Ci | |) 1- d | | | | 04/06/2023 | \$50.00 |
| RO Box 219 City, State, Zip Code Braxton, MS 39044-0219 Not Employed Cocupation (Required) Name of Employer (Required) Name of Employ | | | | | | | |
| Braxton, MS 39044-0219 Name of Employer (Required) Not Employed Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Pril Name PAC Individual Date (Mo., Day, Year) Pack P | • | | | | | | |
| Name of Employer (Required) Not Employer (Required) Not Employed Source: Corporation PAC Vindividual Loan Date (Mo., Day, Year) Politic | City, State, Z | ip Code | | | | | |
| Not Employed Cocupation (Required) Not Employed Source: | | | | | | | |
| Note Employed Source: Corporation PAC Vindividual Loan Date Corporation PAC Vindividual Loan Date Corporation PAC Vindividual Date Corporation Vindividual Date Vindividual Vindividual Date Vindividual Date Vindividual Vindividual Vindividual Date Vindividual Vindividua | - | • | | | | | |
| Other (please specify) CMO, Day, Year) Period | | | | | | | \$325.00 |
| Other (please specify) Delta (Mo., Day, Year) Period | Source: | Corporation | PAC | ✓ Individual | Loan | Date | |
| Barbara Rankin Mailing Address PO Box 219 City, State, Zip Code Braxton, MS 39044-0219 Name of Employed Cocupation (Required) Not Employed Cocupation (Required) Not Employed Comparison PAC Individual Loan Barbara Rankin Mailing Address PO Box 219 City, State, Zip Code Braxton, MS 39044-0219 Name of Employer (Required) Not Employed Cocupation (Required) Name of Employer (Required) Rasberry Mailing Address 754 N 8th Ave City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Cocupation (Required) Rasberry Producer Group Cocupation (Required) Rasberry Producer Group | | Other (please sp | ecify) | | | (Mo., Day, Year) | • |
| PO Box 219 City, State, Zip Code Braxton, MS 39044-0219 Not Employed Cocupation (Required) Not Employed Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Barbara Rankin Mailing Address PO Box 219 City, State, Zip Code Braxton, MS 39044-0219 Name of Employer (Required) Not Employed Cocupation (Required) Not Employed Cocupation (Required) Not Employed Cocupation (Required) Not Employed Cocupation (Required) Not Employed Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Danny Rasberry Mailing Address PO Box 219 Cocupation (Required) Not Employed Cocupation (Required) Not Employed Aggregate (Mo., Day, Year) Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full Name Danny Rasberry Mailing Address PO Source: Corporation PAC Individual Coan Date (Mo., Day, Year) Full Name Danny Rasberry Mailing Address Po Box 219 Aggregate (Mo., Day, Year) Amount of each receipt this period Amount of soch receipt this period Full Name Danny Rasberry Mailing Address Po Box 219 Cocupation (Required) Rasberry Producer Group Cocupation (Required) Rasberry Producer Group Cocupation (Required) Rasberry Producer Scroup | | Rankin | | | | 04/19/2023 | \$25.00 |
| Braxton, MS 39044-0219 Name of Employer (Required) Not Employed Source: Corporation PAC Individual Loan Date City, State, Zip Code Laurel, MS 39440-3451 Name of Employed PAC Individual Loan Date City, State, Zip Code Laurel, MS 39440-3451 Name of Employed Page of Employer (Required) Ragbergarte Page of Employer (Required) PAC Individual Loan Date City, State, Zip Code City, State | • | | | | | | |
| Name of Employer (Required) Not Employed Cocupation (Required) Not Employed Source: Corporation PAC Individual Loan | City, State, Z | ip Code | | | | | |
| Not Employed Cocupation (Required) Not Employed Source: | Braxton, | MS 39044-0219 | | | | 2 | |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Barbara Rankin Mailing Address PO Box 219 City, State, Zip Code Braxton, MS 39044-0219 Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Source: Corporation PAC Individual Loan Other (please specify) Full Name Date (Mo., Day, Year) PAC Individual Loan Date (Mo., Day, Year) PAC Vindividual Loan Full Name Danny Rasberry Mailing Address 754 N 8th Ave City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Occupation (Required) Aggregate \$250.00 | | | | | | ,ox | |
| Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Period Full Name Barbara Rankin Mailing Address PO Box 219 City, State, Zip Code Braxton, MS 39044-0219 Name of Employer (Required) Not Employed Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Other (please specify) Full Name Date (Mo., Day, Year) Other (please specify) Full Name Danny Rasberry Mailing Address 754 N 8th Ave City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Occupation (Required) Rasberry Producer Group Amount of each receipt this period Amount of each receipt this period \$250.00 | | | | | THIS | | \$325.00 |
| Other (please specify) (Mo., Day, Year) receipt this period | | | PAC | ✓ Individual | Loan | Date | Amount of each |
| Barbara Rankin Mailing Address PO Box 219 City, State, Zip Code Braxton, MS 39044-0219 Name of Employer (Required) Not Employed Coccupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny Rasberry Mailing Address 754 N 8th Ave City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Coccupation (Required) Rasperry Producer Group Aggregate (Mo., Day, Year) period Aggregate (Mo., Day, Year) period Aggregate (Mo., Day, Year) | | _ · | ecify) | | <u> </u> | (Mo., Day, Year) | • |
| PO Box 219 City, State, Zip Code Braxton, MS 39044-0219 Name of Employer (Required) Not Employed Cocupation (Required) Not Employed Source: Corporation PAC Individual Loan Cother (please specify) Full Name Danny Rasberry Mailing Address 754 N 8th Ave City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Cocupation (Required) Aggregate year-to-date \$325.00 Aggregate (Mo., Day, Year) \$250.00 Aggregate year-to-date \$325.00 Aggregate year-to-date \$325.00 Aggregate year-to-date \$325.00 Aggregate year-to-date \$325.00 Aggregate year-to-date \$250.00 | | Rankin | | | | 04/23/2023 | \$50.00 |
| Braxton, MS 39044-0219 Name of Employer (Required) Not Employed Cocupation (Required) Not Employed Source: Corporation PAC Individual Loan Cother (please specify) Full Name Danny Rasberry Mailing Address 754 N 8th Ave City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Occupation (Required) Aggregate year-to-date \$325.00 Aggregate (Mo., Day, Year) \$250.00 Aggregate (Mo., Day, Year) \$250.00 | | | | | | | |
| Name of Employer (Required) Not Employed Coccupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny Rasberry Mailing Address 754 N 8th Ave City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Coccupation (Required) Aggregate year-to-date \$325.00 Amount of each receipt this period (Mo., Day, Year) \$250.00 | - | | | | | | |
| Not Employed Cocupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny Rasberry Mailing Address 754 N 8th Ave City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Cocupation (Required) Aggregate year-to-date \$325.00 Amount of each receipt this period \$250.00 Amount of each receipt this period \$250.00 | | | | | | | |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Danny Rasberry Mailing Address 754 N 8th Ave City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Occupation (Required) Aggregate \$250.00 | - | • | | | | | |
| City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group City, Capation (Required) Aggregate \$250.00 | | | | | | | \$325.00 |
| City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Other (please specify) | Source: | Corporation | PAC | ✓Individual | Loan | Date | |
| Danny Rasberry Mailing Address 754 N 8th Ave City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Occupation (Required) Aggregate \$250.00 | | Other (please sp | ecify) | | | (Mo., Day, Year) | |
| 754 N 8th Ave City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Occupation (Required) Aggregate \$250.00 | | sberry | | | | 02/22/2023 | \$250.00 |
| City, State, Zip Code Laurel, MS 39440-3451 Name of Employer (Required) Rasberry Producer Group Occupation (Required) Aggregate \$250.00 | | | | | | | |
| Name of Employer (Required) Rasberry Producer Group Occupation (Required) Aggregate \$250.00 | City, State, Z | ip Code | | | | | |
| Rasberry Producer Group Occupation (Required) Aggregate \$250.00 | | | | | | | |
| Occupation (Required) Aggregate \$250.00 | | | _ | | | | |
| 7250.00 | | | | | | Ammonto | |
| | | Required) | | | | | \$250.00 |

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|---|---------------|------------------------|-------|-------------------------------------|------------------------------------|
| | Other (please sp | | | | - (, 2) | period |
| Full Name Richard H | Raspet | | | | 03/01/2023 | \$1,000.00 |
| Mailing Addr | | | | | | |
| PO Box 25 | 595 | | | | | |
| City, State, Z | i p Code 4S 38655-4900 | | | | | |
| | oloyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$2,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/13/2023 | \$1,000.00 |
| Richard E | Raspet | | | | | , , , |
| Mailing Address PO Box 25 | | | | | | |
| City, State, Z | p Code | | | | | |
| | 4S 38655-4900 | | | | 1) | |
| Name of Emplo | oloyer (Required) Dyed | | | 10, | | |
| Occupation (| | | | THIS | Aggregate year-to-date | \$2,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| 5 00.00. | Other (please sp | _ | V marvidadi | Louin | (Mo., Day, Year) | receipt this period |
| Full Name Richard B | Ratcliffe | 40 | 9 4 | | 02/25/2023 | \$500.00 |
| Mailing Addr | ess | | | | | |
| | 1 1 5 1 | | | | | |
| | ılah Rdg | | · | | | |
| | ılah Rdg İ p Code ırg, MS 39402-7 | 7626 | <u> </u> | | | |
| Hattiesbu | p Code | 7626 | > | | | |
| Hattiesbu | p Code arg, MS 39402-7 ployer (Required) | 7626 | > & | | | |
| Name of Emp | p Code arg, MS 39402-7 bloyer (Required) byed Required) | 7626 | > \(\times\) | | Aggregate year-to-date | \$1,000.00 |
| Name of Employ Not Employ Occupation (| p Code arg, MS 39402-7 bloyer (Required) byed Required) | 7626 — PAC | ✓Individual | Loan | | Amount of each |
| Name of Emp Not Emplo Occupation (| p Code arg, MS 39402-7 loyer (Required) byed Required) byed | □PAC | ✓Individual | Loan | year-to-date | |
| Name of Emp Not Emplo Occupation (| p Code arg, MS 39402-7 bloyer (Required) byed Required) byed Corporation Other (please sp | □PAC | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Name of Emp Not Emplo Occupation (Not Emplo Source: | p Code arg, MS 39402-7 ployer (Required) byed Corporation Other (please sp | □PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Not Emplo Occupation (Not Emplo Source: | p Code arg, MS 39402-7 ployer (Required) byed Corporation Other (please sp | □PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Not Emplo Occupation (Not Emplo Source: Full Name Richard H Mailing Addre 154 Tallu City, State, Zi | p Code arg, MS 39402-7 ployer (Required) byed Required) byed Corporation Other (please sp Ratcliffe ess alah Rdg p Code | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employ Not Employ Occupation (Not Employ Source: Full Name Richard H Mailing Addr 154 Tally City, State, Z Hattiesby | p Code arg, MS 39402-7 loyer (Required) byed Corporation Other (please sp Ratcliffe ess alah Rdg p Code arg, MS 39402-7 | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employ Not Employ Occupation (Not Employ Source: Full Name Richard H Mailing Addr 154 Tally City, State, Z Hattiesby | p Code arg, MS 39402-7 loyer (Required) byed Corporation Other (please sp Ratcliffe ess alah Rdg p Code arg, MS 39402-7 bloyer (Required) | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Employ Not Employ Occupation (Not Employ Source: Full Name Richard H Mailing Addr 154 Tallu City, State, Zi Hattiesbu Name of Emp | p Code arg, MS 39402-7 ployer (Required) byed Corporation Other (please sp Ratcliffe ess alah Rdg p Code arg, MS 39402-7 ployer (Required) byed Required) | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---------------------------|-----------------------------------|---------|--------------|----------|---------------------------|-----------------------------|
| Full Name | | | | | 03/06/2023 | period \$500.00 |
| Michael V | . Ratliff | | | | 03/00/2023 | \$300.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | - | | | | | |
| | rg, MS 39401- | 4924 | | | | |
| | loyer(Required) Ratliff & Waid | de | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name James Ray | mond | | | | 03/23/2023 | \$100.00 |
| Mailing Addre | ess at Charles Ave | | | | | |
| City, State, Zi | | | | | | |
| New Orlea | ns, LA 70115- | 4659 | | | 2 | |
| Name of Emp | loyer (Required) oyed | | | | -Ox | |
| Occupation (F | | | // | THIS | Aggregate year-to-date | \$650.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | <u> </u> | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name James Ray | mond | | | | 03/29/2023 | \$100.00 |
| Mailing Address 3915 Sain | ess at Charles Ave | | | | | |
| City, State, Zi | p Code ns, LA 70115- | 4659 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | yed | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$650.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name James Ray | rmond | | | | 04/11/2023 | \$100.00 |
| Mailing Address 3915 Sain | ess it Charles Ave | | | | | |
| City, State, Zi | p Code ns, LA 70115-4 | 4659 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | yed | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$650.00 |

Reporting Period 1/1/2023

1/2023 through

4/30/2023

| Source: | Corporation | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---------------------------|----------------------------------|--------|--------------|------|---------------------------|--|
| | Other (please spe | есіту) | | | - (moi, bay, roar) | period |
| Full Name James Ray | rmond | | | | 04/24/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| _ | nt Charles Ave | | | | | |
| City, State, Zi | p Code | | | | | |
| New Orlea | ıns, LA 70115-4 | 659 | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$650.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | 1 | | | | 04/29/2023 | \$100.00 |
| James Ray | | | | | | |
| Mailing Address 3915 Sair | ess it Charles Ave | | | | | |
| City, State, Zi | • | | | | _ | |
| | ins, LA 70115-4 | 659 | | | 1 | |
| Name of Emp | loyer (Required) oyed | | | 60, | | |
| Occupation (I | | | | HIL | Aggregate year-to-date | \$650.00 |
| Not Emplo | yed | | | 4 | year-to-date | |
| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | | 1 | 0 | - 00/07/0000 | |
| George B. | Ready | | | | 02/07/2023 | \$5,000.00 |
| Mailing Addre | | |) (a) | | | |
| City, State, Zi | p Code | | | | | |
| Hernando, | MS 38632-0127 | | | | | |
| Name of Emp | loyer (Required) .oyed | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$6,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | _ | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/27/2023 | \$1,000.00 |
| George B. | Ready | | | | 04/27/2025 | Ψ1 , 000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | MS 38632-0127 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (I | | | | | | |
| Occupation (I | Paguirad\ | | | | Aggregate | \$6,000.00 |

| Source: | Corporation | | ividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|-----------|-----------|------|---|--|
| | Other (please sp | ecify) | | | (WO., Day, Teal) | period |
| Full Name Debra Ree | 2d | | | | 04/17/2023 | \$1,000.00 |
| | | | | | | |
| Mailing Address 3436 Maga | | | | | | |
| City, State, Zi | p Code | | | | | |
| New Orlea | ns, LA 70115-2 | 2480 | | | | |
| Name of Emp | loyer (Required) byed | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC /Ind | ividual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/26/2023 | \$1,000.00 |
| Jack R. F | | | | | | |
| Mailing Address PO Box 23 | | | | | | |
| City, State, Zi | p Code | | | | | |
| - | IS 38802-0230 | | | | | |
| Name of Emp | loyer (Required) | | | 60, | | |
| Occupation (I | Required) | | 1 | LIIS | Aggregate | \$1,000.00 |
| Business | Owner | | | | year-to-date | 1 = 7 = 2 = 2 = 2 |
| Source: | Corporation | ☐PAC ✓Ind | ividual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | K * | (Mo., Day, Year) | receipt this period |
| | | | 70 | | 04/24/2023 | \$1,000.00 |
| Full Name William T | . Reed | | 0 | | 0 17 2 17 2 0 2 0 | 4 = 7 0 0 0 0 0 0 |
| William T | ess | - Q " | 00 | | 01, 21, 2020 | 42,000.00 |
| William T Mailing Addre | 988 16 | 8, | 60 | | 01, 01, 000 | 42,000.00 |
| Mailing Address PO Box 44 City, State, Zi | ess 6 p Code | 146 | 00 | | 01, 21, 2020 | 42,000.00 |
| William T Mailing Addre PO Box 44 City, State, Zi Pascagoul | p Code a, MS 39568-04 | 146 | Bot | | 01, 21, 2020 | 42, 000.00 |
| William T Mailing Addre PO Box 44 City, State, Zi Pascagoul | p Code .a, MS 39568-04 | 146 | 60° | | | 42, 000.00 |
| William T Mailing Addre PO Box 44 City, State, Zi Pascagoul Name of Emp | p Code p Code a, MS 39568-04 loyer (Required) | 146 | <u> </u> | | Aggregate year-to-date | \$1,000.00 |
| William T Mailing Addres PO Box 44 City, State, Zi Pascagoul Name of Emp Self Empl | p Code p Code a, MS 39568-04 loyer (Required) | | ividual [| Loan | Aggregate | \$1,000.00 Amount of each |
| William T Mailing Addre PO Box 44 City, State, Zi Pascagoul Name of Emp Self Empl Occupation (I Attorney | p Code p Code .a, MS 39568-04 loyer (Required) .oyed Required) | □PAC ✓Ind | ividual [| Loan | Aggregate year-to-date | \$1,000.00 |
| Mailing Addres PO Box 44 City, State, Zi Pascagoul Name of Emp Self Empl Occupation (I Attorney Source: | p Code .a, MS 39568-04 loyer (Required) .oyed Required) Corporation Other (please sp | □PAC ✓Ind | ividual [| Loan | Aggregate year-to-date Date | \$1,000.00 Amount of each receipt this |
| William T Mailing Addre PO Box 44 City, State, Zi Pascagoul Name of Emp Self Empl Occupation (I Attorney Source: Full Name James Rei | p Code a, MS 39568-04 loyer (Required) oyed Required) Corporation Other (please sp | □PAC ✓Ind | ividual [| Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 Amount of each receipt this period |
| William T Mailing Addre PO Box 44 City, State, Zi Pascagoul Name of Emp Self Empl Occupation (I Attorney Source: Full Name James Rei Mailing Addre | p Code a, MS 39568-04 loyer (Required) oyed Required) Corporation Other (please sp | □PAC ✓Ind | ividual [| Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 Amount of each receipt this period |
| Mailing Address PO Box 44 City, State, Zi Pascagoul Name of Emp Self Empl Occupation (I Attorney Source: Full Name James Rei Mailing Address 1094 Color City, State, Zi | p Code a, MS 39568-04 loyer (Required) oyed Corporation Other (please sp | □PAC ✓Ind | ividual [| Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 Amount of each receipt this period |
| William T Mailing Addre PO Box 44 City, State, Zi Pascagoul Name of Emp Self Empl Occupation (I Attorney Source: Full Name James Rei Mailing Addre 1094 Colo | p Code a, MS 39568-04 loyer (Required) oyed Required) Corporation Other (please sp 11y ess quitt Ave NE p Code GA 30307-1945 | □PAC ✓Ind | ividual [| Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 Amount of each receipt this period |
| William T Mailing Addre PO Box 44 City, State, Zi Pascagoul Name of Emp Self Empl Occupation (I Attorney Source: Full Name James Rei Mailing Addre 1094 Colo | p Code a, MS 39568-04 loyer (Required) oyed Corporation Other (please sp 11y ess quitt Ave NE p Code GA 30307-1945 loyer (Required) | □PAC ✓Ind | ividual [| Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 Amount of each receipt this period |
| William T Mailing Addre PO Box 44 City, State, Zi Pascagoul Name of Emp Self Empl Occupation (I Attorney Source: Full Name James Rei Mailing Addre 1094 Colo City, State, Zi Atlanta, Name of Emp | p Code a, MS 39568-04 loyer (Required) oyed Required) Corporation Other (please sp 11y ess quitt Ave NE p Code GA 30307-1945 loyer (Required) | □PAC ✓Ind | ividual [| Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 Amount of each receipt this period |

Reporting Period

1/1/2023 **through**

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|--------|--------------|------|--------------------------|---------------------------------------|
| | Other (please sp | ecity) | | | (MO., Day, Tear) | period |
| Full Name | £ | | | | 01/13/2023 | \$1,000.00 |
| Steve Ren | | | | | | |
| Mailing Addre | | | | | | |
| | | | | | | |
| City, State, Zip | t, MS 39563-2 | 705 | | | | |
| | loyer (Required) | 700 | | | | |
| Not Emplo | | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$1,100.00 |
| | | | | | | |
| Source: | ☐ Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 04/29/2023 | · · · · · · · · · · · · · · · · · · · |
| Steve Ren | froe | | | | 04/29/2023 | \$100.00 |
| Mailing Addre | SS | | | . 1 | | |
| 5113 Arth | ur St | | | | | |
| City, State, Zij | o Code | | | | | |
| Moss Poin | t, MS 39563-2 | 705 | | | 4 | |
| Name of Emplo | loyer (Required) yed | | | 6 | O. | |
| Occupation (F | Required) | | | 119 | Aggregate | Ċ1 100 00 |
| Not Emplo | | | | | year-to-date | \$1,100.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | 0 | X | (Mo., Day, Year) | receipt this period |
| Full Name Bruce Rew | | | | | 04/29/2023 | \$250.00 |
| | | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zij | | | | | | |
| - | rry, AR 72067- | -9061 | | | | |
| | loyer (Required) | | | | | |
| | Power Pool | | | | | |
| Occupation (F | Poquirod\ | | | | Aggregate | 2050.00 |
| Engineer | (equileu) | | | | year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 01/29/2023 | \$2,500.00 |
| | | | | | | |
| Thomas Rh | oden | | | | | • |
| Mailing Addre | ess | | | | | |
| Mailing Addre | | | | | | |
| Mailing Addre | ss Circle Dr | | | | | |
| Mailing Addre 117 Park City, State, Zij Flowood, | circle Dr Code MS 39232-8878 | | | | | |
| Mailing Addre 117 Park City, State, Zij Flowood, | circle Dr Code MS 39232-8878 loyer (Required) | | | | | |
| Mailing Addre 117 Park City, State, Zip Flowood, Name of Empl | circle Dr Code MS 39232-8878 loyer (Required) yed | | | | Aggregate | \$2,500.00 |

Reporting Period

1/1/2023

through

4/30/2023

| Source: | ☐ Corporation☐ Other (please sp | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|---------------------------------|--------------------|------|---------------------------|------------------------------------|
| Full Name Johanna H | 2 i a a | | | 01/17/2023 | \$100.00 |
| Mailing Addre | | | | | |
| 167 Court | | | | | |
| City, State, Z | • | | | | |
| | nt, MS 39773-7 | 990 | | | |
| | ployer (Required) Rice, LLC | | | | |
| Occupation (| | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | ☐ PAC ✓ Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | | (Mo., Day, Year) | receipt this period |
| Full Name Johanna H | Rice | | | 02/13/2023 | \$25.00 |
| Mailing Addr | | | | | |
| 167 Court | | | | | |
| City, State, Z | • | | | 0 | |
| | nt, MS 39773-7 | 990 | | 24 | |
| | ployer (Required) Rice, LLC | | | | |
| Occupation (| | | THIS | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | , × | (Mo., Day, Year) | receipt this period |
| Full Name Johanna B | Rice | | | 03/20/2023 | \$100.00 |
| Mailing Addre | | | | | |
| City, State, Z | | | | | |
| • | nt, MS 39773-7 | 990 | | | |
| | oloyer (Required) | | | | |
| - | Rice, LLC | | | | |
| Occupation (| | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC Individual | Loan | Date (Ma. Para Valar) | Amount of each receipt this |
| | Other (please s | pecify) | | (Mo., Day, Year) | period |
| Full Name Johanna B | Pigo | | | 04/16/2023 | \$25.00 |
| Mailing Addre | | | | | |
| 167 Court | | | | | |
| City, State, Z | • | | | | |
| | nt, MS 39773-7 | 990 | | | |
| | ployer (Required) Rice, LLC | | | | |
| | | | | A | |
| Occupation (| | | | Aggregate year-to-date | \$250.00 |
| | _ | | | | |

Reporting Period 1/1/2023

through

4/30/2023

| Source: | Corporation | _ | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|---------------------|--------------|----------|-------------------------------------|--|
| | Other (please sp | есіту) | | | (moi, buy, rour) | period |
| Full Name Charles F | Richardson | | | | 02/01/2023 | \$500.00 |
| Mailing Addre | ess | | | | 1 | |
| 6008 Vist | | | | | _ | |
| City, State, Zi | i p Code , MS 39507-4634 | 1 | | | | |
| Name of Emp | oloyer (Required) categies | | | | | |
| Occupation (I | • • | | | | Aggregate year-to-date | \$750.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Charles F | Richardson | | | | 04/04/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| 6008 Vist | | | | | | |
| City, State, Zi | n p Code , MS 39507-4634 | 1 | | | | |
| Name of Emp | oloyer (Required) | | | 600 | | |
| Occupation (I | | | // | THIS | Aggregate year-to-date | \$750.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | _ | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | 1 67. | | 03/12/2023 | \$25.00 |
| Stephen E | 3. Richer | | | | | , |
| Mailing Addre | ess | | 00 | | | , |
| Mailing Addre | ess Cir ip Code | ~ | (90 | | | , |
| Mailing Addre 62 53rd (City, State, Zi Gulfport, | ess Cir ip Code , MS 39507-4541 | | - CO | | | |
| Mailing Addre 62 53rd (City, State, Zi Gulfport, | ess Cir ip Code , MS 39507-4541 oloyer (Required) | | (D) | | _ | |
| Mailing Address 62 53rd C City, State, Zi Gulfport, Name of Empl Self Empl Occupation (I | ess Cir ip Code , MS 39507-4541 bloyer (Required) Loyed | | - O | | Aggregate year-to-date | \$375.00 |
| Mailing Address 62 53rd C City, State, Zi Gulfport, Name of Empl Self Empl Occupation (I | ess Cir ip Code , MS 39507-4541 bloyer (Required) Loyed Required) | Marketer | √Individual | Loan | | \$375.00 Amount of each |
| Mailing Address 62 53rd (City, State, Zi Gulfport, Name of Emp Self Empl Occupation (I Consultar | ess Cir ip Code MS 39507-4541 bloyer (Required) Loyed Required) nt and Global M | Marketer | √Individual | Loan | year-to-date | \$375.00 |
| Mailing Address 62 53rd 0 City, State, Zi Gulfport, Name of Emp Self Empl Occupation (I Consultar Source: | ess Cir ip Code MS 39507-4541 cloyer (Required) Loyed Required) nt and Global M | Marketer | ✓ Individual | Loan | year-to-date Date | \$375.00 Amount of each receipt this |
| Mailing Addre 62 53rd 0 City, State, Zi Gulfport, Name of Emp Self Empl Occupation (I Consultar Source: Full Name Stephen E Mailing Addre | ess Cir ip Code MS 39507-4541 Cloyer (Required) Loyed Required) nt and Global M Corporation Other (please sp | Marketer | √Individual | Loan | year-to-date Date (Mo., Day, Year) | \$375.00 Amount of each receipt this period |
| Mailing Address 62 53rd 0 City, State, Zi Gulfport, Name of Empl Self Empl Occupation (I Consultar Source: Full Name Stephen E Mailing Address 62 53rd 0 City, State, Zi | ess Cir ip Code MS 39507-4541 cloyer (Required) loyed Required) nt and Global M Corporation Other (please sp | Marketer PAC ecify) | √Individual | Loan | year-to-date Date (Mo., Day, Year) | \$375.00 Amount of each receipt this period |
| Mailing Address 62 53rd C City, State, Zi Gulfport, Name of Empl Occupation (I Consultar Source: Full Name Stephen E Mailing Address 62 53rd C City, State, Zi Gulfport, | pess Cir pip Code MS 39507-4541 ployer (Required) loyed Required) mt and Global M Corporation Other (please spons) B. Richer Pess Cir pip Code MS 39507-4541 | Marketer PAC ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$375.00 Amount of each receipt this period |
| Mailing Address 62 53rd C City, State, Zi Gulfport, Name of Empl Occupation (I Consultar Source: Full Name Stephen E Mailing Address 62 53rd C City, State, Zi Gulfport, | ess Cir ip Code MS 39507-4541 Cloyer (Required) Loyed Required) nt and Global M Corporation Other (please sp B. Richer ess Cir ip Code MS 39507-4541 Cloyer (Required) | Marketer PAC ecify) | √ Individual | Loan | year-to-date Date (Mo., Day, Year) | \$375.00 Amount of each receipt this period |
| Mailing Address 62 53rd 0 City, State, Zi Gulfport, Name of Empl Self Empl Occupation (I Consultar Source: Full Name Stephen E Mailing Addres 62 53rd 0 City, State, Zi Gulfport, Name of Empl Occupation (I | ess Cir ip Code MS 39507-4541 cloyer (Required) loyed Required) nt and Global M Corporation Other (please sp 3. Richer ess Cir ip Code MS 39507-4541 cloyer (Required) loyed | Marketer PAC ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$375.00 Amount of each receipt this period |

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---|
| Full Name Stephen B. Richer | 04/25/2023 | \$250.00 |
| Mailing Address 62 53rd Cir | | |
| | | |
| City, State, Zip Code Gulfport, MS 39507-4541 | | |
| Name of Employer (Required) Self Employed | | |
| Occupation (Required) Consultant and Global Marketer | Aggregate year-to-date | \$375.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Richmond for Congress | 03/21/2023 | \$5,000.00 |
| Mailing Address 8 Rosedown Ct | | |
| City, State, Zip Code |) | |
| New Orleans, LA 70131-3312 | 1) | |
| Name of Employer (Required) | 3 | |
| Occupation (Required) | Aggregate year-to-date | \$5,000.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| | | receipt this |
| Other (please specify) Full Name | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Heather Ricketts | (Mo., Day, Year) | receipt this period |
| Tull Name Heather Ricketts Mailing Address | (Mo., Day, Year) | receipt this period |
| Tull Name Heather Ricketts Mailing Address 2600 Hunters Pt City, State, Zip Code | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Heather Ricketts Mailing Address 2600 Hunters Pt City, State, Zip Code Kalamazoo, MI 49048-6105 Name of Employer (Required) | (Mo., Day, Year) | receipt this period |
| Tull Name Heather Ricketts Mailing Address 2600 Hunters Pt City, State, Zip Code Kalamazoo, MI 49048-6105 Name of Employer (Required) Gretchen Whitmer for Governor Occupation (Required) Compliance Director | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date | receipt this period \$500.00 |
| Tull Name Heather Ricketts Mailing Address 2600 Hunters Pt City, State, Zip Code Kalamazoo, MI 49048-6105 Name of Employer (Required) Gretchen Whitmer for Governor Occupation (Required) Compliance Director Source: □Corporation □PAC ✓Individual □Loan □Other (please specify) | (Mo., Day, Year) 03/21/2023 Aggregate | receipt this period \$500.00 |
| Tell Name Heather Ricketts Mailing Address 2600 Hunters Pt City, State, Zip Code Kalamazoo, MI 49048-6105 Name of Employer (Required) Gretchen Whitmer for Governor Occupation (Required) Compliance Director Source: □Corporation □PAC ✓Individual □Loan □Other (please specify) Full Name | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date | \$500.00 \$500.00 Amount of each receipt this |
| Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Tull Name Heather Ricketts Mailing Address 2600 Hunters Pt City, State, Zip Code Kalamazoo, MI 49048-6105 Name of Employer (Required) Gretchen Whitmer for Governor Occupation (Required) Compliance Director Source: □Corporation □PAC ✓Individual □Loan □Other (please specify) Full Name Vivian Riefberg Mailing Address 8504 Beech Tree Ct | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Gother (please specify) Full Name Heather Ricketts Mailing Address 2600 Hunters Pt City, State, Zip Code Kalamazoo, MI 49048-6105 Name of Employer (Required) Gretchen Whitmer for Governor Occupation (Required) Compliance Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Vivian Riefberg Mailing Address | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |
| Other (please specify) Full Name Heather Ricketts Mailing Address 2600 Hunters Pt City, State, Zip Code Kalamazoo, MI 49048-6105 Name of Employer (Required) Gretchen Whitmer for Governor Occupation (Required) Compliance Director Source: □Corporation □PAC ✓Individual □Loan □Other (please specify) Full Name Vivian Riefberg Mailing Address 8504 Beech Tree Ct City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 Amount of each receipt this period |

| Source: Corporation PAC Individual Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|---|--|
| Other (please specify) | (,, , , | period |
| Full Name E. T. Riemann III | 04/05/2023 | \$2,000.00 |
| Mailing Address | - | |
| 911 Wanda Pl | | |
| City, State, Zip Code | 1 | |
| Gulfport, MS 39501-5364 | | |
| Name of Employer (Required) | | |
| Riemann Family Funeral Homes | | |
| Occupation (Required) Business Owner | Aggregate year-to-date | \$2,000.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 02/05/2023 | \$250.00 |
| Dale Riser | 02/03/2023 | 7230.00 |
| Mailing Address | | |
| 605 Tuscan Valley Dr | | |
| City, State, Zip Code | | |
| Oxford, MS 38655-9324 | | |
| Name of Employer (Required) Beard + Riser Architects | | |
| Occupation (Required) Architect | Aggregate year-to-date | \$255.00 |
| | | |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | receipt this |
| Other (please specify) Full Name Dale Riser | (Mo., Day, Year) | receipt this period |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code Oxford, MS 38655-9324 | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code Oxford, MS 38655-9324 Name of Employer (Required) | (Mo., Day, Year) 04/03/2023 Aggregate | receipt this period \$5.00 |
| Other (please specify) Full Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code Oxford, MS 38655-9324 Name of Employer (Required) Beard + Riser Architects | (Mo., Day, Year) 04/03/2023 | receipt this period |
| Other (please specify) Full Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code Oxford, MS 38655-9324 Name of Employer (Required) Beard + Riser Architects Occupation (Required) | (Mo., Day, Year) 04/03/2023 Aggregate year-to-date Date | \$255.00 |
| Other (please specify) Full Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code Oxford, MS 38655-9324 Name of Employer (Required) Beard + Riser Architects Occupation (Required) Architect | (Mo., Day, Year) 04/03/2023 Aggregate year-to-date | receipt this period \$5.00 |
| Other (please specify) Full Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code Oxford, MS 38655-9324 Name of Employer (Required) Beard + Riser Architects Occupation (Required) Architect Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 04/03/2023 Aggregate year-to-date Date | \$255.00 Amount of each receipt this |
| Other (please specify) Full Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code Oxford, MS 38655-9324 Name of Employer (Required) Beard + Riser Architects Occupation (Required) Architect Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 04/03/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$255.00 Amount of each receipt this period |
| Other (please specify) Full Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code Oxford, MS 38655-9324 Name of Employer (Required) Beard + Riser Architects Occupation (Required) Architect Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 04/03/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$255.00 Amount of each receipt this period |
| City, State, Zip Code Oxford, MS 38655-9324 Name of Employer (Required) Beard + Riser Architects Occupation (Required) Architect Source: Corporation PAC Individual Loan Other (please specify) Full Name Melissa Roberson Mailing Address PO Box 85 City, State, Zip Code | (Mo., Day, Year) 04/03/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$255.00 Amount of each receipt this period |
| Tull Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code Oxford, MS 38655-9324 Name of Employer (Required) Beard + Riser Architects Occupation (Required) Architect Source: □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) Full Name Melissa Roberson Mailing Address PO Box 85 City, State, Zip Code Taylor, MS 38673-0085 | (Mo., Day, Year) 04/03/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$255.00 Amount of each receipt this period |
| Cither (please specify) Full Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code Oxford, MS 38655-9324 Name of Employer (Required) Beard + Riser Architects Occupation (Required) Architect Source: Corporation PAC Individual Loan Other (please specify) Full Name Melissa Roberson Mailing Address PO Box 85 City, State, Zip Code Taylor, MS 38673-0085 Name of Employer (Required) | (Mo., Day, Year) 04/03/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$255.00 Amount of each receipt this period |
| Tull Name Dale Riser Mailing Address 605 Tuscan Valley Dr City, State, Zip Code Oxford, MS 38655-9324 Name of Employer (Required) Beard + Riser Architects Occupation (Required) Architect Source: □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) Full Name Melissa Roberson Mailing Address PO Box 85 City, State, Zip Code Taylor, MS 38673-0085 | (Mo., Day, Year) 04/03/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$255.00 Amount of each receipt this period |

| Source: | ✓ Corporation Other (please speci | | dividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|-----------|----------|--|---|--|
| Full Name Robert Ga | aines State Farm | Insurance | | | 01/31/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| | AS 38801-6312 | | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | ☐ Corporation☐ Other (please speci | | dividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Jeff Robe | ertson | | | | 02/09/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi Tupelo, M | i p Code 4S 38804-4865 | | | A Committee of the comm | | |
| Name of Emp | oloyer (Required) comotive | | | 60, | | |
| Occupation (I | | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | ✓ Corporation Other (please speci | | dividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | | | 7 | 04/27/2023 | ¢2 |
| Full Name Robin & A | Associates | | | | 01,2,,2020 | \$2,500.00 |
| Robin & A | | 9 | COOK | | | \$2,300.00 |
| Robin & A Mailing Addre 81125 Hig City, State, Zi Covingtor | phway 1129 p Code n, LA 70435-8221 | 9 | Bok | | | \$2,300.00 |
| Robin & A Mailing Addre 81125 Hig City, State, Zi Covingtor | ess ghway 1129 ip Code | <u> </u> | 100 6 | | | \$2,300.00 |
| Robin & A Mailing Addre 81125 Hig City, State, Zi Covingtor | phway 1129 prode n, LA 70435-8221 ployer (Required) | | (DO P. | | Aggregate year-to-date | \$2,500.00 |
| Robin & A Mailing Addre 81125 Hig City, State, Zi Covingtor Name of Emp | phway 1129 prode n, LA 70435-8221 ployer (Required) Corporation | | dividual | Loan | Aggregate | \$2,500.00 Amount of each receipt this |
| Robin & A Mailing Addre 81125 Hig City, State, Zi Covingtor Name of Emp | phway 1129 prode n, LA 70435-8221 ployer (Required) Required) Corporation Other (please speci | | dividual | Loan | Aggregate year-to-date | \$2,500.00 Amount of each |
| Robin & A Mailing Addre 81125 Hig City, State, Zi Covingtor Name of Emp Occupation (I | phway 1129 process pro | | dividual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 Amount of each receipt this period |
| Robin & A Mailing Addre 81125 Hig City, State, Zi Covingtor Name of Emp Occupation (I Source: Full Name E. B. Rok Mailing Addre 49 Eastbr City, State, Zi Jackson, | phway 1129 prode n, LA 70435-8221 ployer (Required) Required) Corporation Other (please speciples) prooke St prode MS 39216-4714 | | dividual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 Amount of each receipt this period |
| Robin & A Mailing Addre 81125 Hig City, State, Zi Covingtor Name of Emp Occupation (I Source: Full Name E. B. Rok Mailing Addre 49 Eastbr City, State, Zi Jackson, | phway 1129 process pro | | dividual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 Amount of each receipt this period |
| Robin & A Mailing Addre 81125 Hig City, State, Zi Covingtor Name of Emp Occupation (I Source: Full Name E. B. Rok Mailing Addre 49 Eastbr City, State, Zi Jackson, Name of Emp | phway 1129 prode n, LA 70435-8221 ployer (Required) Corporation Other (please specionson Jr pess prooke St prode MS 39216-4714 ployer (Required) pyed Required) Required) | | dividual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,500.00 Amount of each receipt this period |

ough 4/30/2023

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

Reporting Period 1/1/2023

1/1/2023 **through**

4/30/2023

| Source: | □ Corporation □ PAC □ Individual □ Loan ☑ Other (please specify) Committee - Not a PAC | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|---|--|
| Full Name Roger Bed | ford Senate Campaign | 01/27/2023 | \$5,000.00 |
| Mailing Addre | ss | | |
| 50 Sherwo | | | |
| City, State, Zip | | | |
| | a, AL 35401-1170 | | |
| Name or Empi | loyer (Required) | | |
| Occupation (F | Required) | Aggregate year-to-date | \$10,000.00 |
| Source: | Corporation PAC Individual Loan | Date | Amount of each |
| | ✓ Other (please specify) Committee - Not a PAC | (Mo., Day, Year) | receipt this period |
| Full Name Roger Bed | ford Senate Campaign | 04/26/2023 | \$5,000.00 |
| Mailing Addre | | | |
| 50 Sherwo | | | |
| City, State, Zip | | | |
| - | a, AL 35401-1170 | 4 | |
| Name of Empl | loyer (Required) | ,0* | |
| Occupation (F | Required) | Aggregate year-to-date | \$10,000.00 |
| 0 | Corporation PAC / Individual Loan | | A |
| Source: | Corporation | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | Other (please specify) | | receipt this |
| Full Name Carrie Ro | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Carrie Ro Mailing Addre | gers edar Dr | (Mo., Day, Year) | receipt this period |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zip | gers edar Dr | (Mo., Day, Year) | receipt this period |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zij | gers sedar Dr p Code | (Mo., Day, Year) | receipt this period |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zij | Other (please specify) gers ss edar Dr p Code y, MS 38652-4702 loyer (Required) | (Mo., Day, Year) | receipt this period |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zig New Alban Name of Empl | Other (please specify) gers ss edar Dr p Code y, MS 38652-4702 loyer (Required) alth Required) | (Mo., Day, Year) | receipt this period |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zip New Alban Name of Empl MegMed He Occupation (F | Other (please specify) gers ss edar Dr p Code y, MS 38652-4702 loyer (Required) alth Required) | (Mo., Day, Year) 04/29/2023 Aggregate | receipt this period \$1,000.00 |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zin New Alban Name of Empl MegMed He Occupation (F Registere | Other (please specify) gers ss edar Dr p Code y, MS 38652-4702 loyer (Required) alth Required) d Nurse | (Mo., Day, Year) 04/29/2023 Aggregate year-to-date | receipt this period \$1,000.00 |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zin New Alban Name of Empl MegMed He Occupation (F Registere Source: | Other (please specify) gers ss edar Dr o Code y, MS 38652-4702 loyer (Required) alth Required) d Nurse Corporation PAC Individual Loan | (Mo., Day, Year) 04/29/2023 Aggregate year-to-date Date | \$1,000.00 \$1,000.00 Amount of each receipt this |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zin New Alban Name of Empl MegMed He Occupation (F Registere Source: | Other (please specify) gers ss edar Dr Code y, MS 38652-4702 loyer (Required) alth Required) d Nurse Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 04/29/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zip New Alban Name of Empl MegMed He Occupation (R Registere Source: | Other (please specify) gers ss edar Dr Code y, MS 38652-4702 loyer (Required) alth Required) d Nurse Corporation PAC Individual Loan Other (please specify) Office PLLC ss | (Mo., Day, Year) 04/29/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zip New Alban Name of Empl MegMed He Occupation (F Registere Source: Full Name Ross Law Mailing Addre 384 Court City, State, Zip | Other (please specify) gers ss edar Dr p Code y, MS 38652-4702 loyer (Required) alth Required) d Nurse V Corporation PAC Individual Loan Other (please specify) Office PLLC ss St | (Mo., Day, Year) 04/29/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zin New Alban Name of Empl MegMed He Occupation (F Registere Source: Full Name Ross Law Mailing Addre 384 Court City, State, Zin West Poin | Other (please specify) gers ss edar Dr p Code y, MS 38652-4702 loyer (Required) alth Required) d Nurse V Corporation PAC Individual Loan Other (please specify) Office PLLC ss St p Code | (Mo., Day, Year) 04/29/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Full Name Carrie Ro Mailing Addre 607 1/2 C City, State, Zin New Alban Name of Empl MegMed He Occupation (F Registere Source: Full Name Ross Law Mailing Addre 384 Court City, State, Zin West Poin | Other (please specify) gers ss edar Dr p Code y, MS 38652-4702 loyer (Required) alth Required) d Nurse Corporation PAC Individual Loan Other (please specify) Office PLLC ss St p Code t, MS 39773-2954 loyer (Required) | (Mo., Day, Year) 04/29/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |

| Source: | Corporation Other (please spec | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|--------------------------------|-------|-----------------|-------|---------------------------|------------------------------------|
| Full Name H. Scott | Ross | | | | 03/02/2023 | \$2,500.00 |
| Mailing Addre | | | | | | |
| PO Box 33 | 2 | | | | | |
| City, State, Zip | Code | | | | | |
| West Poin | t, MS 39773-033 | 32 | | | | |
| | oyer(Required) lley, PLLC | | | | | |
| Occupation (R | Required) | | | | Aggregate year-to-date | \$2,500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| Source. | Other (please spec | | v marviduai | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Laura Ros | S | | | | 04/15/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zip | O Code NY 10021-4153 | | | | 2 | |
| | oyer (Required) | | | 4 | | |
| Not Emplo | yed | | | | | |
| Occupation (Retired | dequired) | | | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| Gource. | Other (please spec | | V marviadar | Louis | (Mo., Day, Year) | receipt this period |
| Full Name Michael A | . Ross | 0 | 0 kg | | 04/29/2023 | \$2,000.00 |
| Mailing Addre | | | . 0 | | | |
| City, State, Zip | Code ck, AR 72223-91 | 143 | | | | |
| | oyer (Required) Power Pool | | | | | |
| Occupation (R | Required) ce President | | | | Aggregate year-to-date | \$2,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| Gource. | Other (please spec | _ | V III di Viddai | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Jim Roth | | | | | 02/08/2023 | \$500.00 |
| | | | | | | |
| Mailing Addre | 904 | | | | | |
| | City, OK 73154- | -0904 | | | | |
| Name of Empl | oyer (Required) oyed | | | | | |
| Occupation (R | Required) | | | | Aggregate year-to-date | \$500.00 |

Reporting Period 1/1/2023 through

4/30/2023

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|--------|--------------|--------------|---|---|
| Full Name | Other (please sp | | | | | period |
| Kevin Row | <i>i</i> e | | | | 02/11/2023 | \$2,500.00 |
| Mailing Addre | ess | | | | 1 | |
| 35 S Peak | | | | | | |
| City, State, Zi | • | | | | 1 | |
| | guel, CA 92677 | 7-2903 | | | | |
| | loyer (Required) nvestments, LLC | C | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$2,500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name David E. | Rozier Jr | | | | 04/06/2023 | \$1,500.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | - | |
| • . | 1S 38655-7000 | | | | \ | |
| Name of Emp | loyer (Required) | | | 608 | | |
| Occupation (I | Required) | | | J HIS | Aggregate year-to-date | \$1,500.00 |
| Attorney | | | | | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | Other (please sp | ecity) | | | 1 ' ' ' | period |
| Full Name | | ecity) | 1 | ^ | | period \$500.00 |
| Nancy Rub | oin | ecity) | 704 | | 04/27/2023 | \$500.00 |
| Nancy Rub Mailing Addre | oin | ecity) | 000 | | | - |
| Mailing Address 1120 Store City, State, Zi | pin ess ne Canyon Rd p Code | Q | 100 13 | | | - |
| Mailing Address 1120 Store City, State, Zi Los Angel | ess ne Canyon Rd p Code .es, CA 90077-2 | Q | 100 | | | - |
| Mailing Address 1120 Store City, State, Zi Los Angel | pin pess ne Canyon Rd p Code nes, CA 90077-2 loyer (Required) | Q | (C) N | | | - |
| Mailing Address 1120 Ston City, State, Zi Los Angel Name of Emp | pin pess ne Canyon Rd p Code .es, CA 90077-2 loyer (Required) byed | Q | 100 | | | - |
| Nancy Rub Mailing Addre 1120 Stor City, State, Zi Los Angel Name of Emp Not Emplo Occupation (I | pin pess ne Canyon Rd p Code .es, CA 90077-2 loyer (Required) byed | Q | ✓Individual | Loan | Aggregate year-to-date Date | \$500.00 \$500.00 |
| Mailing Addre 1120 Stor City, State, Zi Los Angel Name of Emp Not Emplo Occupation (I Retired | pin pess ne Canyon Rd p Code nes, CA 90077-2 loyer (Required) pyed Required) | 2918 | ✓Individual | Loan | Aggregate year-to-date | \$500.00 \$500.00 |
| Mailing Addre 1120 Stor City, State, Zi Los Angel Name of Emp Not Emplo Occupation (I Retired | poin pess the Canyon Rd p Code the cas, CA 90077-2 ployer (Required) the case of the ca | 2918 | ✓Individual | Loan | Aggregate year-to-date Date | \$500.00 \$500.00 Amount of each receipt this |
| Mailing Addre 1120 Stor City, State, Zi Los Angel Name of Emp Not Emplo Occupation (I Retired Source: Full Name Robert Ru Mailing Addre | poin poss ne Canyon Rd p Code nes, CA 90077-2 loyer (Required) pyed Required) Corporation Other (please sp | 2918 | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Address 1120 Store 1120 Store City, State, Zi Los Angel Name of Emp Not Emplo Occupation (I Retired Source: Full Name Robert Ru Mailing Address 284 Lakes | poin pess ne Canyon Rd p Code nes, CA 90077-2 loyer (Required) pyed Required) Corporation Other (please sp aby pess phire Pkwy | 2918 | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Address 1120 Store City, State, Zi Los Angel Name of Emp Not Emplo Occupation (I Retired Source: Full Name Robert Ru Mailing Address 284 Lakes City, State, Zi | poin pess ne Canyon Rd p Code nes, CA 90077-2 loyer (Required) pyed Required) Corporation Other (please sp aby pess phire Pkwy | 2918 | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addre 1120 Stor City, State, Zi Los Angel Name of Emp Not Emplo Occupation (I Retired Source: Full Name Robert Ru Mailing Addre 284 Lakes City, State, Zi Canton, M | poin pess ne Canyon Rd p Code nes, CA 90077-2 loyer (Required) pyed Required) Corporation Other (please sp aby pess shire Pkwy p Code | 2918 | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addre 1120 Stor City, State, Zi Los Angel Name of Emp Not Emplo Occupation (I Retired Source: Full Name Robert Ru Mailing Addre 284 Lakes City, State, Zi Canton, M | poin poss ne Canyon Rd p Code p Code p Code p Code p Corporation p Corporation p Other (please sp p Shire Pkwy p Code ds 39046-5326 loyer (Required) | 2918 | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addre 1120 Stor City, State, Zi Los Angel Name of Emp Not Emplo Occupation (I Retired Source: Full Name Robert Ru Mailing Addre 284 Lakes City, State, Zi Canton, M | cin cess de Canyon Rd p Code des, CA 90077-2 loyer (Required) pyed Corporation Other (please sp dby cess chire Pkwy p Code 18 39046-5326 loyer (Required) | 2918 | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|--------------------|--------------|-------------|---|---|
| | Other (please sp | ecity) | | | (Mo., Day, Tear) | period |
| Full Name William F | R. Ruffin | | | | 04/24/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| PO Box 56 | 55 | | | | | |
| City, State, Zi | p Code ngs, MS 39422-0 | 1565 | | | | |
| | loyer (Required) | | | | _ | |
| Self Empl | | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | _ | (Mo., Day, Year) | receipt this period |
| Full Name David Rus | shing | | | | 02/24/2023 | \$14.60 |
| Mailing Addre | | | | | | |
| 102 N Sur | nflower Ave | | | | | |
| City, State, Zi | • | | | | | |
| | a, MS 38751-25 | 52 | | | ,) | |
| Name of Emp | lloyer (Required) oyed | | | 60, | | |
| Occupation (I | | | | HIL | Aggregate year-to-date | \$214.60 |
| Not Emplo | yed | | | 4 | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | ZOS Y | | (Mo., Day, Year) | receipt this |
| Full Name | Other (please sp | ecify) | | <u> </u> | | period |
| Full Name David Rus | | ecify) | 7004 | | (Mo., Day, Year) 03/14/2023 | |
| David Rus Mailing Addre | shing | ecify) | 100 | | | period |
| David Rus Mailing Addre | shing ess nflower Ave | ecify) | 400 | | | period |
| David Rus Mailing Addre 102 N Sur City, State, Zi | shing ess nflower Ave | 9 | 100 100 | | | period |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp | shing ess aflower Ave p Code a, MS 38751-255 | 9 | (10° K) | | | period |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp | eshing ess eflower Ave p Code a, MS 38751-259 eloyer (Required) eyed | 9 | | | 03/14/2023 | period |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp | shing pss aflower Ave p Code a, MS 38751-259 bloyer (Required) byed Required) | Q | | | | period |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp Not Emplo Occupation (I | shing pss aflower Ave p Code a, MS 38751-259 bloyer (Required) byed Required) | Q | ✓Individual | Loan | Aggregate year-to-date Date | \$100.00 \$214.60 Amount of each |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp Not Emplo Occupation (I Not Emplo | shing ess aflower Ave p Code a, MS 38751-255 eloyer (Required) byed Required) byed | 52 □ PAC | ✓Individual | Loan | Aggregate year-to-date | \$100.00 \$214.60 |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp Not Emplo Occupation (I Not Emplo | shing ess aflower Ave p Code a, MS 38751-255 eloyer (Required) byed Corporation Other (please sp | 52 □ PAC | ✓Individual | Loan | Aggregate year-to-date Date | \$100.00 \$214.60 Amount of each receipt this |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emplo Occupation (I Not Emplo Source: Full Name David Rus | shing pss aflower Ave p Code a, MS 38751-255 ployer (Required) byed Corporation Other (please sp | 52 □ PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$214.60 Amount of each receipt this period |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name David Rus Mailing Addre | shing pss aflower Ave p Code a, MS 38751-255 ployer (Required) byed Corporation Other (please sp | 52 □ PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$214.60 Amount of each receipt this period |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name David Rus Mailing Addre 102 N Sur City, State, Zi | shing ess aflower Ave p Code a, MS 38751-255 eloyer (Required) byed Corporation Other (please sp ess aflower Ave p Code | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$214.60 Amount of each receipt this period |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name David Rus Mailing Addre 102 N Sur City, State, Zi Indianola | shing pss aflower Ave p Code a, MS 38751-255 bloyer (Required) byed Corporation Other (please sp shing pss aflower Ave p Code a, MS 38751-255 | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$214.60 Amount of each receipt this period |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name David Rus Mailing Addre 102 N Sur City, State, Zi Indianola | shing pss aflower Ave p Code a, MS 38751-255 ployer (Required) pyed Corporation Other (please sp shing pss aflower Ave p Code a, MS 38751-255 ployer (Required) | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$214.60 Amount of each receipt this period |
| David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name David Rus Mailing Addre 102 N Sur City, State, Zi Indianola Name of Emp | shing pss aflower Ave p Code a, MS 38751-255 ployer (Required) byed Corporation Other (please sp shing pss aflower Ave p Code a, MS 38751-255 ployer (Required) byed Required) | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$100.00 \$214.60 Amount of each receipt this period |

Reporting Period 1/1/2023

through

4/30/2023

| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|-------------------------------------|------------------------------------|
| Full Name Robert Ru | seal1 | 04/12/2023 | \$250.00 |
| Mailing Addre | | | |
| 14 Deauvi | | | |
| City, State, Zi | | | |
| | ck, AR 72223-5532 oyer (Required) | _ | |
| | Russell Group | | |
| Occupation (F | | Aggregate year-to-date | \$250.00 |
| Source: | ✓ Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | Inc | 04/18/2023 | \$500.00 |
| Mailing Addre | | | |
| PO Box 16 | | | |
| City, State, Zi | | 0 | |
| | MS 38902-0160 loyer (Required) | 4.1 | |
| Name of Emp | oyer (required) | | |
| Occupation (F | Required) | Aggregate year-to-date | \$500.00 |
| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | 170 | 02/01/2023 | \$500.00 |
| Robert Sa Mailing Addre | Imon | | |
| | | | |
| 1068 Fact | | | |
| 1068 Fact | ory Dr O Code | | |
| 1068 Fact City, State, Zip Charlesto | ory Dr D Code n, MS 38921-6620 | | |
| 1068 Fact City, State, Zip Charlesto | ory Dr c Code n, MS 38921-6620 loyer (Required) | | |
| 1068 Fact City, State, Zi Charlesto Name of Emp | ory Dr o Code n, MS 38921-6620 loyer (Required) Shoppe Required) | Aggregate year-to-date | \$1,500.00 |
| City, State, Zip Charlesto Name of Emp Diabetic- Occupation (F | ory Dr o Code n, MS 38921-6620 loyer (Required) Shoppe Required) | year-to-date Date | Amount of each |
| City, State, Zip Charlesto Name of Emp Diabetic- Occupation (F Pharmacis | ory Dr D Code n, MS 38921-6620 Over (Required) Shoppe Required) t | year-to-date | . , |
| City, State, Zip Charlesto Name of Emp Diabetic- Occupation (F Pharmacis | ory Dr o Code n, MS 38921-6620 oyer (Required) Shoppe Required) t Corporation PAC Individual Loan Other (please specify) | year-to-date Date | Amount of each receipt this |
| 1068 Fact City, State, Zig Charlesto Name of Emp Diabetic- Occupation (F Pharmacis Source: Full Name Robert Sa | ory Dr o Code n, MS 38921-6620 loyer (Required) Shoppe Required) t Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 1068 Fact City, State, Zig Charlesto Name of Emp Diabetic- Occupation (F Pharmacis Source: | ory Dr o Code n, MS 38921-6620 loyer (Required) Shoppe Required) t Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 1068 Fact City, State, Zig Charlesto Name of Emp Diabetic- Occupation (F Pharmacis Source: Full Name Robert Sa Mailing Addres 1068 Fact City, State, Zig | ory Dr o Code n, MS 38921-6620 loyer (Required) Shoppe Required) t Corporation PAC Individual Loan Other (please specify) lmon ss ory Dr o Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 1068 Fact City, State, Zig Charlesto Name of Emp Diabetic- Occupation (F Pharmacis Source: Full Name Robert Sa Mailing Addre 1068 Fact City, State, Zig Charlesto | ory Dr o Code n, MS 38921-6620 loyer (Required) Shoppe Required) t Corporation PAC Individual Loan Other (please specify) lmon ss ory Dr | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 1068 Fact City, State, Zig Charlesto Name of Emp Diabetic- Occupation (F Pharmacis Source: Full Name Robert Sa Mailing Addre 1068 Fact City, State, Zig Charlesto | ory Dr o Code n, MS 38921-6620 oyer (Required) Shoppe Required) t Corporation PAC Individual Loan Other (please specify) lmon ss ory Dr o Code n, MS 38921-6620 loyer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

Page 211 of 320

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

| Source: | Corporation Other (please spe | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---|--------|-------------|----------|-------------------------------------|------------------------------------|
| Full Name Robert Sa | lmon | | | | 04/30/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| 1068 Fact | | | | | | |
| City, State, Zi | | | | | | |
| | on, MS 38921-66 | 20 | | | | |
| Name of Emp Diabetic- | loyer (Required) | | | | | |
| Occupation (F | | | | | Aggregate | 61 500 00 |
| Pharmacis | | | | | year-to-date | \$1,500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Todd Sanm | nillan | | | | 04/29/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| 3848 Capt | | | | | | |
| City, State, Zi | | | | | | |
| | GA 30341-1806 | | | | 4 | |
| Name of Emp | loyer (Required) oyed | | | 60, | | |
| Occupation (F | | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Justine S | Sarver | | 1 | | 02/09/2023 | \$298.10 |
| Mailing Addre | | | 0 | | | |
| 270 Magno | olia Rd | | | | | |
| City, State, Zi | p Code | | | | | |
| Clinton, | | | | | | |
| | MS 39056-2215 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Name of Emp Supernova | loyer(Required) Strategies | | | | Aggregate | 4000.10 |
| Name of Emp | loyer (Required) Strategies Required) | | | | Aggregate year-to-date | \$298.10 |
| Name of Emp Supernova Occupation (F | loyer (Required) Strategies Required) | PAC | ✓Individual | Loan | year-to-date Date | Amount of each |
| Name of Emp Supernova Occupation (F Consultan | loyer (Required) Strategies Required) | _ | ✓Individual | Loan | year-to-date | |
| Name of Emp Supernova Occupation (F Consultan | loyer (Required) Strategies Required) It Corporation Other (please spe | _ | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Name of Emp Supernova Occupation (I Consultan Source: Full Name David Saw Mailing Addre | loyer (Required) Strategies Required) t Corporation Other (please spectage) | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Supernova Occupation (F Consultan Source: Full Name David Saw Mailing Addre | loyer (Required) Strategies Required) It Corporation Other (please spectage) Eyer Ess Ee Dr | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Supernova Occupation (F Consultan Source: Full Name David Saw Mailing Addre 150 Spence City, State, Zi | loyer (Required) Strategies Required) It Corporation Other (please spectage) Eyer Ess Lee Dr P Code | ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Supernova Occupation (F Consultan Source: Full Name David Saw Mailing Addre 150 Spence City, State, Zi Pass Chri | Required) Corporation Other (please spectrum) Tyer See Dr P Code Stian, MS 3957 | ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Supernova Occupation (F Consultan Source: Full Name David Saw Mailing Addre 150 Spence City, State, Zi Pass Chri | loyer (Required) Strategies Required) It Corporation Other (please spectage) Figure 1: See Dr P Code Stian, MS 3957 Required) | ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Supernova Occupation (F Consultan Source: Full Name David Saw Mailing Addre 150 Spenc City, State, Zi Pass Chri Name of Emp | Corporation | ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|--|
| Full Name Karen K. Sawyer | 04/26/2023 | \$250.00 |
| _ | | |
| Mailing Address 150 Spence Dr | | |
| City, State, Zip Code | | |
| Pass Christian, MS 39571-4839 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$250.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 01/18/2023 | \$1,000.00 |
| George Schimmel | | |
| Mailing Address 3630 Kings Hwy | | |
| City, State, Zip Code Jackson, MS 39216-3321 | 20 | |
| Name of Employer (Required) | 3 | |
| Not Employed | | |
| | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$5,350.00 |
| | | Amount of each receipt this |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name | year-to-date Date | Amount of each |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) | year-to-date Date (Mo., Day, Year) 02/06/2023 Aggregate | Amount of each receipt this period \$1,000.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed | year-to-date Date (Mo., Day, Year) 02/06/2023 Aggregate year-to-date | Amount of each receipt this period \$1,000.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | year-to-date Date (Mo., Day, Year) 02/06/2023 Aggregate year-to-date Date | Amount of each receipt this period \$1,000.00 |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$1,000.00 \$5,350.00 Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$1,000.00 \$5,350.00 Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$1,000.00 \$5,350.00 Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$1,000.00 \$5,350.00 Amount of each receipt this period |
| Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 | Aggregate year-to-date Date (Mo., Day, Year) Aggregate year-to-date Date (Mo., Day, Year) | Amount of each receipt this period \$1,000.00 \$5,350.00 Amount of each receipt this period |

4/30/2023

| Source: Corporation PAC Individual Loan | Date | Amount of each |
|---|---|--|
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 03/27/2023 | \$100.00 |
| George Schimmel | | |
| Mailing Address | | |
| 3630 Kings Hwy City, State, Zip Code | | |
| Jackson, MS 39216-3321 | | |
| Name of Employer (Required) | | |
| Not Employed | | |
| Occupation (Required) | Aggregate | \$5,350.00 |
| Not Employed | year-to-date | 40,000.00 |
| Source: ☐ Corporation ☐ PAC ✓ Individual ☐ Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 04/03/2023 | \$1,000.00 |
| George Schimmel | 04/03/2023 | 71,000.00 |
| Mailing Address | | |
| 3630 Kings Hwy | | |
| City, State, Zip Code | | |
| Jackson, MS 39216-3321 | () | |
| Name of Employer (Required) Not Employed | | |
| | Aggregate | |
| Occupation (Required) Not Employed | year-to-date | \$5,350.00 |
| | | |
| Source: | Date | Amount of each |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
| Other (please specify) Full Name | | receipt this |
| Other (please specify) Full Name George Schimmel | (Mo., Day, Year) | receipt this period |
| Tull Name George Schimmel Mailing Address | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy | (Mo., Day, Year) | receipt this period |
| Tull Name George Schimmel Mailing Address | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code | (Mo., Day, Year) | receipt this period |
| Cother (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 | (Mo., Day, Year) | receipt this period |
| Cother (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) | (Mo., Day, Year) 04/26/2023 Aggregate | receipt this period \$1,250.00 |
| Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed | (Mo., Day, Year) | receipt this period |
| Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) | (Mo., Day, Year) 04/26/2023 Aggregate | \$1,250.00 \$5,350.00 Amount of each |
| Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed | (Mo., Day, Year) 04/26/2023 Aggregate year-to-date | receipt this period \$1,250.00 \$5,350.00 |
| City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 04/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,250.00 \$1,250.00 \$5,350.00 Amount of each receipt this period |
| City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Cocupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | (Mo., Day, Year) 04/26/2023 Aggregate year-to-date Date | \$1,250.00 \$5,350.00 Amount of each receipt this |
| George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Jim Schott Mailing Address | (Mo., Day, Year) 04/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,250.00 \$1,250.00 \$5,350.00 Amount of each receipt this period |
| Other (please specify) Full Name George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Jim Schott Mailing Address 9 E Hill Dr | (Mo., Day, Year) 04/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,250.00 \$1,250.00 \$5,350.00 Amount of each receipt this period |
| George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Jim Schott Mailing Address 9 E Hill Dr City, State, Zip Code | (Mo., Day, Year) 04/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,250.00 \$1,250.00 \$5,350.00 Amount of each receipt this period |
| George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Jim Schott Mailing Address 9 E Hill Dr City, State, Zip Code Jackson, MS 39216-3622 | (Mo., Day, Year) 04/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,250.00 \$1,250.00 \$5,350.00 Amount of each receipt this period |
| George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Jim Schott Mailing Address 9 E Hill Dr City, State, Zip Code | (Mo., Day, Year) 04/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,250.00 \$1,250.00 \$5,350.00 Amount of each receipt this period |
| George Schimmel Mailing Address 3630 Kings Hwy City, State, Zip Code Jackson, MS 39216-3321 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Jim Schott Mailing Address 9 E Hill Dr City, State, Zip Code Jackson, MS 39216-3622 Name of Employer (Required) | (Mo., Day, Year) 04/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$1,250.00 \$1,250.00 \$5,350.00 Amount of each receipt this period |

| Source: | Corporation Other (please spec | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|---|-------|--------------|------------------|-------------------------------------|--|
| Full Name | Other (please spec | | | | | period |
| Jim Schot | t | | | | 02/27/2023 | \$2,500.00 |
| Mailing Addre | ess | | | | | |
| 9 E Hill | | | | | | |
| City, State, Zi | • | | | | | |
| | MS 39216-3622 | | | | _ | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$5,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 03/07/2023 | \$15,000.00 |
| Richard E | 3. Schwartz | | | | 03/07/2023 | \$15,000.00 |
| Mailing Addre | ess | | | | | |
| PO Box 39 | | | | | | |
| City, State, Zi | • | | | | | |
| | MS 39207-3949 | | | | 4 | |
| | loyer (Required) & Associates | | | 60. | | |
| Occupation (I | Required) | | | | Aggregate | \$15,000.00 |
| Attorney | | | | - 1 ² | year-to-date | |
| Source: | ☐ Corporation ☐ Other (please spec | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | | 1 T 1 | 0 | 03/30/2023 | \$5,000.00 |
| Full Name | | | | | 03/30/2023 | 50.000.00 |
| Full Name Janet Sco | ott | | | | | 40,000.00 |
| | | | 100 | | | 40,000.00 |
| Janet Sco Mailing Addre 280 Mccul | ess Llough Ln | | 100 | | | 40,000.00 |
| Janet Sco Mailing Addre 280 Mccul City, State, Zi | ess lough Ln p Code | 9 | 100 | | | 40,000.00 |
| Janet Sco Mailing Addre 280 Mccul City, State, Zi Flora, MS | p Code 3 39071-9408 | | | | | 40,000.00 |
| Janet Sco Mailing Addre 280 Mccul City, State, Zi Flora, MS Name of Emp | p Code 39071-9408 | | | | | 40,000.00 |
| Janet Sco Mailing Addre 280 Mccul City, State, Zi Flora, MS Name of Emp | p Code 3 39071-9408 loyer (Required) | | | | Aggregate | |
| Janet Sco Mailing Addre 280 Mccul City, State, Zi Flora, MS Name of Emp | p Code 3 39071-9408 loyer (Required) | | | | Aggregate year-to-date | \$5,000.00 |
| Janet Sco Mailing Addre 280 Mccul City, State, Zi Flora, MS Name of Emp Not Emplo Occupation (I | p Code 3 39071-9408 loyer (Required) | □PAC | ✓Individual | Loan | year-to-date Date | \$5,000.00 Amount of each |
| Janet Sco Mailing Addre 280 Mccul City, State, Zi Flora, MS Name of Emp Not Emplo Occupation (I Retired | p Code 3 39071-9408 loyer (Required) byed Required) | _ | ✓Individual | Loan | year-to-date | \$5,000.00 |
| Mailing Addre 280 Mccul City, State, Zi Flora, MS Name of Emp Not Emplo Occupation (I Retired Source: | p Code 3 39071-9408 loyer (Required) byed Required) Corporation Other (please special | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Mailing Addre 280 Mccul City, State, Zi Flora, MS Name of Emp Not Emplo Occupation (I Retired | p Code 3 39071-9408 loyer (Required) byed Required) Corporation Other (please special | _ | ✓Individual | Loan | year-to-date Date | \$5,000.00 Amount of each receipt this |
| Mailing Addre 280 Mccul City, State, Zi Flora, MS Name of Emp Not Emplo Occupation (I Retired Source: | p Code 3 39071-9408 loyer (Required) byed Corporation Other (please spec | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Janet Scott Mailing Addres 280 Mccul City, State, Zi Flora, MS Name of Emp Not Emplo Occupation (I Retired Source: Full Name Dan Scrip Mailing Addres PO Box 47 City, State, Zi | p Code 3 39071-9408 loyer (Required) yed Corporation Other (please specials) | cify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Janet Scott Mailing Addres 280 Mccul City, State, Zi Flora, MS Name of Emp Not Emplo Occupation (I Retired Source: Full Name Dan Scrip Mailing Addres PO Box 47 City, State, Zi Northport | p Code 3 39071-9408 loyer (Required) yed Corporation Other (please spectors pps ps pc pc pc pc pc pc pc | cify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Janet Scott Mailing Addres 280 Mccul City, State, Zi Flora, MS Name of Emp Not Emplo Occupation (I Retired Source: Full Name Dan Scrip Mailing Addres PO Box 47 City, State, Zi Northport | p Code 3 39071-9408 loyer (Required) yed Corporation Other (please spectors pps ps ps pc pc pc pc pc pc | cify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |
| Janet Scott Mailing Addres 280 Mccul 280 Mccul City, State, Zi Flora, MS Name of Emp Not Employ Occupation (I Retired Source: Full Name Dan Scrip Mailing Addres PO Box 47 City, State, Zi Northport Name of Emp State of Occupation (I | p Code 3 39071-9408 loyer (Required) yed Corporation Other (please specials) p Code 1, MI 49670-0474 loyer (Required) Michigan | cify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$5,000.00 Amount of each receipt this period |

Reporting Period 1/1/2023

/1/2023 **through**

4/30/2023

| Source: | Corporation Other (please speci | | dividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|-----------|----------|--------------|---|--|
| Full Name David Z. | Scruggs | | | | 04/24/2023 | \$5,000.00 |
| Mailing Addr | | | | | | |
| | | | | | | |
| City, State, Z Oxford, M | MS 38655-2771 | | | | | |
| Name of Emp | ployer (Required) ce MS | | | | | |
| Occupation (| Required) e Director | | | | Aggregate year-to-date | \$5,000.00 |
| Source: | Corporation | □PAC ✓Inc | dividual | Loan | Date | Amount of each |
| | Other (please spec | ify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Richard 1 | F. Scruggs | | | | 04/20/2023 | \$10,000.00 |
| Mailing Addr | ess kner Woods Pl | | | | | |
| City, State, Z | ip Code MS 38655-4620 | | | | 20 | |
| Name of Emp | ployer (Required) | | | 100 | 3 | |
| Occupation (| | | | THIS | Aggregate year-to-date | \$10,000.00 |
| Source: | ✓ Corporation Other (please speci | | dividual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | | | | | _ (, , , , , , , , , , , , , , , , , , | period |
| Full Name | | | 7 |) | | para a |
| Full Name Security | Investment Trus | | 046 | > | 04/18/2023 | \$500.00 |
| Security Mailing Addr | Investment Trus | | (DO FIE |) | 04/18/2023 | |
| Security Mailing Addr PO Box 10 | Investment Trus | | (DO Pr |) | 04/18/2023 | |
| Security Mailing Addr PO Box 10 City, State, Z | Investment Trus | | (DO PA | | 04/18/2023 | |
| Mailing Addr PO Box 10 City, State, Z Grenada, | Investment Trus ess 661 ip Code | | (C) No |) | 04/18/2023 | |
| Mailing Addr PO Box 10 City, State, Z Grenada, | Investment Trus ess 661 ip Code MS 38902-1661 bloyer (Required) | | , do | | Aggregate year-to-date | |
| Security Mailing Addr PO Box 10 City, State, Z Grenada, Name of Emp | Investment Trus ess 661 ip Code MS 38902-1661 bloyer (Required) | t Inc | dividual | Loan | Aggregate year-to-date | \$500.00 \$500.00 |
| Mailing Addr PO Box 10 City, State, Z Grenada, Name of Emp Occupation (| Investment Trus ess 661 ip Code MS 38902-1661 ployer (Required) Required) | t Inc | dividual | Loan | Aggregate year-to-date | \$500.00 |
| Mailing Addr PO Box 10 City, State, Z Grenada, Name of Emp | Investment Trus ess 661 ip Code MS 38902-1661 oloyer (Required) Required) Corporation Other (please speci | t Inc | dividual | Loan | Aggregate year-to-date | \$500.00 \$500.00 Amount of each receipt this |
| Mailing Addr PO Box 10 City, State, Z Grenada, Name of Emp Occupation (Source: | Investment Trus ess 661 ip Code MS 38902-1661 bloyer (Required) Required) Corporation Other (please speci | t Inc | dividual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addr PO Box 10 City, State, Z Grenada, Name of Emp Occupation (Source: Full Name Satnam L Mailing Addr 1554 W Pe City, State, Z | Investment Trus: ess 661 ip Code MS 38902-1661 bloyer (Required) Required) Corporation Other (please special spec | t Inc | dividual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addr PO Box 10 City, State, Z Grenada, Name of Emp Occupation (Source: Full Name Satnam L Mailing Addr 1554 W Pe City, State, Z Canton, 1 | Investment Trus ess 661 ip Code MS 38902-1661 bloyer (Required) Required) Corporation Other (please special code) ess eace St ip Code MS 39046-5325 | t Inc | dividual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addr PO Box 10 City, State, Z Grenada, Name of Emp Occupation (Source: Full Name Satnam L Mailing Addr 1554 W Pe City, State, Z Canton, 1 Name of Emp | Investment Trus: ess 661 ip Code MS 38902-1661 bloyer (Required) Required) Corporation Other (please special spec | PAC Inc | dividual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Mailing Addr PO Box 10 City, State, Z Grenada, Name of Emp Occupation (Source: Full Name Satnam L Mailing Addr 1554 W Pe City, State, Z Canton, 11 Name of Emp | Investment Trus: ess 661 ip Code MS 38902-1661 oloyer (Required) Required) Corporation Other (please special speci | PAC Inc | dividual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |

Reporting Period 1/1/2023

through

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|--------|--------------|------|---|--|
| F. II M | Other (please sp | еспу) | | | (,, , , | period |
| Full Name Jigar Sha | ah | | | | 03/03/2023 | \$2,500.00 |
| Mailing Addre | ess | | | | | |
| 8001 News | lale Rd | | | | | |
| City, State, Zi | • | | | | | |
| | MD 20814-4623 | 3 | | | | |
| US Dept o | loyer (Required) of Energy | | | | | |
| Occupation (Required) Executive | | | | | Aggregate year-to-date | \$2,500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name David Sheffield | | | | | 02/02/2023 | \$100.00 |
| Mailing Addre | ess | | | | | |
| 150 Water | rmelon Rd | | | | | |
| City, State, Zi | • | | | | | |
| | 39464-4021 | | | | 1, | |
| Name of Emp | loyer (Required) oyed | | | 10. | | |
| Occupation (Required) Not Employed | | | | | Aggregate year-to-date | \$1,100.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | Ob. | X | (Mo., Day, Year) | receipt this period |
| | | | | | 04/07/2023 | ¢1 000 00 |
| Full Name David She | effield | | | | 04/07/2023 | \$1,000.00 |
| David She | ess | - 9 | 1000 | | | \$1,000.00 |
| David She Mailing Addre | ess rmelon Rd | 9 | 100 kg | | | \$1,000.00 |
| David She Mailing Addre 150 Water City, State, Zi | ess rmelon Rd p Code | 9 | CO N | | | \$1,000.00 |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS | p Code 3 39464-4021 | 9 | 100 K | | 04/07/2023 | \$1,000.00 |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS | p Code S 39464-4021 loyer (Required) | 9 | TO N | | | \$1,000.00 |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS Name of Emp | p Code 3 39464-4021 loyer (Required) byed | 9 | 100 N | | Aggregate year-to-date | \$1,000.00 |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS Name of Emp Not Emplo Occupation (I | p Code 3 39464-4021 loyer (Required) byed | PAC | ✓Individual | Loan | Aggregate | \$1,100.00 Amount of each |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS Name of Emp Not Emplo Occupation (I Not Emplo | p Code 3 39464-4021 loyer (Required) byed Required) | | ✓Individual | Loan | Aggregate year-to-date | \$1,100.00 |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS Name of Emp Not Emplo Occupation (I Not Emplo | p Code 3 39464-4021 loyer (Required) byed Corporation Other (please specific parts) | | ✓Individual | Loan | Aggregate year-to-date | \$1,100.00 Amount of each receipt this |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS Name of Emplo Occupation (I Not Emplo Source: Full Name Jason Lee Mailing Addre | p Code 3 39464-4021 loyer (Required) byed Corporation Other (please sp | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Jason Lee Mailing Addre 807 India | p Code 3 39464-4021 loyer (Required) byed Corporation Other (please speed) Shelton San Oaks Dr | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Jason Lee Mailing Addre 807 India City, State, Zi | p Code 3 39464-4021 loyer (Required) byed Corporation Other (please speed) Shelton San Oaks Dr | ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Jason Lee Mailing Addre 807 India City, State, Zi Saltillo, | p Code 3 39464-4021 loyer (Required) byed Corporation Other (please species Shelton ess an Oaks Dr p Code | ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Jason Lee Mailing Addre 807 India City, State, Zi Saltillo, Name of Emp | p Code 3 39464-4021 loyer (Required) byed Corporation Other (please speed) e Shelton ess an Oaks Dr p Code MS 38866-9404 | ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |
| David She Mailing Addre 150 Water City, State, Zi Ovett, MS Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Jason Lee Mailing Addre 807 India City, State, Zi Saltillo, Name of Emp General S Occupation (I | p Code 3 39464-4021 loyer (Required) byed Corporation Other (please species Shelton See Ms 38866-9404 loyer (Required) Gervices Admini | ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,100.00 Amount of each receipt this period |

Reporting Period 1/1/2023

through

4/30/2023

| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|---|---|--------------|-------------|---|--|
| Full Name | Other (please spi | | | <u> </u> | , , , , | period |
| Jason Lee | Shelton | | | | 01/24/2023 | \$500.00 |
| Mailing Addres | ss | | | | | |
| 807 India | | | | | | |
| City, State, Zip | o Code | | | | | |
| Saltillo, | MS 38866-9404 | : | | | | |
| • | oyer (Required) | | | | | |
| General Se | ervices Admini | stration | | | | |
| Occupation (Regional | Required) Administrator | | | | Aggregate year-to-date | \$2,271.75 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this |
| Full Name | | | | | | period |
| Jason Lee | Shelton | | | | 02/09/2023 | \$271.75 |
| Mailing Addres | | | | | | |
| 807 India | | | | | | |
| City, State, Zip | o Code | | | | | |
| | MS 38866-9404 | | | | | |
| Name of Empl | oyer (Required) | | | 4 0, | | |
| General S | ervices Admini | stration | | | | |
| Occupation (R | Required) Administrator | | | J. Hills | Aggregate year-to-date | \$2,271.75 |
| | | | | | ' | |
| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | • | | | | |
| Full Name | | | 1 | > | 04/27/2023 | |
| Full Name Jason Lee | Shelton | 6 | No N | | 04/27/2023 | \$1,000.00 |
| | ss | - | (HO N | | 04/27/2023 | |
| Jason Lee Mailing Addres | ss n Oaks Dr | - | 100 | | 04/27/2023 | |
| Jason Lee Mailing Addres 807 Indias City, State, Zip | ss n Oaks Dr | - | (BOL) | | 04/27/2023 | |
| Mailing Address 807 Indias City, State, Zip Saltillo, Name of Emplo | ss n Oaks Dr o Code | - | (100 10) | | 04/27/2023 | |
| Mailing Address 807 Indias City, State, Zip Saltillo, Name of Emplo | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini | - | 100 P | | 04/27/2023 Aggregate | \$1,000.00 |
| Jason Lee Mailing Addres 807 India: City, State, Zip Saltillo, Name of Employee General So Occupation (R | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini | - | N GOOP | | | |
| Jason Lee Mailing Addres 807 India: City, State, Zip Saltillo, Name of Employee General So Occupation (R | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini | - | ✓Individual | Loan | Aggregate | \$1,000.00 \$2,271.75 Amount of each |
| Mailing Address 807 Indias City, State, Zip Saltillo, Name of Employ General So Occupation (R Regional | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini Required) Administrator | stration | ✓Individual | Loan | Aggregate year-to-date | \$1,000.00 \$2,271.75 |
| Mailing Address 807 Indias City, State, Zip Saltillo, Name of Employ General So Occupation (R Regional | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini Required) Administrator Corporation | stration | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,271.75 Amount of each receipt this period |
| Mailing Address 807 Indias City, State, Zip Saltillo, Name of Employ General So Occupation (R Regional Source: | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini Required) Administrator Corporation Other (please spe | stration | ✓Individual | Loan | Aggregate year-to-date | \$1,000.00 \$2,271.75 Amount of each receipt this |
| Jason Lee Mailing Addres 807 Indias City, State, Zip Saltillo, Name of Employ General So Occupation (R Regional Source: | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini Required) Administrator Corporation Other (please spe | stration | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,271.75 Amount of each receipt this period |
| Jason Lee Mailing Addres 807 Indias City, State, Zip Saltillo, Name of Employ General Sc Occupation (R Regional Source: Full Name Joseph Show Mailing Address | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini Required) Administrator Corporation Other (please speepard ss 7 | stration | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,271.75 Amount of each receipt this period |
| Jason Lee Mailing Addres 807 Indias City, State, Zip Saltillo, Name of Employ General So Occupation (R Regional Source: Full Name Joseph Sho Mailing Addres PO Box 32 City, State, Zip | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini Required) Administrator Corporation Other (please speepard ss 7 | stration | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,271.75 Amount of each receipt this period |
| Jason Lee Mailing Addres 807 Indias City, State, Zip Saltillo, Name of Employ General So Occupation (R Regional A Source: Full Name Joseph Sho Mailing Addres PO Box 32 City, State, Zip Cuero, TX Name of Employ | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini Required) Administrator Corporation Other (please specially) eppard ss 7 Code 77954-0327 Oyer (Required) | stration | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,271.75 Amount of each receipt this period |
| Jason Lee Mailing Addres 807 Indias City, State, Zip Saltillo, Name of Employ General So Occupation (R Regional Source: Full Name Joseph Sho Mailing Addres PO Box 32 City, State, Zip Cuero, TX | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini Required) Administrator Corporation Other (please specially) eppard ss 7 Code 77954-0327 Oyer (Required) | stration | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,271.75 Amount of each receipt this period |
| Jason Lee Mailing Addres 807 Indias City, State, Zip Saltillo, Name of Employ General So Occupation (R Regional A Source: Full Name Joseph Sho Mailing Addres PO Box 32 City, State, Zip Cuero, TX Name of Employ | n Oaks Dr Code MS 38866-9404 Oyer (Required) ervices Admini Required) Administrator Corporation Other (please specially) expand ss 7 Code 77954-0327 Oyer (Required) oyed | stration | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$2,271.75 Amount of each receipt this period |

| Name of Candidate or Committee Brandon Presle | эy |
|---|----|
|---|----|

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

| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|--|---------------------------|------------------------------------|
| Full Name | | 04/26/2023 | \$500.00 |
| Joseph Sh | | | |
| Mailing Addre | | | |
| City, State, Zi | • | | |
| | K 77954-0327 | | |
| Name of Emp | oloyer (Required) Loyed | | |
| Occupation (| Required) | Aggregate year-to-date | \$850.00 |
| Source: | Corporation PAC /Individual Loan | Date | Amount of each |
| | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Joseph Sh | neppard | 04/30/2023 | \$100.00 |
| Mailing Addre | | | |
| City, State, Zi | ip Code | | |
| | K 77954-0327 | 041 | |
| Name of Emp | oloyer (Required) Loyed | -0, | |
| Occupation (| Required) | Aggregate year-to-date | \$850.00 |
| Source: | Corporation PAC ✓Individual Loan | Date | Amount of each |
| Jource. | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Hariette | Sherrod | 04/14/2023 | \$500.00 |
| Mailing Addre | | | |
| City, State, Zi | | | |
| | oloyer (Required) | | |
| Occupation (| | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | Date | Amount of each |
| | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Francisco | o J. Sierra | 01/22/2023 | \$2,000.00 |
| Mailing Addre | | | |
| City, State, Zi | | | |
| | | | |
| | | | |
| - | oloyer (Required) ent Contractor | | |
| Occupation (I | oloyer (Required) ent Contractor Required) | Aggregate year-to-date | \$2,000.00 |

4/30/2023

| Source: | Corporation | | / Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|-------------|---------------------|----------|---|--|
| | Other (please sp | есіту) | | | (moi, buy, rour) | period |
| Full Name Paul Silv | rerman | | | | 04/26/2023 | \$2,500.00 |
| Mailing Addre | | | | | _ | |
| 201 Monto | | | | | | |
| City, State, Zi | = | | | | | |
| Jersey Ci | ty, NJ 07302-5 | 5055 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Silvermar | 1 | | | | | |
| Occupation (I | Required) | | | | Aggregate | \$2,500.00 |
| Real Esta | ite Developer | | | | year-to-date | |
| Source: | Corporation | PAC | / Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 01/13/2023 | - |
| Derrick S | Simmons | | | | 01/13/2023 | \$500.00 |
| Mailing Addre | ess | | | | | |
| 207 Main | St | | | | | |
| City, State, Zi | | | | | | |
| | e, MS 38701-40 | 038 | | | | |
| Name of Emp | loyer (Required) Simmons | | | 60, | | |
| Occupation (I | Required) | | | | Aggregate | \$1,500.00 |
| Attorney | | | | | year-to-date | , , |
| Source: | Corporation | PAC | / Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | | |
| Derrick S | Simmons | | A OH | | 03/17/2023 | \$500.00 |
| Mailing Addre | ess | 9 | (00 H) | | 03/17/2023 | \$500.00 |
| Mailing Addre | ess St | R | (DO P) | | 03/17/2023 | \$500.00 |
| Mailing Addre | ess St | 038 | GO N. | | 03/17/2023 | \$500.00 |
| Mailing Address 207 Main City, State, Zi Greenvill Name of Emp | p Code .e, MS 38701-40 | 038 | (D) (A) | | 03/17/2023 | \$500.00 |
| Mailing Addre 207 Main City, State, Zi Greenvill | p Code .e, MS 38701-40 | 038 | A GO N | | 03/17/2023 | \$500.00 |
| Mailing Address 207 Main City, State, Zi Greenvill Name of Emp | p Code e, MS 38701-40 loyer (Required) | 038 | TO N | | Aggregate year-to-date | \$500.00 |
| Mailing Addre 207 Main City, State, Zi Greenvill Name of Emp Simmons & Occupation (I | p Code e, MS 38701-40 loyer (Required) | | ✓Individual | Loan | Aggregate year-to-date Date | \$1,500.00 Amount of each |
| Mailing Addre 207 Main City, State, Zi Greenvill Name of Emp Simmons & Occupation (I Attorney | p Code p Code e, MS 38701-40 loyer (Required) a Simmons Required) | PAC V | ∕∫Individual | Loan | Aggregate year-to-date | \$1,500.00 |
| Mailing Addre 207 Main City, State, Zi Greenvill Name of Emp Simmons & Occupation (I Attorney | p Code e, MS 38701-40 loyer (Required) a Simmons Required) Corporation Other (please sp | PAC V | ∕Individual | Loan | Aggregate year-to-date Date | \$1,500.00 Amount of each receipt this |
| Mailing Addre 207 Main City, State, Zi Greenvill Name of Emp Simmons & Occupation (I Attorney Source: | p Code e, MS 38701-40 loyer (Required) Simmons Required) Corporation Other (please sp | PAC V | ∕ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Addre 207 Main City, State, Zi Greenvill Name of Emp Simmons & Occupation (I Attorney Source: Full Name Derrick S | p Code e, MS 38701-40 loyer (Required) a Simmons Required) Corporation Other (please sp | PAC V | ☑Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Addre 207 Main City, State, Zi Greenvill Name of Emp Simmons & Occupation (I Attorney Source: Full Name Derrick S Mailing Addre 207 Main City, State, Zi | p Code e, MS 38701-40 loyer (Required) Simmons Required) Corporation Other (please sp | PAC vecify) | ☑Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Address 207 Main City, State, Zi Greenvill Name of Emp Simmons & Occupation (I Attorney Source: Full Name Derrick S Mailing Addres 207 Main City, State, Zi Greenvill | p Code e, MS 38701-40 loyer (Required) a Simmons Required) Corporation Other (please sp simmons st p Code e, MS 38701-40 | PAC vecify) | / Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Addre 207 Main City, State, Zi Greenvill Name of Emp Simmons & Occupation (I Attorney Source: Full Name Derrick S Mailing Addre 207 Main City, State, Zi Greenvill Name of Emp | p Code e, MS 38701-40 loyer (Required) a Simmons Required) Corporation Other (please sp simmons st p Code e, MS 38701-40 loyer (Required) | PAC vecify) | / Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Address 207 Main City, State, Zi Greenvill Name of Emp Simmons & Occupation (I Attorney Source: Full Name Derrick S Mailing Addres 207 Main City, State, Zi Greenvill | p Code e, MS 38701-40 loyer (Required) a Simmons Required) Corporation Other (please sp simmons st p Code e, MS 38701-40 loyer (Required) | PAC vecify) | ∕∏Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Addre 207 Main City, State, Zi Greenvill Name of Emp Simmons & Occupation (I Attorney Source: Full Name Derrick S Mailing Addre 207 Main City, State, Zi Greenvill Name of Emp | p Code e, MS 38701-40 loyer (Required) a Simmons Required) Corporation Other (please sp simmons st p Code e, MS 38701-40 loyer (Required) a Simmons | PAC vecify) | Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

Page 220 of 320

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

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|---|--------|--------------|------|--------------------------------------|------------------------------------|
| Full Name Timothy S | 2 i mon | | | | 02/06/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| 788 James | | | | | | |
| City, State, Zi | • | 4 2744 | | | | |
| | cisco, CA 94124 Noyer (Required) | 4-3/44 | | | | |
| TAS Strat | • • • • | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/13/2023 | \$216.75 |
| Meg Siner | | | | | | |
| Mailing Addre | ess 7 Road 2055 | | | | | |
| City, State, Zi | | | | | | |
| Oxford, N | AS 38655-8831 | | | | 2 | |
| Name of Emp | oloyer (Required) ndation | | | 60 | | |
| Occupation (| Required) e Director | | | | Aggregate year-to-date | \$216.75 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | 0 | A | (Mo., Day, Year) | receipt this period |
| Full Name Robert Si | Lsung | | 6 | | 04/30/2023 | \$1,000.00 |
| Mailing Addre | | - 4 | (O) | | | |
| | Charles Ave | | | | | |
| City, State, Zi | i p Code ans, LA 70170-1 | 1000 | | | | |
| | loyer (Required) | | | | | |
| Sisung | • • • • | | | | | |
| | | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$1,000.00 |
| | | PAC | ✓Individual | Loan | year-to-date Date | Amount of each |
| Source: | nt | | ✓Individual | Loan | year-to-date | |
| Consultar | Corporation Other (please sp | | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Source: | Corporation Other (please spater | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Source: Full Name Kelli Sla Mailing Addre 3196 Wynr City, State, Zi | Corporation Other (please spater ess adale Rd ip Code | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Consultar Source: Full Name Kelli Sla Mailing Addre 3196 Wynr City, State, Zi Terry, MS | Corporation Other (please spater ess adale Rd | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Consultar Source: Full Name Kelli Sla Mailing Addra 3196 Wynr City, State, Zi Terry, MS Name of Emp | Corporation Other (please speater ess endale Rd p Code S 39170-7753 | | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Consultar Source: Full Name Kelli Sla Mailing Addra 3196 Wynr City, State, Zi Terry, MS Name of Emp | Corporation Other (please speciater ess indale Rd p Code S 39170-7753 cloyer (Required) aw Group, PLLC | | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

Reporting Period 1/1/2023

through

4/30/2023

| Source: | ☐ Corporation ☐ Other (please spec | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|---|------------|--------------|-----------|---|---|
| Full Name | | y / | | | | period |
| Kelli Sla | ater | | | | 04/20/2023 | \$3.00 |
| Mailing Addre | ess | | | | - | |
| 3196 Wynr | | | | | | |
| City, State, Zi | - | | | | | |
| | 3 39170-7753 | | | | | |
| - | oloyer (Required) | | | | | |
| | aw Group, PLLC | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$253.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 04/27/2023 | \$500.00 |
| Mark Sled | lge | | | | 04/2//2023 | \$300.00 |
| Mailing Addre | | | | | | |
| 106 Grand | | | | | | |
| City, State, Zi | | | | | | |
| | MS 39047-8274 | | | - A - O-1 | | |
| Name of Emp | oloyer (Required) Loyed | | | 60. | | |
| Occupation (| Required) | | | , LII'S | Aggregate | \$500.00 |
| Attorney | | | | | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | cifv) | | | (Mo., Day, Year) | receipt this period |
| | | | | | | periou |
| Full Name | | | 1 | | 02/21/2023 | \$1,000.00 |
| T. Mark S | Sledge | | 100 H | | 02/21/2023 | |
| T. Mark S | Sledge | 9 | (00 13 | | 02/21/2023 | |
| T. Mark S Mailing Addre 587 Highl City, State, Zi | Sledge ess Land Colony Pkwy p Code | 9 | (B) 4 | | 02/21/2023 | |
| T. Mark S Mailing Addre 587 Highl City, State, Zi Ridgeland | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 | 9 | 100 | | 02/21/2023 | |
| T. Mark S Mailing Addres 587 Highl City, State, Zi Ridgeland Name of Emp | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 sloyer (Required) | 9 | (BO 12) | | 02/21/2023 | |
| T. Mark S Mailing Addre 587 Highl City, State, Zi Ridgeland | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 sloyer (Required) | 9 | 100 11 | | 02/21/2023 | |
| T. Mark S Mailing Addres 587 Highl City, State, Zi Ridgeland Name of Emp | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 bloyer (Required) Loyed | 9 | 100 K | | Aggregate year-to-date | |
| T. Mark S Mailing Addres 587 Highl City, State, Zi Ridgeland Name of Emp Self Empl Occupation (I | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 bloyer (Required) Loyed | 9 | ✓Individual | Loan | Aggregate | \$1,000.00 \$1,000.00 Amount of each |
| T. Mark S Mailing Addres 587 Highl City, State, Zi Ridgeland Name of Emp Self Empl Occupation (I Attorney | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 eloyer (Required) Loyed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$1,000.00 |
| Mailing Address 587 Highl City, State, Zi Ridgeland Name of Emp Self Empl Occupation (I Attorney Source: | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 ployer (Required) Loyed Required) Corporation Other (please spec | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| Mailing Address 587 Highl City, State, Zi Ridgeland Name of Emp Self Empl Occupation (I Attorney Source: | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 ployer (Required) Loyed Required) Corporation Other (please spec | PAC | ✓Individual | Loan | Aggregate year-to-date | \$1,000.00 \$1,000.00 Amount of each receipt this |
| T. Mark S Mailing Addres 587 Highl City, State, Zi Ridgeland Name of Empl Self Empl Occupation (I Attorney Source: Full Name Drew Smit | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 bloyer (Required) Loyed Corporation Other (please spec | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| T. Mark S Mailing Addres 587 Highl City, State, Zi Ridgeland Name of Emp Self Empl Occupation (I Attorney Source: Full Name Drew Smit Mailing Addres 426 Villa | Sledge ess Land Colony Pkwy pp Code d, MS 39157-8784 sloyer (Required) Loyed Corporation Other (please spectate) chapses ess age Green Blvd | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| T. Mark S Mailing Addres 587 Highl City, State, Zi Ridgeland Name of Emp Self Empl Occupation (I Attorney Source: Full Name Drew Smit Mailing Addres 426 Villa City, State, Zi | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 cloyer (Required) Loyed Required) Corporation Other (please spectate) chapter (please spectate) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| T. Mark S Mailing Addres 587 Highl City, State, Zi Ridgeland Name of Emp Self Empl Occupation (I Attorney Source: Full Name Drew Smit Mailing Addres 426 Villa City, State, Zi Ann Arbor | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 ployer (Required) Loyed Required) Corporation Other (please spectate) ess age Green Blvd p Code es, MI 48105-3634 | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| T. Mark S Mailing Addres 587 Highl City, State, Zi Ridgeland Name of Emp Self Empl Occupation (I Attorney Source: Full Name Drew Smit Mailing Addres 426 Villa City, State, Zi Ann Arbor Name of Emp | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 ployer (Required) Loyed Required) Corporation Other (please spectate) ess age Green Blvd p Code c, MI 48105-3634 ployer (Required) | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |
| T. Mark S Mailing Addres 587 Highl City, State, Zi Ridgeland Name of Emp Self Empl Occupation (I Attorney Source: Full Name Drew Smit Mailing Addres 426 Villa City, State, Zi Ann Arbor Name of Emp Universit | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 lloyer (Required) Loyed Required) Corporation Other (please spectal) Ess age Green Blvd p Code c, MI 48105-3634 lloyer (Required) cy of Michigan | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) 04/21/2023 | \$1,000.00 \$1,000.00 Amount of each receipt this period \$1,000.00 |
| T. Mark S Mailing Addres 587 Highl City, State, Zi Ridgeland Name of Emp Self Empl Occupation (I Attorney Source: Full Name Drew Smit Mailing Addres 426 Villa City, State, Zi Ann Arbor Name of Emp | Sledge ess Land Colony Pkwy p Code d, MS 39157-8784 cloyer (Required) Loyed Required) Corporation Other (please spectate) cp Code c, MI 48105-3634 cloyer (Required) cy of Michigan Required) Required) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$1,000.00 \$1,000.00 Amount of each receipt this period |

| Source: | ☐ Corporation☐ Other (please spe | | Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|---|-------------|-------------|------|-------------------------------------|--|
| Full Name | | | | | | period |
| Dustin Sm | nith | | | | 04/27/2023 | \$500.00 |
| Mailing Addre | ess | | | | | |
| 152 Black | burn Dr | | | | | |
| City, State, Zi | • | | | | | |
| | ock, AR 72211-2 | 167 | | | | |
| • | loyer(Required) : Power Pool | | | | | |
| Occupation (I Director | Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | □PAC ✓ | Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Fant Smit | ch | | | | 04/22/2023 | \$500.00 |
| Mailing Addre | ess | | | | | |
| 2223 Shan | non Dr | | | | | |
| City, State, Zi | | | | | | |
| Murfreesb | oro, TN 37129- | 1360 | | | | |
| - | loyer (Required) Solutions for | Business | | 60, | | |
| Occupation (I | Required) | | | 112 | Aggregate | \$500.00 |
| Sales | | | | | year-to-date | + 0 0 0 . 0 0 |
| Source: | Corporation Other (please spe | |]Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | | 6 3 |) | 02/01/2022 | \$100.00 |
| Jerry Smi | | | | | 02/01/2023 | 2 T U U T U U |
| 2 | th | | | | | 1=0000 |
| Mailing Addre | | | 100 | | \dashv | 1 - 3 - 3 - 3 |
| Mailing Addre | ess egis Dr | | (30) | | | , 200 |
| Mailing Addre | egis Dr p Code | 9 | (00) | | | , |
| Mailing Addre 136 St Re City, State, Zi Madison, | egis Dr p Code MS 39110-7798 | | (90) | | | , |
| Mailing Addre 136 St Re City, State, Zi Madison, Name of Emp | egis Dr p Code | ical Center | <u></u> | | | , |
| Mailing Addre 136 St Re City, State, Zi Madison, Name of Emp | ess egis Dr p Code MS 39110-7798 loyer (Required) opi Baptist Med Required) | ical Center | | | Aggregate year-to-date | \$250.00 |
| Mailing Addre 136 St Re City, State, Zi Madison, Name of Emp Mississip Occupation (I | ess egis Dr p Code MS 39110-7798 loyer (Required) opi Baptist Med Required) | | Individual | Loan | | \$250.00 |
| Mailing Addres 136 St Res City, State, Zi Madison, Name of Emp Mississip Occupation (I Pharmacis Source: | ess egis Dr p Code MS 39110-7798 loyer (Required) ppi Baptist Med Required) | PAC V | Individual | Loan | year-to-date | \$250.00 |
| Mailing Addres 136 St Re City, State, Zi Madison, Name of Emp Mississip Occupation (I Pharmacis | p Code MS 39110-7798 loyer (Required) ppi Baptist Med Required) st Corporation Other (please spe | PAC V | Individual | Loan | year-to-date Date | \$250.00 Amount of each receipt this |
| Mailing Addres 136 St Re City, State, Zi Madison, Name of Emp Mississir Occupation (I Pharmacis Source: Full Name Jerry Smi Mailing Addres | ess egis Dr p Code MS 39110-7798 Hoyer (Required) Opi Baptist Med Required) St Corporation Other (please spect | PAC V | Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addres 136 St Re City, State, Zi Madison, Name of Emp Mississip Occupation (I Pharmacis Source: Full Name Jerry Smi Mailing Addres 136 St Re | egis Dr p Code MS 39110-7798 Nopi Baptist Med Required) St Corporation Other (please specials) | PAC V | Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addres 136 St Re City, State, Zi Madison, Name of Emp Mississip Occupation (I Pharmacis Source: Full Name Jerry Smi Mailing Addres 136 St Re City, State, Zi | egis Dr p Code MS 39110-7798 Nopi Baptist Med Required) St Corporation Other (please specials) | PAC V | Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addres 136 St Re City, State, Zi Madison, Name of Emp Mississir Occupation (I Pharmacis Source: Full Name Jerry Smi Mailing Addres 136 St Re City, State, Zi Madison, | ess egis Dr p Code MS 39110-7798 Hoyer (Required) Opi Baptist Med Required) St Corporation Other (please specials) Lth Ess egis Dr p Code | PAC V | Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addres 136 St Re City, State, Zi Madison, Name of Emp Mississir Occupation (I Pharmacis Source: Full Name Jerry Smi Mailing Addres 136 St Re City, State, Zi Madison, Name of Emp | process egis Dr process MS 39110-7798 Hoyer (Required) Depi Baptist Med Required) St Corporation Other (please specials) Segis Dr Process MS 39110-7798 | PAC 🗸 | Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addres 136 St Re City, State, Zi Madison, Name of Emp Mississir Occupation (I Pharmacis Source: Full Name Jerry Smi Mailing Addres 136 St Re City, State, Zi Madison, Name of Emp | egis Dr p Code MS 39110-7798 Noyer (Required) Ppi Baptist Med Required) St Corporation Other (please specifies Dr p Code MS 39110-7798 Noyer (Required) Ppi Baptist Med Required) Ppi Baptist Med Required) | PAC 🗸 | Individual | Loan | year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
|---------------------------|-------------------|------------|--------------|-------|------------------|-----------------------------|
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/29/2023 | \$50.00 |
| Jerry Smi | | | | | | , |
| Mailing Addre | | | | | | |
| 136 St Re | - | | | | | |
| City, State, Zi | MS 39110-7798 | | | | | |
| | loyer (Required) | | | | | |
| | opi Baptist Med | lical Cent | ter | | | |
| Occupation (I | Required) | | | | Aggregate | \$250.00 |
| Pharmacis | st | | | | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 01/20/2023 | \$300.00 |
| Steve Smi | | | | | | |
| Mailing Address 1611 Edge | | | | | | |
| City, State, Zi | | | | | | |
| | MS 39202-1102 | | | | 2 | |
| | loyer (Required) | | | 4 | 03 | |
| Not Emplo | | | | | 5 | |
| Occupation (I | Required) | | | J HIS | Aggregate | \$300.00 |
| Not Emplo | yed | | | | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | - | 9 9 4 | | 04/14/2023 | \$250.00 |
| Suzanne S | Smith | | | | | , |
| Mailing Addre | | | | | | |
| 141 Sandy | | | | | | |
| City, State, Zi | PA 15026-1325 | | | | | |
| | loyer (Required) | | | | | |
| Porter Ma | | | | | | |
| Occupation (I | Required) | | | | Aggregate | \$250.00 |
| Attorney | . , | | | | year-to-date | ¥230 . 00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 02/16/2023 | \$500.00 |
| | n Smithson | | | | | , , , , , , , |
| Mailing Addre | | | | | | |
| 155 Castl | | | | | | |
| City, State, Zi | MS 39110-9403 | | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (I | Required) | | | | Aggregate | \$750.00 |
| Retired | - | | | | year-to-date | , |

| Source: | ☐ Corporation☐ Other (please s | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|--------------------------------|----------|--------------|------|---------------------------|------------------------------------|
| Full Name | | , | | | 03/25/2023 | \$250.00 |
| Elizabeth | Smithson | | | | | , |
| Mailing Address 155 Castl | | | | | | |
| City, State, Zi | | | | | | |
| | MS 39110-9403 | | | | | |
| Name of Emp | loyer (Required) byed | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$750.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | +1 | | | | 03/14/2023 | \$100.00 |
| Jerri Smi | | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | 70360-4438 | | | | 2 | |
| Name of Emp | loyer (Required) | | | | ,o ^x | |
| Occupation (I | Required) | | | THIS | Aggregate year-to-date | \$850.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | 0 | 4 | (Mo., Day, Year) | receipt this period |
| Full Name Jerri Smi | tko | | 9 4 | | 04/27/2023 | \$750.00 |
| Mailing Addre | | | | | | |
| 622 Belar | nger St | | | | | |
| City, State, Zi | p Code A 70360-4438 | | | | | |
| | loyer (Required) | | | | | |
| Self Empl | | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$850.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please s | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Sannie Sr | | | | | 04/18/2023 | \$300.00 |
| Mailing Addre | | | | | | |
| 106 W Sec | | | | | | |
| City, State, Zi | p Code .stian, MS 395 | 71-3206 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$300.00 |
| TICCTTER | | | | | - | |

Reporting Period 1/1/2023

through

4/30/2023

| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|------------|---------------------|----------|-------------------------------------|------------------------------------|
| Full Name | | | | | | period |
| Chris Sny | der | | | | 04/24/2023 | \$500.00 |
| Mailing Addre | ess | | | | | |
| 318 Jacks | on Ave | | | | | |
| City, State, Zi | p Code | | | | | |
| Ocean Spr | ings, MS 39564 | 1-4616 | | | | |
| • | loyer (Required) lucation Center | 2 | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Frederick | E. Sock | | | | 04/24/2023 | \$500.00 |
| Mailing Addre | ess | | | | | |
| 19780 Sav | annah St | | | | | |
| City, State, Zi | p Code | | | | | |
| Biloxi, N | IS 39532-6209 | | | | \ | |
| | loyer(Required) & & Associates, | Inc | | 60, | | |
| Occupation (I | | | | THIS | Aggregate year-to-date | \$500.00 |
| Source: | <u> </u> | PAC | ✓ Individual | □ It was | Date | Amount of each |
| Source: | ☐ Corporation ☐ Other (please spe | | <u>√</u> individuai | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Elizabeth | ı Solano | | 9 4 | | 02/09/2023 | \$250.00 |
| Mailing Addre | ess | | .0 | | | |
| | | | | | | |
| 2212 N Ar | thur St | | | | 1 | |
| City, State, Zi | thur St p Code | 3506 | · · · · | | | |
| City, State, Zi | thur St p Code ock, AR 72207-3 | 3506 | · · · · · | | | |
| City, State, Zi | thur St p Code | | | | - | |
| City, State, Zi | thur St p Code ock, AR 72207-3 loyer (Required) Electric Coope Required) | | | | Aggregate year-to-date | \$850.00 |
| City, State, Zi Little Ro Name of Emp Arkansas Occupation (| thur St p Code ock, AR 72207-3 loyer (Required) Electric Coope Required) | | ✓Individual | Loan | year-to-date Date | Amount of each |
| City, State, Zi Little Ro Name of Emp Arkansas Occupation (I Risk Mana | thur St p Code ock, AR 72207-3 loyer (Required) Electric Coope Required) | erates | ✓Individual | Loan | year-to-date | |
| City, State, Zi Little Ro Name of Emp Arkansas Occupation (I Risk Mana | p Code pck, AR 72207-3 loyer (Required) Electric Coope Required) ager Corporation Other (please spe | erates | ✓ Individual | Loan | year-to-date Date | Amount of each receipt this |
| City, State, Zi Little Ro Name of Emp Arkansas Occupation (I Risk Mana Source: Full Name Elizabeth Mailing Addre | p Code ock, AR 72207-3 loyer (Required) Electric Coope Required) ager Corporation Other (please species) | erates | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Little Ro Name of Emp Arkansas Occupation (I Risk Mana Source: Full Name Elizabeth Mailing Addre 2212 N Ar | cthur St p Code pck, AR 72207-3 loyer (Required) Electric Coope Required) ger Corporation Other (please spectrum) a Solano ess thur St | erates | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Little Ro Name of Emp Arkansas Occupation (I Risk Mana Source: Full Name Elizabeth Mailing Addre 2212 N Ar City, State, Zi | cthur St p Code pck, AR 72207-3 loyer (Required) Electric Coope Required) ger Corporation Other (please spectrum) a Solano ess thur St | PAC ecify) | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Little Ro Name of Emp Arkansas Occupation (I Risk Mana Source: Full Name Elizabeth Mailing Addre 2212 N Ar City, State, Zi Little Ro | cthur St p Code ock, AR 72207-3 loyer (Required) Electric Coope Required) ager Corporation Other (please spectrum) a Solano ess thur St p Code | PAC ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Little Ro Name of Emp Arkansas Occupation (I Risk Mana Source: Full Name Elizabeth Mailing Addre 2212 N Ar City, State, Zi Little Ro Name of Emp | p Code ock, AR 72207-3 loyer (Required) Electric Coope Required) ager Corporation Other (please special Solano ess othur St p Code ock, AR 72207-3 | PAC ecify) | √ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| City, State, Zi Little Ro Name of Emp Arkansas Occupation (I Risk Mana Source: Full Name Elizabeth Mailing Addre 2212 N Ar City, State, Zi Little Ro Name of Emp | cthur St p Code ock, AR 72207-3 loyer (Required) Electric Coope Required) ger Corporation Other (please sponsor) a Solano ess thur St p Code ock, AR 72207-3 loyer (Required) Electric Coope Required) | PAC ecify) | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Name of Candidate or Committee Br | randon Presley |
|-----------------------------------|----------------|
|-----------------------------------|----------------|

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

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

| _ | | | | | |
|--|--|---------------------|------|-------------------------------------|--|
| Source: | ✓ Corporation Other (please specify) | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Southern | Spirit Transmissi | on LLC | | 04/18/2023 | \$1,000.00 |
| Mailing Addre | | | | 1 | |
| 1088 Sans | | | | | |
| City, State, Zi | • | | | 1 | |
| San Franc | cisco, CA 94111-13 | .08 | |] | |
| Name of Emp | loyer (Required) | | |] | |
| Occupation (I | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | ✓ Corporation | PAC Individual | Loan | Date | Amount of each receipt this |
| | Other (please specify) |) | | (Mo., Day, Year) | period |
| Full Name | | | 4 | 04/27/2023 | \$10,000.00 |
| Sowell Pl | ace LLC DBA Movie | town | | 01/2//2020 | Y±0,000.00 |
| Mailing Addre | | | | 1 | |
| 605 Creso | | | |] | |
| City, State, Zi | | | | | |
| | d, MS 39157-8659 | | | 1 | |
| Name of Emp | loyer (Required) | | 60. | | |
| Occupation (I | Required) | | THIS | Aggregate year-to-date | \$10,000.00 |
| Source: | Corporation Other (please specify) | PAC ☑Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | AT N | | 04/06/2023 | \$250.00 |
| Betty Spa | | | | 0 1/ 0 0/ = 0 | 1 = |
| | ırkman ———————— | | | 4 | |
| Mailing Addre 145 Least | ess | (20 | | 1 | |
| • | ess : Tern Dr | , to | | | |
| 145 Least | ess : Tern Dr | 844 | | | |
| 145 Least City, State, Zi Pass Chri | p Code stian, MS 39571-4 loyer (Required) | 844 | | - | |
| 145 Least City, State, Zi Pass Chri Name of Emp | ess Tern Dr p Code stian, MS 39571-4 loyer (Required) byed | 844 | | Aggregate year-to-date | \$250.00 |
| 145 Least City, State, Zi Pass Chri Name of Emp Not Emplo Occupation (I | ess Tern Dr p Code stian, MS 39571-4 loyer (Required) byed | 844 PAC Individual | Loan | year-to-date Date | Amount of each |
| 145 Least City, State, Zi Pass Chri Name of Emp Not Emplo Occupation (I Retired | ess Tern Dr p Code stian, MS 39571-4 loyer (Required) byed Required) | PAC ☑Individual | Loan | year-to-date | |
| 145 Least City, State, Zi Pass Chri Name of Emp Not Emplo Occupation (I Retired Source: | Pess Tern Dr p Code Stian, MS 39571-4 Doyer (Required) Doyed Required) Corporation Other (please specify) | PAC ☑Individual | Loan | year-to-date Date | Amount of each receipt this |
| 145 Least City, State, Zi Pass Chri Name of Emp Not Emplo Occupation (I Retired Source: Full Name Jim Spear | Pess Tern Dr p Code Stian, MS 39571-4 loyer (Required) Dyed Required) Corporation Other (please specify) | PAC ☑Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 145 Least City, State, Zi Pass Chri Name of Emp Not Emplo Occupation (I Retired Source: Full Name Jim Spear Mailing Addre 2600 Arli | Pess Tern Dr p Code Stian, MS 39571-4 Ployer (Required) Pyed Required) Corporation Other (please specify) Teman Pess Engton Ave S | PAC ☑Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 145 Least City, State, Zi Pass Chri Name of Emp Not Emplo Occupation (I Retired Source: Full Name Jim Spear Mailing Addre 2600 Arli City, State, Zi | Pess Tern Dr p Code Stian, MS 39571-4 Ployer (Required) Pyed Required) Corporation Other (please specify) Teman Pess Engton Ave S | PAC ☑Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 145 Least City, State, Zi Pass Chri Name of Emp Not Emplo Occupation (I Retired Source: Full Name Jim Spear Mailing Addre 2600 Arli City, State, Zi Birmingha | Poss Tern Dr p Code Stian, MS 39571-4 Required Corporation Corpora | PAC ☑Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 145 Least City, State, Zi Pass Chri Name of Emp Not Emplo Occupation (I Retired Source: Full Name Jim Spear Mailing Addre 2600 Arli City, State, Zi Birmingha Name of Emp | Poss Tern Dr p Code Stian, MS 39571-4 Required) Corporation Other (please specify) The code of the | PAC ☑Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| 145 Least City, State, Zi Pass Chri Name of Emp Not Emplo Occupation (I Retired Source: Full Name Jim Spear Mailing Addre 2600 Arli City, State, Zi Birmingha Name of Emp Spearman Occupation (I | Poss Tern Dr p Code Stian, MS 39571-4 Required Dyed Corporation Other (please specify) Component of the control of the contro | _PAC ☑Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------------|---------------------------------|---------|--------------|------|---------------------------|------------------------------------|
| Full Name George N. | Spiva | | | | 04/27/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| 4121 Hill | sboro Pike | | | | | |
| City, State, Zi | p Code , TN 37215-272 | 25 | | | | |
| | loyer (Required) | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name James L. | Stafford | | | | 04/04/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code | | | | | |
| West Poin | t, MS 39773-1: | 216 | | | 2 | |
| Name of Emp | loyer (Required) oyed | | | | ,ox | |
| Occupation (F | . , | | | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | X | (Mo., Day, Year) | receipt this period |
| Full Name Curt Stam | ıp | | 9 6 | | 01/23/2023 | \$250.00 |
| Mailing Addre | | | . 0 | | | |
| City, State, Zi | | 2002 | | | | |
| | lle, AR 72703 | -3083 | | | | |
| | loyer (Required) nications | | | | | |
| Occupation (F | Required) ident Gov Affa | airs | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | period |
| Full Name Curt Stam | rb | | | | 03/31/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| City, State, Zi Fayettevi | p Code lle, AR 72703 | -3083 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Cox Commu | nications | | | | | |
| Occupation (F | Required) ident Gov Affa | airs | | | Aggregate year-to-date | \$500.00 |
| | | | | | | |

Reporting Period

1/1/2023

through

4/30/2023

| Source: | ☐ Corporation☐ Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|--------------|--------------|----------|---|--|
| Full Name | | | | | 04/27/2023 | \$250.00 |
| Larry J. | Stanford | | | | 04/2//2023 | 7230.00 |
| Mailing Addre | | | | | | |
| | illmore St | | | | | |
| City, State, Zi | MS 38834-3449 | | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Lake Hill | l Motors, Inc. | | | | | |
| Occupation (| Required) | | | | Aggregate | \$250.00 |
| Finance N | Manager | | | | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | _ | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/25/2023 | \$500.00 |
| Heather S | | | | | | |
| Mailing Address 12 Perdic | | | | | | |
| City, State, Zi | | | | | | |
| • | ock, AR 72211-2 | 2142 | | | \ | |
| Name of Emp | loyer (Required) | | | 4 08 | | |
| Healy Lav | v Offices, LLC | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | | | | | | |
| | Other (please spe | ecify) | | A** | (Mo., Day, Year) | receipt this period |
| Full Name Theresa S | Other (please spe | ecify) | | | (Mo., Day, Year) 04/11/2023 | - |
| | Steinberger | ecify) | 100 | <u> </u> | | period |
| Theresa S | Steinberger ess wood St | ecify) | (do 1) | | | period |
| Theresa S Mailing Addre 909 Eastw City, State, Zi Pascagoul | Steinberger ess wood St ip Code La, MS 39567-75 | 9 | 100 P | | | period |
| Theresa S Mailing Addre 909 Eastw City, State, Zi Pascagoul | Steinberger ess wood St ip Code la, MS 39567-75 loyer (Required) | 9 | | | | period |
| Mailing Address 909 Eastw City, State, Zi Pascagoul Name of Emp | Steinberger ess wood St ip Code La, MS 39567-75 ployer (Required) pyed Required) | 9 | | | | period |
| Mailing Address 909 Eastw City, State, Zi Pascagoul Name of Emplo Occupation (| Steinberger ess wood St ip Code La, MS 39567-75 ployer (Required) pyed Required) | 9 | ✓ Individual | Loan | Aggregate year-to-date Date | \$100.00 \$250.00 Amount of each |
| Mailing Address 909 Eastw City, State, Zi Pascagoul Name of Emp Not Emplo Occupation (Not Emplo | Steinberger ess wood St ip Code La, MS 39567-75 oloyer (Required) oyed Required) | □ PAC | ✓ Individual | Loan | Aggregate year-to-date | \$100.00 \$250.00 |
| Mailing Address 909 Eastw City, State, Zi Pascagoul Name of Emp Not Emplo Occupation (Not Emplo Source: | Steinberger ess wood St ip Code La, MS 39567-75 ployer (Required) pyed Required) pyed Corporation | □ PAC | ✓ Individual | Loan | Aggregate year-to-date Date | \$100.00 \$250.00 Amount of each receipt this |
| Mailing Address 909 Eastw City, State, Zi Pascagoul Name of Emp Not Emplo Occupation (Not Emplo Source: | Steinberger ess wood St ip Code La, MS 39567-75 ployer (Required) pyed Corporation Other (please spec | □ PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address 909 Eastw City, State, Zi Pascagoul Name of Emp Not Emplo Occupation (I) Not Emplo Source: Full Name Theresa S Mailing Address 909 Eastw | Steinberger ess wood St ip Code La, MS 39567-75 cloyer (Required) byed Corporation Other (please specials) Steinberger ess wood St | □ PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address 909 Eastw City, State, Zi Pascagoul Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Theresa S Mailing Address 909 Eastw City, State, Zi | Steinberger ess wood St ip Code La, MS 39567-75 cloyer (Required) byed Corporation Other (please specials) Steinberger ess wood St ip Code | PAC ecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address Source: Full Name Theresa Source: Mailing Address Source: Full Name Theresa Source: Mailing Address Source: Mailing Address Source: Pascagoul | Steinberger ess wood St ip Code La, MS 39567-75 ployer (Required) byed Corporation Other (please specials) Steinberger ess wood St ip Code La, MS 39567-75 | PAC ecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address Source: Full Name Theresa Source: Mailing Address Source: Full Name Theresa Source: Mailing Address Source: Mailing Address Source: Pascagoul | Steinberger ess wood St ip Code La, MS 39567-75 ployer (Required) pyed Corporation Other (please special | PAC ecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address Source: Full Name Theresa Source: Mailing Address Source: Racagoul Name of Employ Source: Full Name Theresa Source: Mailing Address Source: City, State, Zipascagoul Name of Emp | Steinberger ess wood St ip Code La, MS 39567-75 cloyer (Required) byed Corporation Other (please specials) Steinberger ess wood St ip Code La, MS 39567-75 cloyer (Required) byed Required) Required) | PAC ecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |

| Source: | □ Corporation □ PAC ✓ Individual □ Loan □ Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|---|--|
| Full Name | Steinberger | 04/30/2023 | \$100.00 |
| Mailing Addre | | | |
| 909 Eastw | wood St | | |
| City, State, Zi | p Code | | |
| Pascagoul | a, MS 39567-7549 | | |
| Name of Emp | oloyer (Required) | | |
| Occupation (I | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation PAC /Individual Loan | Date | Amount of each |
| | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Michael E | E. Stept | 04/06/2023 | \$1,000.00 |
| Mailing Addre | ess Meade Blvd | | |
| City, State, Zi | p Code MS 39232-9047 | 2) | |
| | loyer (Required) | | |
| Not Emplo | | | |
| Occupation (I | | Aggregate year-to-date | \$1,000.00 |
| Source: | | Date | Amount of each |
| Source. | Corporation PAC ✓ Individual Loan | Date | |
| | Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Elaine K. | | (Mo., Day, Year) - 03/14/2023 | |
| Elaine K. Mailing Addre | Stevens | - | period |
| Elaine K. Mailing Addre 9229 Cart City, State, Zi | Stevens ess wright Ln p Code | - | period |
| Elaine K. Mailing Addre 9229 Cart City, State, Zi Biloxi, M Name of Emp | Stevens ess twright Ln | - | period |
| Elaine K. Mailing Addre 9229 Cart City, State, Zi Biloxi, M Name of Emp | Stevens PSS Ewright Ln P Code IS 39532-9796 Ployer (Required) Media Productions | - | period |
| Elaine K. Mailing Addre 9229 Cart City, State, Zi Biloxi, M Name of Emp Stevens M Occupation (I | Stevens PSS Ewright Ln P Code IS 39532-9796 Ployer (Required) Media Productions | 03/14/2023 Aggregate | period \$50.00 |
| Elaine K. Mailing Addre 9229 Cart City, State, Zi Biloxi, M Name of Emp Stevens M Occupation (I Writer Source: | Stevens Poss Ewright In p Code MS 39532-9796 Ployer (Required) Media Productions Required) | Aggregate year-to-date | \$50.00 \$300.00 |
| Elaine K. Mailing Addre 9229 Cart City, State, Zi Biloxi, M Name of Emp Stevens M Occupation (I | Stevens Poss Ewright In P Code Is 39532-9796 Polyer (Required) Media Productions Required) Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date | \$300.00 Amount of each receipt this |
| Elaine K. Mailing Addre 9229 Cart City, State, Zi Biloxi, M Name of Emp Stevens M Occupation (I Writer Source: Full Name Elaine K. Mailing Addre | Stevens Poss Ewright Ln p Code As 39532-9796 Politoyer (Required) Media Productions Required) Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Elaine K. Mailing Addre 9229 Cart City, State, Zi Biloxi, M Name of Emp Stevens M Occupation (I Writer Source: Full Name Elaine K. Mailing Addre 9229 Cart City, State, Zi | Stevens PSS Ewright In P Code 4S 39532-9796 Folioyer (Required) Media Productions Required) Corporation PAC Individual Loan Other (please specify) Stevens PSS Ewright In | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Elaine K. Mailing Addre 9229 Cart City, State, Zi Biloxi, M Name of Emp Stevens M Occupation (I Writer Source: Full Name Elaine K. Mailing Addre 9229 Cart City, State, Zi Biloxi, M Name of Emp | Stevens Ste | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |
| Elaine K. Mailing Addre 9229 Cart City, State, Zi Biloxi, M Name of Emp Stevens M Occupation (I Writer Source: Full Name Elaine K. Mailing Addre 9229 Cart City, State, Zi Biloxi, M Name of Emp | Stevens Poss Ewright In p Code As 39532-9796 Polyer (Required) Media Productions Required) Corporation PAC Individual Loan Other (please specify) Stevens Poss Ewright In p Code As 39532-9796 Polyer (Required) Media Productions | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 Amount of each receipt this period |

| Name of Candidate or Committee Brandon Presle | эy |
|---|----|
|---|----|

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

| Source: | Corporation Other (please sp | PAC ✓Individua | al Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|--|----------------|---------------------------------------|---------------------------|------------------------------------|
| Full Name | 0+ | | | 03/18/2023 | \$201.00 |
| Lance L. | | | | | |
| Mailing Address 104 Keyst | | | | | |
| City, State, Z | | | | | |
| Brandon, | MS 39042-2332 | | | | |
| - | oloyer (Required) | | | | |
| | Law Group | | | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$201.00 |
| Source: | Corporation | PAC Individua | al Loan | Date | Amount of each |
| | Other (please sp | pecify) | | (Mo., Day, Year) | receipt this period |
| Full Name | | | (| 01/13/2023 | \$250.00 |
| Stuart St | | | | | |
| Mailing Address 998 S Mai | | | | | |
| City, State, Z | ip Code | | | | |
| Stowe, V | Г 05672-5196 | | | 2 | |
| Name of Emp Knopf Pub | oloyer (Required) olishing | | 60 | 5* | |
| Occupation (| Required) | | THE | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC Individua | al Loan | Date | Amount of each |
| | Other (please sp | pecify) | , , , , , , , , , , , , , , , , , , , | (Mo., Day, Year) | receipt this period |
| Full Name Clark Ste | evenson | | | 04/28/2023 | \$1,000.00 |
| Mailing Addre | ess kins Farm Dr | 6 | | | |
| City, State, Z | | | | | |
| • | anch, MS 38654 | -6428 | | | |
| Name of Emp | loyer (Required) | | | | |
| Treadmill | l Doctor | | | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC Individua | al Loan | Date | Amount of each receipt this |
| | Other (please sp | pecify) | | (Mo., Day, Year) | period |
| Full Name | | | | 03/30/2023 | \$225.75 |
| Matthew S | | | | | |
| Mailing Address 4656 N Te | ess errace Stone D: | r | | | |
| City, State, Z | • | 6440 | | | |
| | anch, MS 38654 | -0449 | | | |
| JPMorgan | oloyer (Required) Chase | | | | |
| Occupation (| | | | | |
| C = D == | Required) ipal Software <i>I</i> | Architoct | | Aggregate year-to-date | \$225.75 |

| Source: | Corporation | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|---|-------------|--------------|----------|---|--|
| | Other (please sp | | | | (,, | period |
| Full Name Gerard St | ranch | | | | 04/25/2023 | \$250.00 |
| Mailing Addre | | | | | - | |
| _ | L Parks Ave | | | | | |
| City, State, Zi | p Code | | | | 1 | |
| Nashville | e, TN 37203-351 | 13 | | | | |
| Name of Emp | loyer (Required) | | | | 1 | |
| Stranch I | law | | | | | |
| Occupation (| Required) | | | | Aggregate | \$250.00 |
| Founding | Member | | | | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | <u> </u> | | | 03/23/2023 | \$25.00 |
| Karen Str | range | | | | 03/23/2023 | \$25.00 |
| Mailing Addre | ess | | | . 173 | 7 | |
| 69 Henry | James Rd | | | | | |
| City, State, Zi | • | | | | 1 | |
| | sta, MS 39462-9 | 9710 | | |) | |
| Name of Emp | oloyer (Required) Dyed | | | 60, | | |
| Occupation (| Required) | | | LIIS | Aggregate | \$550.00 |
| Not Emplo | yed | | | | year-to-date | , , , , , , , |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | 0 | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/11/2023 | \$500.00 |
| Karen Str | range | | | | 04/11/2025 | 7500.00 |
| Mailing Addre | | - 0 |) DOW | | | 7300.00 |
| | ess | 9 | 1004 | | 04/11/2023 | ¥300.00 |
| Mailing Addre | p Code | 9 | 100 | | - | 7300.00 |
| Mailing Addre 69 Henry City, State, Zi | p Code sta, MS 39462-9 | 9710 | 100 | | - | 7300.00 |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emp | p Code sta, MS 39462-9 | 9710 | (BOL) | | - | 7300.00 |
| Mailing Addre 69 Henry City, State, Zi | p Code sta, MS 39462-9 | 9710 | 100 | | - | 7300.00 |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emp | p Code sta, MS 39462-9 loyer (Required) byed | 9710 | (0) N | | Aggregate year-to-date | \$550.00 |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emplo Occupation (I | p Code sta, MS 39462-9 loyer (Required) byed | 9710 | ✓Individual | Loan | Aggregate year-to-date | \$550.00 Amount of each |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emp Not Emplo Occupation (I Not Emplo | p Code sta, MS 39462-9 sloyer (Required) syed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$550.00 |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emp Not Emplo Occupation (I Not Emplo Source: | p Code sta, MS 39462-9 sloyer (Required) syed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$550.00 Amount of each receipt this period |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emp Not Emplo Occupation (I Not Emplo | p Code sta, MS 39462-9 sloyer (Required) syed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date | \$550.00 Amount of each receipt this |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Karen Str Mailing Addres | p Code sta, MS 39462-9 cloyer (Required) byed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$550.00 Amount of each receipt this period |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emplo Occupation (I Not Emplo Source: Full Name Karen Str Mailing Addres 69 Henry | James Rd p Code sta, MS 39462-9 ployer (Required) byed Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$550.00 Amount of each receipt this period |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emplo Occupation (I Not Emplo Source: Full Name Karen Str Mailing Addres 69 Henry City, State, Zi | James Rd p Code sta, MS 39462-9 ployer (Required) byed Corporation Other (please sp | PAC pecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$550.00 Amount of each receipt this period |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Karen Str Mailing Addres 69 Henry City, State, Zi New Augus | p Code sta, MS 39462-9 sloyer (Required) byed Corporation Other (please sp sange sange sange p Code sta, MS 39462-9 | PAC pecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$550.00 Amount of each receipt this period |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Karen Str Mailing Addres 69 Henry City, State, Zi New Augus | p Code sta, MS 39462-9 sloyer (Required) byed Corporation Other (please sp sange ss James Rd p Code sta, MS 39462-9 sloyer (Required) | PAC pecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$550.00 Amount of each receipt this period |
| Mailing Address 69 Henry City, State, Zi New Augus Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Karen Str Mailing Addres 69 Henry City, State, Zi New Augus Name of Emp | p Code sta, MS 39462-9 loyer (Required) byed Corporation Other (please sp range ses James Rd p Code sta, MS 39462-9 loyer (Required) byed Required Corporation Other (please sp range ses James Rd p Code sta, MS 39462-9 loyer (Required) byed Required) | PAC pecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$550.00 Amount of each receipt this period |

Reporting Period 1/1/2023

./1/2023 **through**

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|---|----------|--------------|------|---|--|
| | Other (please sp | ecify) | | | (MO., Day, Teal) | period |
| Full Name Stephen S | Strnisha | | | | 02/19/2023 | \$500.00 |
| Mailing Addr | | | | | | |
| _ | t Landing Ct | | | | | |
| City, State, Z | • | | | | | |
| Surf City | y, NC 28445-941 | 10 | | | | |
| | oloyer (Required) | | | | | |
| Cleveland | d International | l Fund | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 02/12/0002 | <u>-</u> |
| Michael S | Stroup | | | | 03/13/2023 | \$100.00 |
| Mailing Addre | ess | | | | | |
| 262 Ranch | | | | | | |
| City, State, Z | ip Code | | | | | |
| Belden, N | MS 38826-9642 | | | | | |
| Name of Emp | oloyer (Required) | | | 4 00 | | |
| Not Emplo | oyed | | | | | |
| Occupation (| Required) | | | ال ا | Aggregate | \$250.00 |
| Not Emplo | | | | | year-to-date | 7230:00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | | | A | (Mo., Day, Year) | receipt this period |
| | | | | | | |
| Full Name | ~. | 1 | 17 | | 03/16/2023 | \$50.00 |
| Michael S | | 0 | No N | | 03/16/2023 | \$50.00 |
| Michael S Mailing Addre | ess | 9 | 1000 | | 03/16/2023 | \$50.00 |
| Mailing Address 262 Ranch | ess nland Rd | Q | (ho h | | 03/16/2023 | \$50.00 |
| Mailing Address 262 Ranch | ess nland Rd ip Code | 9 | 100 | | 03/16/2023 | \$50.00 |
| Michael S Mailing Addre 262 Ranch City, State, Zi Belden, M | ess nland Rd ip Code MS 38826-9642 | 9 | 100 | | 03/16/2023 | \$50.00 |
| Michael S Mailing Addre 262 Ranch City, State, Z Belden, N Name of Emp | ess nland Rd ip Code MS 38826-9642 bloyer (Required) | | (100 14) | | 03/16/2023 | \$50.00 |
| Mailing Addr 262 Ranch City, State, Z Belden, M Name of Emp | ess nland Rd ip Code MS 38826-9642 bloyer (Required) byed | Q | 100 | | | |
| Michael S Mailing Addre 262 Ranch City, State, Z Belden, N Name of Emp | ess nland Rd ip Code MS 38826-9642 bloyer (Required) byed Required) | | | | Aggregate year-to-date | \$50.00 \$250.00 |
| Mailing Addr 262 Ranch City, State, Zi Belden, N Name of Emp Not Emplo Occupation (| ess nland Rd ip Code MS 38826-9642 bloyer (Required) byed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$250.00 Amount of each |
| Mailing Addr 262 Ranch City, State, Z Belden, N Name of Emp Not Emplo Occupation (Not Emplo | ess nland Rd ip Code MS 38826-9642 bloyer (Required) byed Required) | | ✓ Individual | Loan | Aggregate year-to-date | \$250.00 |
| Mailing Addr 262 Ranch City, State, Z Belden, N Name of Emp Not Emplo Occupation (Not Emplo | ess nland Rd ip Code MS 38826-9642 Doyer (Required) Doyed Required) Doyed Corporation | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addr 262 Ranch City, State, Z Belden, N Name of Emp Not Emplo Occupation (Not Emplo Source: | ess alland Rd ip Code MS 38826-9642 bloyer (Required) byed Required) byed Corporation Other (please sp | | ✓ Individual | Loan | Aggregate year-to-date | \$250.00 Amount of each receipt this |
| Mailing Addr 262 Ranch City, State, Zi Belden, M Name of Emp Not Emplo Occupation (Not Emplo Source: | ess nland Rd ip Code MS 38826-9642 bloyer (Required) byed Required) byed Corporation Other (please sp | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address 262 Ranch City, State, Zi Belden, M Name of Emplo Occupation (Not Emplo Source: Full Name Michael S | ess nland Rd ip Code MS 38826-9642 bloyer (Required) byed Required) byed Corporation Other (please sp | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Address 262 Ranch City, State, Z Belden, M Name of Emp Not Emplo Occupation (Not Emplo Source: Full Name Michael S Mailing Address 262 Ranch City, State, Z | ess nland Rd ip Code MS 38826-9642 Doyed Required) Doyed Corporation Other (please sp Stroup ess nland Rd ip Code | | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addr 262 Ranch City, State, Zi Belden, M Name of Emp Not Emplo Occupation (Not Emplo Source: Full Name Michael S Mailing Addr 262 Ranch City, State, Zi Belden, M | ess nland Rd ip Code MS 38826-9642 bloyer (Required) byed Corporation Other (please sp Stroup ess nland Rd ip Code MS 38826-9642 | | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addr 262 Ranch City, State, Zi Belden, M Name of Emp Not Emplo Occupation (Not Emplo Source: Full Name Michael S Mailing Addr 262 Ranch City, State, Zi Belden, M | ess nland Rd ip Code MS 38826-9642 bloyer (Required) byed Corporation Other (please sp Stroup ess nland Rd ip Code MS 38826-9642 bloyer (Required) | | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addr 262 Ranch City, State, Zi Belden, M Name of Emp Not Emplo Occupation (Not Emplo Source: Full Name Michael S Mailing Addr 262 Ranch City, State, Zi Belden, M | ess nland Rd ip Code MS 38826-9642 bloyer (Required) byed Corporation Other (please sp Stroup ess nland Rd ip Code MS 38826-9642 bloyer (Required) | | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Mailing Addr 262 Ranch City, State, Zi Belden, M Name of Emp Not Emplo Occupation (Not Emplo Source: Full Name Michael S Mailing Addr 262 Ranch City, State, Zi Belden, M | ess nland Rd ip Code MS 38826-9642 Doyed Required) Doyed Corporation Other (please sp Stroup ess nland Rd ip Code MS 38826-9642 Doyer (Required) Doyed Required) Required Required) | | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |

| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
|--|---|------------|--------------|----------------|---|---|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 04/25/2023 | \$250.00 |
| Nina Stuk | blefield Tolli | Lson | | | | 4200.00 |
| Mailing Addre | | | | | | |
| | Drive Extende | ed | | | | |
| City, State, Zi | • | | | | | |
| | 1S 38655-2771 | | | | | |
| Not Emplo | loyer (Required) oyed | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | S. Sturdivant | | | | 03/02/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| PO Box 20 | | | | | | |
| City, State, Zi | p Code | | | | | |
| Glendora, | MS 38928-0209 |) | | | 1 | |
| Name of Emp | loyer (Required) | | | 60, | | |
| Occupation (| Required) | | | 115 | Aggregate | \$2,000.00 |
| Retired | . , | | | | year-to-date | 42,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | A ^X | (Mo., Day, Year) | receipt this period |
| Full Name | S. Sturdivant | | 14 | | 04/28/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| PO Box 20 | | | | | | |
| 0:4. 04-4- 7: |)9 | | | | | |
| City, State, Zi | | | | | | |
| | |) | | | | |
| Glendora, Name of Emp | p Code MS 38928-0209 loyer (Required) |) | | | | |
| Glendora, | p Code MS 38928-0209 loyer (Required) |) | | | | |
| Glendora, Name of Emp | p Code MS 38928-0209 loyer (Required) byed |) | | | Aggregate year-to-date | \$2,000.00 |
| Name of Emplo | p Code MS 38928-0209 loyer (Required) byed | PAC | ✓Individual | Loan | year-to-date Date | Amount of each |
| Name of Emp Not Emplo Occupation (I Retired | p Code MS 38928-0209 loyer (Required) byed Required) | □PAC | ✓Individual | Loan | year-to-date | |
| Glendora, Name of Emp Not Emplo Occupation (I Retired Source: | p Code MS 38928-0209 loyer (Required) byed Required) Corporation Other (please sp | □PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Glendora, Name of Emp Not Emplo Occupation (I Retired Source: | p Code MS 38928-0209 loyer (Required) byed Required) | □PAC | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Glendora, Name of Emp Not Emplo Occupation (I Retired Source: | p Code MS 38928-0209 loyer (Required) byed Required) Corporation Other (please species Sturdivant | □PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Glendora, Name of Emp Not Emplo Occupation (I Retired Source: Full Name J. Walker Mailing Addre PO Box 23 City, State, Zi | p Code MS 38928-0209 loyer (Required) pyed Required) Corporation Other (please spectrum) Sturdivant ess 30 p Code | PAC ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Glendora, Name of Emp Not Emplo Occupation (I Retired Source: Full Name J. Walker Mailing Addre PO Box 23 City, State, Zi Glendora, | p Code MS 38928-0209 loyer (Required) pyed Required) Corporation Other (please special standard special | PAC ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Glendora, Name of Emp Not Emplo Occupation (I Retired Source: Full Name J. Walker Mailing Addre PO Box 23 City, State, Zi Glendora, Name of Emp | p Code MS 38928-0209 loyer (Required) pyed Required) Corporation Other (please special standard) Stundivant ess 80 p Code MS 38928-0230 loyer (Required) | PAC ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Glendora, Name of Emp Not Emplo Occupation (I Retired Source: Full Name J. Walker Mailing Addre PO Box 23 City, State, Zi Glendora, Name of Emp Self Empl | p Code MS 38928-0209 loyer (Required) pyed Required) Corporation Other (please spectors) Sturdivant ess 80 p Code MS 38928-0230 loyer (Required) oyed | PAC ecify) | √Individual | Loan | year-to-date Date (Mo., Day, Year) 04/28/2023 | Amount of each receipt this period \$1,000.00 |
| Glendora, Name of Emp Not Emplo Occupation (I Retired Source: Full Name J. Walker Mailing Addre PO Box 23 City, State, Zi Glendora, Name of Emp | p Code MS 38928-0209 loyer (Required) pyed Required) Corporation Other (please spectors) Sturdivant ess 80 p Code MS 38928-0230 loyer (Required) oyed | PAC ecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
|---|--|---------|--------------|----------|--|--|
| | Other (please sp | pecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 03/02/2023 | \$1,000.00 |
| | rdivant III | | | | | , |
| Mailing Addre | ess nty Road 144 | | | | | |
| City, State, Zi | | | | | | |
| | a, MS 38941-22 | 74 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Due Wedt | | | | | | |
| Occupation (I | Required) | | | | Aggregate | \$1,000.00 |
| Farmer | | | | | year-to-date | . , |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 04/22/2023 | \$2,500.00 |
| Stephen S | Suitts | | | | 04/22/2023 | <i>42,300.00</i> |
| Mailing Addre | | | | | | |
| 737 Myrtl | | | | | | |
| City, State, Zi | p Code GA 30308-1402 | | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (I | Required) | | | 115 | Aggregate | \$2,500.00 |
| Retired | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | year-to-date | 72,300.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | | | | | (Mo., Day, Year) | receipt this |
| | Other (please sp | pecify) | | | 1 , , , , , | period |
| Full Name | | pecify) | 7 | <u></u> | 04/30/2023 | period \$250.00 |
| Catherine | e Sullivan | pecify) | 100 | 9 | | <u> </u> |
| Catherine Mailing Addre | e Sullivan | oecify) | 100 1 | <u></u> | | <u> </u> |
| Catherine Mailing Addre | e Sullivan ess ca Ave | pecify) | 100 | <u></u> | | <u> </u> |
| Catherine Mailing Addre 725 Senece City, State, Zi | e Sullivan ess ca Ave | pecify) | (BOR) | <u></u> | | <u> </u> |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, | e Sullivan ess ca Ave p Code | pecify) | 1004 | <u> </u> | | <u> </u> |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, | e Sullivan ess ca Ave p Code MS 39216-3225 lloyer (Required) | pecify) | 100 | | | <u> </u> |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp | e Sullivan ess ca Ave p Code MS 39216-3225 eloyer (Required) eyed | pecify) | GO P | | 04/30/2023 Aggregate | \$250.00 |
| Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp | e Sullivan ess ca Ave p Code MS 39216-3225 eloyer (Required) eyed Required) | pecify) | 100 | | 04/30/2023 | <u> </u> |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I | e Sullivan ess ca Ave p Code MS 39216-3225 eloyer (Required) eyed Required) | PAC | ✓Individual | Loan | 04/30/2023 Aggregate | \$250.00 \$250.00 Amount of each |
| Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Not Emplo | e Sullivan ess ca Ave p Code MS 39216-3225 eloyer (Required) byed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$250.00 |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Not Emplo Source: | e Sullivan ess ca Ave p Code MS 39216-3225 cloyer (Required) cyed Required) cyed Corporation Other (please sp | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Not Emplo | e Sullivan ess ca Ave p Code MS 39216-3225 cloyer (Required) cyed Required) cyed Corporation Other (please sp | PAC | ✓ Individual | Loan | Aggregate year-to-date Date | \$250.00 \$250.00 Amount of each receipt this |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name James Sul Mailing Addre | e Sullivan ess ca Ave p Code MS 39216-3225 cloyer (Required) cyed Corporation Other (please sp | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name James Sul Mailing Addre 253 Count | e Sullivan ess ca Ave p Code MS 39216-3225 cloyer (Required) cyed Corporation Corporation Cother (please sp livan ess cy Road 325 | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name James Sul Mailing Addre 253 Count City, State, Zi | e Sullivan ess ca Ave p Code MS 39216-3225 cloyer (Required) cyed Corporation Other (please sp livan ess cy Road 325 p Code | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name James Sul Mailing Addre 253 Count City, State, Zi Oxford, M | e Sullivan ess ca Ave p Code MS 39216-3225 cloyer (Required) cyed Corporation Corporation Other (please sp livan ess cy Road 325 p Code MS 38655-9566 | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name James Sul Mailing Addre 253 Count City, State, Zi Oxford, M | e Sullivan ess ca Ave p Code MS 39216-3225 cloyer (Required) cyed Corporation Corporation Other (please sp livan ess cy Road 325 p Code 4S 38655-9566 cloyer (Required) | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$250.00 Amount of each receipt this period |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name James Sul Mailing Addre 253 Count City, State, Zi Oxford, M Name of Emp Not Emplo | e Sullivan ess ca Ave p Code MS 39216-3225 cloyer (Required) cyed Corporation Other (please sp livan ess cy Road 325 p Code MS 38655-9566 cloyer (Required) cyed | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) 02/28/2023 Aggregate | \$250.00 \$250.00 Amount of each receipt this period \$250.00 |
| Catherine Mailing Addre 725 Senec City, State, Zi Jackson, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name James Sul Mailing Addre 253 Count City, State, Zi Oxford, M | e Sullivan ess ca Ave p Code MS 39216-3225 cloyer (Required) cyed Corporation Other (please sp livan ess cy Road 325 p Code MS 38655-9566 cloyer (Required) cyed Required) | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) 02/28/2023 | \$250.00 \$250.00 Amount of each receipt this period |

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---------------------------|--|--------|---------------------|------|---------------------------|--|
| Full Name | Other (please sp | | | | | period |
| James Sul | llivan | | | | 04/27/2023 | \$250.00 |
| Mailing Addre | ess | | | | | |
| _ | cy Road 325 | | | | | |
| City, State, Zi | • | | | | | |
| | 4S 38655-9566 | | | | | |
| Name of Emp | oloyer (Required) byed | | | | | |
| Occupation (Not Emplo | | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name John P. S | Sullivan | | | | 02/13/2023 | \$250.00 |
| Mailing Addre | ess | | | | | |
| 1239 Winv | | | | | | |
| City, State, Zi | | | | | | |
| | 4S 38801-6472 | | | | 2 | |
| - | oloyer (Required) Insurance Solu | utions | | 1 |)× | |
| Occupation (| | | | III. | Aggregate year-to-date | \$250.00 |
| Business | | | _ 4/ | | | |
| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | - 4 | 1 | 9 | 04/04/2023 | \$4,000.00 |
| Milton O. | . Sundbeck | | 0. | | 04/04/2023 | 74,000.00 |
| Mailing Address 37 Town C | | | | | | |
| City, State, Zi | p Code | | | | | |
| West Poir | nt, MS 39773-5 | 705 | | | | |
| | loyer (Required) Ionics, Inc. | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$10,000.00 |
| President | | | | | | American of a sale |
| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | | | | | <u>`</u> |
| | . Sundbeck | | | | 04/24/2023 | \$6,000.00 |
| Mailing Address 37 Town C | | | | | | |
| City, State, Zi | | | | | | |
| • | nt, MS 39773-5 | 705 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Southern | Ionics, Inc. | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$10,000.00 |
| TTESTMEIL | - | | | | 1 ' 1 | |

| Source: | Corporation Other (please spec | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|------------------|-----------------|---|---|
| Full Name Paul Susk | ri o | | | 04/29/2023 | \$2,000.00 |
| | | | | | |
| Mailing Addre | | | | | |
| City, State, Zi | | | | | |
| • | ock, AR 72211-21 | 92 | | | |
| Name of Emp | loyer (Required) | | | | |
| Southwest | Power Pool | | | | |
| Occupation (F Executive | Required) e Vice President | | | Aggregate year-to-date | \$2,000.00 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | Other (please spec | ify) | | (Mo., Day, Year) | receipt this period |
| Full Name Kayla Swe | oon | | | 02/02/2023 | \$100.00 |
| _ | | | | | |
| Mailing Address 1414 Ruby | | | | | |
| City, State, Zi | | | | | |
| | MS 39232-5013 | | | 4) | |
| Name of Emp | loyer (Required) | | 4 | 3 | |
| Blitz Rev | rolution | | | | |
| Occupation (F | | | THE STATE OF | Aggregate year-to-date | \$278.55 |
| Software | | | <u> </u> | | |
| Source: | Corporation Other (please spec | PAC ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | | | | periou |
| Full Name | | | ri ^o | 02/09/2023 | \$128.55 |
| Kayla Swe | een | | 40 | 02/09/2023 | · |
| Kayla Swe | een | | 70 | 02/09/2023 | · |
| Kayla Swe Mailing Addre 1414 Ruby | een ess Pt | | 40 | 02/09/2023 | · |
| Kayla Swe Mailing Addre 1414 Ruby City, State, Zi | een ess Pt | | 40 | 02/09/2023 | · |
| Kayla Swe Mailing Addre 1414 Ruby City, State, Zi Flowood, | een pss 7 Pt p Code | | 70 | 02/09/2023 | · |
| Kayla Swe Mailing Addre 1414 Ruby City, State, Zi Flowood, | een pss Pt p Code MS 39232-5013 loyer (Required) | | 40 | 02/09/2023 | · |
| Kayla Swe Mailing Addre 1414 Ruby City, State, Zi Flowood, Name of Emp | een pss Pt p Code MS 39232-5013 loyer (Required) rolution Required) | | 70 | Aggregate year-to-date | · |
| Mailing Address 1414 Ruby City, State, Zi Flowood, Name of Emp Blitz Rev Occupation (F | een pss Pt p Code MS 39232-5013 loyer (Required) rolution Required) | PAC ✓ Individual | Loan | Aggregate | \$128.55 \$278.55 |
| Mailing Addre 1414 Ruby City, State, Zi Flowood, Name of Emp Blitz Rev Occupation (F Software | een pss Pt p Code MS 39232-5013 loyer (Required) rolution Required) Engineer | □PAC ✓Individual | Loan | Aggregate year-to-date | \$128.55 \$278.55 |
| Mailing Addre 1414 Ruby City, State, Zi Flowood, Name of Emp Blitz Rev Occupation (F Software Source: | peen pss Pt p Code MS 39232-5013 loyer (Required) rolution Required) Engineer Corporation Other (please spec | □PAC ✓Individual | Loan | Aggregate year-to-date | \$128.55 \$278.55 Amount of each receipt this |
| Mailing Addre 1414 Ruby City, State, Zi Flowood, Name of Emp Blitz Rev Occupation (F Software Source: Full Name Kayla Swe | een pss Pt p Code MS 39232-5013 loyer (Required) rolution Required) Engineer Corporation Other (please spece | □PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$128.55 \$278.55 Amount of each receipt this period |
| Mailing Addre 1414 Ruby City, State, Zi Flowood, Name of Emp Blitz Rev Occupation (F Software Source: Full Name Kayla Swe Mailing Addre | een pss Pt p Code MS 39232-5013 loyer (Required) rolution Required) Engineer Corporation Other (please spec | □PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$128.55 \$278.55 Amount of each receipt this period |
| Mailing Addres 1414 Ruby City, State, Zi Flowood, Name of Emp Blitz Rev Occupation (F Software Source: Full Name Kayla Swe Mailing Addres 1414 Ruby | een pss Pt p Code MS 39232-5013 loyer (Required) rolution Required) Engineer Corporation Other (please speces) Pt | □PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$128.55 \$278.55 Amount of each receipt this period |
| Mailing Addres 1414 Ruby City, State, Zi Flowood, Name of Emp Blitz Rev Occupation (F Software Source: Full Name Kayla Swe Mailing Addres 1414 Ruby City, State, Zi | een pss Pt p Code MS 39232-5013 loyer (Required) rolution Required) Engineer Corporation Other (please speces) Pt | □PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$128.55 \$278.55 Amount of each receipt this period |
| Mailing Addre 1414 Ruby City, State, Zi Flowood, Name of Emp Blitz Rev Occupation (F Software Source: Full Name Kayla Swe Mailing Addre 1414 Ruby City, State, Zi Flowood, Name of Emp | pen pss Pt p Code MS 39232-5013 loyer (Required) Polution Required) Engineer Corporation Other (please spec pen pss Pt p Code MS 39232-5013 loyer (Required) | □PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$128.55 \$278.55 Amount of each receipt this period |
| Mailing Addres 1414 Ruby City, State, Zi Flowood, Name of Emp Blitz Rev Occupation (F Software Source: Full Name Kayla Swee Mailing Addres 1414 Ruby City, State, Zi Flowood, | pen pss Pt p Code MS 39232-5013 loyer (Required) Polution Required) Engineer Corporation Other (please spec pen pss Pt p Code MS 39232-5013 loyer (Required) | □PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$128.55 \$278.55 Amount of each receipt this period |
| Mailing Addre 1414 Ruby City, State, Zi Flowood, Name of Emp Blitz Rev Occupation (F Software Source: Full Name Kayla Swe Mailing Addre 1414 Ruby City, State, Zi Flowood, Name of Emp | een Pss Pt P Code MS 39232-5013 loyer (Required) Polution Required) Engineer Corporation Other (please spected) Pss Pt P Code MS 39232-5013 loyer (Required) Polution Required) Polution Required) | □PAC ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$128.55 \$278.55 Amount of each receipt this period |

| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|------------------------|-------------------------------|-------|--------------|----------|---------------------------|-----------------------------|
| Full Name | Other (please spe | | | | | period |
| Carol Taf | f | | | | 01/30/2023 | \$250.00 |
| Mailing Addre | ess | | | | | |
| 1705 Myrt | le St | | | | | |
| City, State, Zi | | | | | | |
| | MS 39202-1336 | | | | | |
| Not Emplo | loyer (Required) yed | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Amanda P. | Tailyour | | | | 02/22/2023 | \$25.00 |
| Mailing Addre | | | | | | |
| | or Falls Blvd | | | | | |
| City, State, Zi | | | | | | |
| | IS 38655-7090 | | | | 2 | |
| Name of Emp | loyer (Required) yed | | | 1 |), | |
| Occupation (F | | | | | Aggregate year-to-date | \$280.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | cify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Amanda P. | Tailyour | | | | 03/18/2023 | \$5.00 |
| Mailing Addre | ess or Falls Blvd | | | | | |
| City, State, Zi | | | | | | |
| | IS 38655-7090 | | | | | |
| Name of Emp | loyer (Required) yed | | | | | |
| Occupation (F | • • | | | | Aggregate year-to-date | \$280.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please spe | cify) | | | (Mo., Day, Year) | period |
| Full Name Amanda P. | Tailyour | | | | 04/12/2023 | \$250.00 |
| Mailing Addre | ess or Falls Blvd | | | | | |
| City, State, Zi | | | | | | |
| | IS 38655-7090 | | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | *** al | | | | | |
| Occupation (F | | | | | Aggregate | |

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|----------|---------------|----------|-------------------------------------|--|
| Full Name | Other (please sp | | | | | period |
| Len Tao | | | | | 04/24/2023 | \$1,000.00 |
| Mailing Addre | ess | | | | | |
| 3948 Tane | | | | | | |
| City, State, Zi | • | | | | | |
| | ia, VA 22304-26 | 522 | | | | |
| • | oloyer (Required) Dower Pool | | | | | |
| Occupation (| Required) of FERC Policy | 7 | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | <u> </u> | | | 0.4./0.6./0.000 | - |
| Michael I |). Tapscott | | | | 04/26/2023 | \$500.00 |
| Mailing Addre | ess | | | . 17 | | |
| 1014 Bell | ledeer Dr | | | | | |
| City, State, Zi | • | | | | | |
| | 4S 38804-1912 | | | | , \ | |
| Name of Emp | oloyer (Required) Loyed | | | 60, | | |
| Occupation (| Required) | | | 1112 | Aggregate | \$500.00 |
| Attorney | | | | | year-to-date | |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | (O) | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 02/28/2023 | \$50.00 |
| Nan Tarlt | ton | | | | | +00.00 |
| Mailing Addre | ess | | 100 | | | ¥30 . 00 |
| Mailing Addre | ess owlane Dr | | 1000 | | | 430.00 |
| Mailing Addre | ess owlane Dr | | 1 60 6 | | | 430100 |
| Mailing Addre 210 Meado City, State, Zi Madison, | ess owlane Dr ip Code | 9 | 400 | | | 433.03 |
| Mailing Addre 210 Meado City, State, Zi Madison, | pwlane Dr p Code MS 39110-9611 | | 1000 | | | 430.00 |
| Mailing Address 210 Meado City, State, Zi Madison, Name of Emplo Occupation (I | process powlane Dr process MS 39110-9611 ployer (Required) pyed Required) | | (40°) | | Aggregate year-to-date | \$225.00 |
| Mailing Address 210 Meado City, State, Zi Madison, Name of Emplo | process powlane Dr process MS 39110-9611 ployer (Required) pyed Required) | PAC | ✓Individual | Loan | | \$225.00 Amount of each |
| Mailing Address 210 Meado City, State, Zi Madison, Name of Emp Not Emplo Occupation (I Not Emplo | powlane Dr prode MS 39110-9611 bloyer (Required) byed Required) | _ | ✓Individual | Loan | year-to-date | \$225.00 |
| Mailing Address 210 Meado City, State, Zi Madison, Name of Emp Not Emplo Occupation (I Not Emplo | powlane Dr prode MS 39110-9611 ployer (Required) pyed Required) pyed Corporation | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| Mailing Address 210 Meado City, State, Zi Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: | powlane Dr process powlane Dr powlane Dr process po | _ | ✓Individual | Loan | year-to-date Date | \$225.00 Amount of each receipt this |
| Mailing Address 210 Meado City, State, Zi Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Nan Tarlt Mailing Addres | powlane Dr powlane MS 39110-9611 powlane (Required) powlane MS 39110-9611 powlane (Required) powlane MS 39110-9611 powlane MS 39110- | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| Mailing Address 210 Meado City, State, Zi Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Nan Tarlt Mailing Address 210 Meado | powlane Dr process powlane Dr | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| Mailing Address 210 Meado City, State, Zi Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Nan Tarlt Mailing Address 210 Meado City, State, Zi | powlane Dr process | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| Mailing Address 210 Meado City, State, Zi Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Nan Tarlt Mailing Addres 210 Meado City, State, Zi Madison, | powlane Dr process process powlane Dr process process powlane Dr process powlane Dr process powlane Dr process powlane Dr | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| Mailing Address 210 Meado City, State, Zi Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Nan Tarlt Mailing Addres 210 Meado City, State, Zi Madison, | powlane Dr process powlane Dr pr | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| Mailing Address 210 Meado City, State, Zi Madison, Name of Emp Not Emplo Occupation (I Not Emplo Source: Full Name Nan Tarlt Mailing Addres 210 Meado City, State, Zi Madison, Name of Emp | powlane Dr process powlane Dr process MS 39110-9611 ployer (Required) pyed Corporation Other (please sp powlane Dr process powlane Dr process powlane Dr process powlane MS 39110-9611 ployer (Required) pyed Required) | _ | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |

Reporting Period 1/1/2023

through

4/30/2023

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|---------------------------|------------------------------------|
| Full Name Nam Tarlton | 03/16/2023 | \$25.00 |
| Mailing Address | | |
| 210 Meadowlane Dr | | |
| City, State, Zip Code | | |
| Madison, MS 39110-9611 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$225.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Nan Tarlton | 04/27/2023 | \$50.00 |
| Mailing Address 210 Meadowlane Dr | | |
| City, State, Zip Code | | |
| Madison, MS 39110-9611 | | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$225.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name Benny Taylor | 03/09/2023 | \$2,000.00 |
| Mailing Address 15229 Highway 51 N | | |
| City, State, Zip Code | | |
| Grenada, MS 38901-9578 | | |
| Name of Employer (Required) Taylor Auction & Realty, Inc. | | |
| Occupation (Required) Business Owner | Aggregate year-to-date | \$2,000.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each receipt this |
| Other (please specify) | (Mo., Day, Year) | period |
| Full Name Charles R. Taylor | 04/27/2023 | \$250.00 |
| Mailing Address 4507 Shiloh Rd | | |
| City, State, Zip Code | | |
| Corinth, MS 38834-8625 | | |
| Name of Employer (Required) Coca-Cola Corinth | | |
| | A | |
| Occupation (Required) General Manager | Aggregate year-to-date | \$250.00 |

Reporting Period 1/1/2023

/1/2023 **through**

4/30/2023

| Source: | ☐ Corporation ☐ Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|------------------------------------|-------|------------------------------|----------|---------------------------|------------------------------------|
| Full Name | -1 | | | | 01/28/2023 | \$100.00 |
| Glenn Tay Mailing Addre | • | | | | | |
| U | Canton Rd | | | | | |
| City, State, Zi | p Code | | | | | |
| Jackson, | MS 39216-3313 | | | | | |
| | loyer (Required) | | | | | |
| Copeland | Cook Taylor & F | Bush | | | | |
| Occupation (I Attorney | Required) | | | | Aggregate year-to-date | \$225.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Glenn Tay | <i>y</i> lor | | | | 02/26/2023 | \$50.00 |
| Mailing Addre | ess | | | | | |
| 3644 Old | Canton Rd | | | | | |
| City, State, Zi | | | | | 0 | |
| | MS 39216-3313 | | | | 4 | |
| | loyer(Required) Cook Taylor & F | Bush | | 1 200 | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$225.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please spe | cify) | 0 | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Glenn Tay | ylor | | | | 03/29/2023 | \$50.00 |
| Mailing Addre | ess Canton Rd | | \ \(\text{\text{\$\omega}}\) | | | |
| City, State, Zi | | | | | | |
| Jackson, | MS 39216-3313 | | | | | |
| | loyer(Required) Cook Taylor & H | Bush | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$225.00 |
| Source: | | | | | - | |
| | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | ☐ Corporation ☐ Other (please spe | | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Glenn Tay | Other (please spe | | ✓ Individual | Loan | | receipt this |
| Full Name Glenn Tay Mailing Addre | Other (please spe | | ✓Individual | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Glenn Tay Mailing Addre 3644 Old City, State, Zi | Other (please spe | | √ Individual | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Glenn Tay Mailing Addre 3644 Old City, State, Zi Jackson, | Other (please spe | | √ Individual | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Glenn Tay Mailing Addre 3644 Old City, State, Zi Jackson, Name of Emp | Other (please spe | cify) | ✓ Individual | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Glenn Tay Mailing Addre 3644 Old City, State, Zi Jackson, Name of Emp | Other (please spe | cify) | ✓ Individual | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Glenn Tay Mailing Addre 3644 Old City, State, Zi Jackson, Name of Emp | Other (please spe | cify) | ✓ Individual | Loan | (Mo., Day, Year) | receipt this period |

Reporting Period

1/1/2023

through

4/30/2023

| Source: Corporation PAC Individual Loan | Date | Amount of each |
|--|---|--|
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 04/26/2023 | \$1,000.00 |
| James R. Taylor | | |
| Mailing Address 45 County Road 516 | | |
| City, State, Zip Code | | |
| Rienzi, MS 38865-9211 | | |
| Name of Employer (Required) | | |
| Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$1,000.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 01/18/2023 | \$1,000.00 |
| Walter Taylor | | |
| Mailing Address 1054 County Road 36 | | |
| City, State, Zip Code | | |
| Thaxton, MS 38871-9507 | · | |
| Name of Employer (Required) Jenn-Care | 00, | |
| Occupation (Required) Registered Nurse | Aggregate year-to-date | \$1,500.00 |
| Source: Corporation PAC Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | | |
| Walter Taylor | 04/12/2023 | \$500.00 |
| Mailing Address | 04/12/2023 | \$500.00 |
| Mailing Address 1054 County Road 36 | 04/12/2023 | \$500.00 |
| Mailing Address 1054 County Road 36 City, State, Zip Code | 04/12/2023 | \$500.00 |
| Mailing Address 1054 County Road 36 City, State, Zip Code Thaxton, MS 38871-9507 | 04/12/2023 | \$500.00 |
| Mailing Address 1054 County Road 36 City, State, Zip Code | 04/12/2023 | \$500.00 |
| Mailing Address 1054 County Road 36 City, State, Zip Code Thaxton, MS 38871-9507 Name of Employer (Required) | Aggregate | |
| Mailing Address 1054 County Road 36 City, State, Zip Code Thaxton, MS 38871-9507 Name of Employer (Required) Jenn-Care | | \$1,500.00 |
| Mailing Address 1054 County Road 36 City, State, Zip Code Thaxton, MS 38871-9507 Name of Employer (Required) Jenn-Care Occupation (Required) Registered Nurse Source: Corporation PAC Individual Loan | Aggregate year-to-date | \$1,500.00 Amount of each |
| Mailing Address 1054 County Road 36 City, State, Zip Code Thaxton, MS 38871-9507 Name of Employer (Required) Jenn-Care Occupation (Required) Registered Nurse | Aggregate year-to-date | \$1,500.00 |
| Mailing Address 1054 County Road 36 City, State, Zip Code Thaxton, MS 38871-9507 Name of Employer (Required) Jenn-Care Occupation (Required) Registered Nurse Source: Corporation PAC Individual Loan | Aggregate year-to-date | \$1,500.00 Amount of each receipt this |
| Mailing Address 1054 County Road 36 City, State, Zip Code Thaxton, MS 38871-9507 Name of Employer (Required) Jenn-Care Occupation (Required) Registered Nurse Source: Corporation PAC Individual Loan Other (please specify) | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Address 1054 County Road 36 City, State, Zip Code Thaxton, MS 38871-9507 Name of Employer (Required) Jenn-Care Occupation (Required) Registered Nurse Source: Corporation PAC Individual Loan Other (please specify) Full Name Paula Temperilli Mailing Address 15231 Rainhollow Dr City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Address 1054 County Road 36 City, State, Zip Code Thaxton, MS 38871-9507 Name of Employer (Required) Jenn-Care Occupation (Required) Registered Nurse Source: Corporation PAC Individual Loan Other (please specify) Full Name Paula Temperilli Mailing Address 15231 Rainhollow Dr City, State, Zip Code Houston, TX 77070-1328 | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Address 1054 County Road 36 City, State, Zip Code Thaxton, MS 38871-9507 Name of Employer (Required) Jenn-Care Occupation (Required) Registered Nurse Source: Corporation PAC Individual Loan Other (please specify) Full Name Paula Temperilli Mailing Address 15231 Rainhollow Dr City, State, Zip Code | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |
| Mailing Address 1054 County Road 36 City, State, Zip Code Thaxton, MS 38871-9507 Name of Employer (Required) Jenn-Care Occupation (Required) Registered Nurse Source: Corporation PAC Individual Loan Other (please specify) Full Name Paula Temperilli Mailing Address 15231 Rainhollow Dr City, State, Zip Code Houston, TX 77070-1328 Name of Employer (Required) | Aggregate year-to-date Date (Mo., Day, Year) | \$1,500.00 Amount of each receipt this period |

Reporting Period

1/1/2023 **through**

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
|--|--|--------|--------------|----------|---|--|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 02/14/2023 | \$100.00 |
| Paula Ter | | | | | | , |
| Mailing Addre | | | | | | |
| | inhollow Dr | | | | | |
| City, State, Zi | • | | | | | |
| | TX 77070-1328 | | | | | |
| Not Emplo | oloyer (Required) oyed | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | 4 | 03/16/2023 | \$50.00 |
| Paula Ter | mperilli | | | | 03/16/2023 | \$30.00 |
| Mailing Addre | ess | | | . 17 | | |
| 15231 Rai | inhollow Dr | | | | | |
| City, State, Zi | ip Code | | | | | |
| Houston, | TX 77070-1328 | | | | 1 | |
| Name of Emp | oloyer (Required) | | | 100 | | |
| Occupation (| Required) | | | 119 | Aggregate | \$500.00 |
| Retired | . toquii ou) | | | | year-to-date | \$300.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | <u> </u> | | | | (M. D. V.) | receipt this |
| | Other (please sp | ecify) | () () () | <u> </u> | (Mo., Day, Year) | period |
| Full Name Paula Ten | | ecify) | 1 | 5 | 04/18/2023 | - |
| Paula Ter | mperilli | ecify) | 100 | 5 | | period |
| Paula Ten | mperilli | ecify) | 1000 | | | period |
| Paula Ten Mailing Addre 15231 Rai | mperilli ess inhollow Dr | ecify) | (B) 14 | | | period |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi | mperilli ess inhollow Dr | ecify) | 100 | 5 | | period |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, | mperilli ess inhollow Dr ip Code TX 77070-1328 | ecify) | 60 6 | | | period |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, | mperilli ess inhollow Dr ip Code TX 77070-1328 oloyer (Required) | ecify) | 100 P | | | period |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, Name of Emp | mperilli ess inhollow Dr ip Code TX 77070-1328 bloyer (Required) byed | ecify) | 1000 | | 04/18/2023 | period \$50.00 |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, Name of Emp | mperilli ess inhollow Dr ip Code TX 77070-1328 bloyer (Required) byed | ecify) | 1000 | | | period |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, Name of Emp Not Emplo Occupation (| mperilli ess inhollow Dr ip Code TX 77070-1328 bloyer (Required) byed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date Date | \$50.00 \$50.00 \$500.00 |
| Mailing Addr 15231 Rai City, State, Zi Houston, Name of Emp Not Emplo Occupation (Retired | mperilli ess inhollow Dr ip Code TX 77070-1328 ployer (Required) byed Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$50.00 \$50.00 \$500.00 |
| Mailing Address 15231 Rais City, State, Zi Houston, Name of Emp Not Emplo Occupation (Retired Source: | mperilli ess inhollow Dr ip Code TX 77070-1328 bloyer (Required) byed Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$50.00 \$50.00 Amount of each receipt this period |
| Mailing Address 15231 Rail City, State, Zi Houston, Name of Emp Not Emplo Occupation (Retired Source: | mperilli ess inhollow Dr ip Code TX 77070-1328 bloyer (Required) byed Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date | \$50.00 \$50.00 Amount of each receipt this |
| Mailing Address 15231 Rais City, State, Zi Houston, Name of Emp Not Emplo Occupation (Retired Source: | mperilli ess inhollow Dr ip Code TX 77070-1328 bloyer (Required) byed Required) Corporation Dther (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$50.00 \$50.00 Amount of each receipt this period |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, Name of Emp Not Emplo Occupation (Retired Source: Full Name Paula Ten Mailing Addre | mperilli ess inhollow Dr ip Code TX 77070-1328 bloyer (Required) byed Required) Corporation Dther (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$50.00 \$50.00 Amount of each receipt this period |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Paula Ten Mailing Addre 15231 Rai City, State, Zi | mperilli ess inhollow Dr ip Code TX 77070-1328 bloyer (Required) byed Required) Corporation Other (please sp mperilli ess inhollow Dr ip Code | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$50.00 \$50.00 Amount of each receipt this period |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, Name of Emp Not Emplo Occupation (Retired Source: Full Name Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, | mperilli ess inhollow Dr ip Code TX 77070-1328 bloyed Required) Corporation Other (please sp mperilli ess inhollow Dr ip Code TX 77070-1328 | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$50.00 \$50.00 Amount of each receipt this period |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, Name of Emp | mperilli ess inhollow Dr ip Code TX 77070-1328 ployed Required) Corporation Other (please sp mperilli ess inhollow Dr ip Code TX 77070-1328 ployer (Required) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$50.00 \$50.00 Amount of each receipt this period |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, Name of Emp Not Emplo Occupation (Retired Source: Full Name Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, | mperilli ess inhollow Dr ip Code TX 77070-1328 ployed Required) Corporation Other (please sp mperilli ess inhollow Dr ip Code TX 77070-1328 ployer (Required) | PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) 04/27/2023 | \$50.00 \$50.00 Amount of each receipt this period |
| Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, Name of Emp Not Emplo Occupation (I Retired Source: Full Name Paula Ten Mailing Addre 15231 Rai City, State, Zi Houston, Name of Emp | mperilli ess inhollow Dr ip Code TX 77070-1328 ployer (Required) pyed Required) Corporation Other (please sp mperilli ess inhollow Dr ip Code TX 77070-1328 ployer (Required) pyed | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$50.00 \$50.00 Amount of each receipt this period |

| Source: | ✓ Corporation Other (please specify) | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|------------------|----------|---|---|
| Full Name The Diaz | Law Firm PLLC | | | 04/18/2023 | \$1,000.00 |
| Mailing Addr | | | | 1 | |
| 208 Water | rford Sq | | | | |
| City, State, Z | - | | | | |
| | MS 39110-6857 | | | | |
| Name of Emp | oloyer (Required) | | | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC / Individual | Loan | Date | Amount of each receipt this |
| | Other (please specify) | | | (Mo., Day, Year) | period |
| Full Name Sumati Th | nomas | | | 02/12/2023 | \$8.60 |
| Mailing Addr | ess | | | | |
| 4146 Cres | stview Pl | | | | |
| City, State, Z | | | | | |
| | MS 39211-6404 | | 4 | | |
| Name of Emp Change Re | oloyer (Required) esearch | | 60, | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$258.60 |
| Source: | Corporation | PAC Individual | Loan | Date | Amount of each |
| | | | | | waaalaa ahla |
| | Other (please specify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Sumati Th | | 0 1 | 5 | (Mo., Day, Year) 02/17/2023 | - |
| Sumati The Mailing Address | nomas | 100 H | 5 | | period |
| Sumati The Mailing Address 4146 Cres | nomas ess stview Pl | 0 4 | <u> </u> | | period |
| Sumati The Mailing Address 4146 Cress City, State, Z | nomas ess stview Pl | 100 F | 5 | | period |
| Sumati The Mailing Address 4146 Cress City, State, Zing Jackson, | nomas ess stview Pl ip Code | 0 0 0 | | | period |
| Sumati The Mailing Address 4146 Cress City, State, Zing Jackson, | nomas ess stview Pl ip Code MS 39211-6404 oloyer (Required) | 100 N | | | period |
| Sumati Th Mailing Addre 4146 Cres City, State, Z Jackson, Name of Emp | nomas ess stview Pl ip Code MS 39211-6404 eloyer (Required) | 100 K | | | period |
| Sumati The Mailing Address 4146 Cress City, State, Zing Jackson, Name of Emp Change Resource Cocupation (| nomas ess stview Pl ip Code MS 39211-6404 ployer (Required) esearch Required) | PAC Individual | Loan | Aggregate year-to-date Date | \$250.00 \$258.60 Amount of each |
| Sumati The Mailing Address 4146 Cress City, State, Zing Jackson, Name of Emp Change Resource Coccupation (Analyst | nomas ess stview Pl ip Code MS 39211-6404 ployer (Required) esearch Required) | PAC / Individual | Loan | Aggregate year-to-date | \$250.00 \$258.60 |
| Mailing Addr 4146 Cres City, State, Z Jackson, Name of Emp Change Re Occupation (Analyst Source: | nomas ess stview Pl ip Code MS 39211-6404 cloyer (Required) esearch Required) Corporation Other (please specify) | PAC Individual | Loan | Aggregate year-to-date Date | \$250.00 \$258.60 Amount of each receipt this |
| Mailing Addr 4146 Cres City, State, Zi Jackson, Name of Emp Change Re Occupation (Analyst Source: | nomas ess stview Pl ip Code MS 39211-6404 bloyer (Required) esearch Required) Corporation Other (please specify) nomas ess | PAC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$258.60 Amount of each receipt this period |
| Mailing Addr 4146 Cres City, State, Zi Jackson, Name of Emp Change Re Occupation (Analyst Source: Full Name Wesley Th Mailing Addr 396 N Hid | nomas ess stview Pl ip Code MS 39211-6404 cloyer (Required) esearch Required) Corporation Other (please specify) nomas ess dden Valley Rd | PAC /Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$258.60 Amount of each receipt this period |
| Mailing Address Authority State, Zi Jackson, Name of Emp Change Re Occupation (Analyst Source: Full Name Wesley Th Mailing Address 396 N Hic City, State, Zi | nomas ess stview Pl ip Code MS 39211-6404 cloyer (Required) esearch Required) Corporation Other (please specify) nomas ess dden Valley Rd | PAC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$258.60 Amount of each receipt this period |
| Mailing Addr 4146 Cres City, State, Z Jackson, Name of Emp Change Re Occupation (Analyst Source: Full Name Wesley Th Mailing Addr 396 N Hic City, State, Z Grenada, | nomas ess stview Pl ip Code MS 39211-6404 ployer (Required) esearch Required) Corporation Other (please specify) nomas ess dden Valley Rd ip Code MS 38901-2730 | PAC /Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$258.60 Amount of each receipt this period |
| Mailing Addr 4146 Cres City, State, Zi Jackson, Name of Emp Change Re Occupation (Analyst Source: Full Name Wesley Th Mailing Addr 396 N Hic City, State, Zi Grenada, Name of Emp | nomas ess stview Pl ip Code MS 39211-6404 cloyer (Required) esearch Required) Corporation Other (please specify) nomas ess dden Valley Rd ip Code | PAC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$258.60 Amount of each receipt this period |
| Mailing Addr 4146 Cres City, State, Zi Jackson, Name of Emp Change Re Occupation (Analyst Source: Full Name Wesley Th Mailing Addr 396 N Hic City, State, Zi Grenada, Name of Emp | nomas ess stview Pl ip Code MS 39211-6404 cloyer (Required) esearch Required) Corporation Other (please specify) nomas ess clden Valley Rd ip Code MS 38901-2730 cloyer (Required) cod Preserving Inc Required) | PAC Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$258.60 Amount of each receipt this period |

Reporting Period

1/1/2023

through

4/30/2023

| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---|
| Full Name Odell Thompson Jr | 04/24/2023 | \$500.00 |
| | | |
| Mailing Address 837 Joliet Ct | | |
| City, State, Zip Code | | |
| Biloxi, MS 39532-7023 | | |
| Name of Employer (Required) | | |
| Not Employed | | |
| Occupation (Required) Not Employed | Aggregate year-to-date | \$500.00 |
| Source: Corporation PAC /Individual Loan | Date | Amount of each |
| Other (please specify) | (Mo., Day, Year) | receipt this period |
| Full Name | 01/31/2023 | \$100.00 |
| Frank Tietjens | | , |
| Mailing Address 209 Lake Cir | | |
| City, State, Zip Code | ~ | |
| Madison, MS 39110-7992 | 4 | |
| Name of Employer (Required) Not Employed | | |
| Occupation (Required) | Aggregate | \$600.00 |
| Not Employed | year-to-date | |
| Not Employed Source: Corporation PAC /Individual Loan | year-to-date Date | Amount of each |
| | | Amount of each receipt this period |
| Source: Corporation PAC Individual Loan | Date | receipt this |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address | Date (Mo., Day, Year) | receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir | Date (Mo., Day, Year) | receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address | Date (Mo., Day, Year) | receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code Madison, MS 39110-7992 | Date (Mo., Day, Year) | receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code | Date (Mo., Day, Year) | receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code Madison, MS 39110-7992 Name of Employer (Required) | Date (Mo., Day, Year) | receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code Madison, MS 39110-7992 Name of Employer (Required) Not Employed Occupation (Required) Not Employed | Date (Mo., Day, Year) 02/26/2023 Aggregate year-to-date | receipt this period \$500.00 |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code Madison, MS 39110-7992 Name of Employer (Required) Not Employed Occupation (Required) | Date (Mo., Day, Year) 02/26/2023 Aggregate | receipt this period \$500.00 |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code Madison, MS 39110-7992 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) 02/26/2023 Aggregate year-to-date Date | \$500.00 \$600.00 Amount of each receipt this |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code Madison, MS 39110-7992 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Nina Tollison | Date (Mo., Day, Year) O2/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code Madison, MS 39110-7992 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Nina Tollison Mailing Address 532 Fazio Drive Extended | Date (Mo., Day, Year) O2/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code Madison, MS 39110-7992 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Nina Tollison Mailing Address | Date (Mo., Day, Year) O2/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code Madison, MS 39110-7992 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Nina Tollison Mailing Address 532 Fazio Drive Extended City, State, Zip Code | Date (Mo., Day, Year) O2/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code Madison, MS 39110-7992 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Nina Tollison Mailing Address 532 Fazio Drive Extended City, State, Zip Code Oxford, MS 38655-2771 | Date (Mo., Day, Year) O2/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| Source: Corporation PAC Individual Loan Other (please specify) Full Name Frank Tietjens Mailing Address 209 Lake Cir City, State, Zip Code Madison, MS 39110-7992 Name of Employer (Required) Not Employed Occupation (Required) Not Employed Source: Corporation PAC Individual Loan Other (please specify) Full Name Nina Tollison Mailing Address 532 Fazio Drive Extended City, State, Zip Code Oxford, MS 38655-2771 Name of Employer (Required) | Date (Mo., Day, Year) O2/26/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |

Reporting Period

1/1/2023 **through**

4/30/2023

| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|-------------------------------------|---------|--------------|------|---------------------------|------------------------------------|
| Full Name Richard 1 | Conn | | | | 03/27/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| 16 North | | | | | | |
| City, State, Zi | • | 0.5.2.2 | | | | |
| | loyer (Required) | 9333 | | | | |
| - | Whorter, Harve | y PLLC | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Penelope | Tose | | | | 03/18/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| 551 S Val | _ | | | | | |
| City, State, Zi | i p Code Lle, MS 39470- | 6256 | | | 0 | |
| | oloyer (Required) | 0230 | | | 2 | |
| Not Emplo | • • • • | | | 1 | ′ | |
| Occupation (| Required) | | | THIS | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | 05 | A | (Mo., Day, Year) | receipt this period |
| Full Name Armstead | Townes III | | | | 03/30/2023 | \$300.00 |
| Mailing Addre | | | (D) | | | |
| _ | lie Salley Dr | | | | | |
| City, State, Zi | p Code MS 38901-3451 | | | | | |
| | loyer (Required) | | | | | |
| Townes Co | onstruction Co | . Inc. | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$300.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Taylor To | ownsend | | | | 04/27/2023 | \$5,000.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | • | 0756 | | | | |
| | ches, LA 71458- Noyer (Required) | -0130 | | | | |
| Self Empl | | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$5,000.00 |
| | | | | | | |

Reporting Period 1/1/2023

/1/2023 **through**

4/30/2023

| | | | | 1 | |
|--|---|--------------|----------|--|--|
| Source: Corpora | ease specify) | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | | | 04/29/2023 | \$250.00 |
| Scott Trotter | | | | 04/29/2023 | 7230.00 |
| Mailing Address | | | | | |
| 5 Longfellow Ln | | | | | |
| City, State, Zip Code | | | | | |
| Little Rock, AR 7 | | | | | |
| Name of Employer (Require Trotter Law Firm | | | | | |
| Occupation (Required) Attorney | | | | Aggregate year-to-date | \$250.00 |
| Source: Corpora | tion PAC | ✓ Individual | Loan | Date | Amount of each |
| <u> </u> | lease specify) | v marviadai | | (Mo., Day, Year) | receipt this period |
| Full Name Dennis Truax | | | | 01/19/2023 | \$250.00 |
| | | | | | |
| Mailing Address 913 Southgate Dr | | | | | |
| City, State, Zip Code | | | | | |
| Starkville, MS 39 | 759-9434 | | | | |
| Name of Employer (Require Self Employed | ed) | | COL | | |
| | | 4 | .6 | A | |
| Occupation (Required) Engineer | | | | Aggregate year-to-date | \$800.00 |
| Source: Corpora | tion PAC | ✓ Individual | Loan | Date | Amount of each |
| | | | | | |
| Other (p | ease specify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Other (p Full Name Dennis Truax | ease specify) | | | (Mo., Day, Year) 02/20/2023 | • |
| Full Name | ease specify) | 100 | | | period |
| Full Name Dennis Truax | ease specify) | 1004 | <u> </u> | | period |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code | | 100 14 | 5 | | period |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 | 759-9434 | D CO P | | | period |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Require | 759-9434 | | | | period |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Require Self Employed | 759-9434 | | | 02/20/2023 | period \$250.00 |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Require | 759-9434 | | | | period |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Required) Occupation (Required) | 759-9434 ed) | ✓Individual | Loan | 02/20/2023 Aggregate | \$250.00 \$800.00 Amount of each |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Required) Self Employed Occupation (Required) Engineer Source: Corpora | 759-9434 ed) | ✓ Individual | Loan | Aggregate year-to-date | \$250.00 \$250.00 \$800.00 |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Requires Self Employed Occupation (Required) Engineer Source: Corporat Other (p | 759-9434 ed) | ✓ Individual | Loan | Aggregate year-to-date Date | \$250.00 \$800.00 Amount of each receipt this |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Required) Self Employed Occupation (Required) Engineer Source: Corporation Other (p | 759-9434 ed) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$800.00 Amount of each receipt this period |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Requires Self Employed Occupation (Required) Engineer Source: Corporat Other (p | 759-9434 ed) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$800.00 Amount of each receipt this period |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Required) Engineer Source: Corpora Other (p Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code | 759-9434 ed) tion PAC lease specify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$800.00 Amount of each receipt this period |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Requires) Engineer Source: Corporate Other (p) Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 | 759-9434 ed) tion PAC lease specify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$800.00 Amount of each receipt this period |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Required) Engineer Source: Corpora Other (p Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code | 759-9434 ed) tion PAC lease specify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 \$800.00 Amount of each receipt this period |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Requires) Engineer Source: Corporat Other (p Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Requires) | 759-9434 ed) tion PAC lease specify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) 02/28/2023 Aggregate | \$250.00 \$800.00 Amount of each receipt this period \$100.00 |
| Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Requires) Engineer Source: Corpora Other (p Full Name Dennis Truax Mailing Address 913 Southgate Dr City, State, Zip Code Starkville, MS 39 Name of Employer (Requires) Self Employed | 759-9434 ed) tion PAC lease specify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) 02/28/2023 | \$250.00 \$800.00 Amount of each receipt this period |

Reporting Period 1/1/2023

/1/2023 **through**

4/30/2023

| Source: | Corporation Other (please sp | PAC ✓Indi | vidual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|------------|--------|------|-------------------------------------|------------------------------------|
| Full Name | | | | | 03/31/2023 | period \$50.00 |
| Dennis Tr | ruax | | | | 03/31/2023 | \$30.00 |
| Mailing Addre | ess | | | | | |
| 913 South | = | | | | | |
| City, State, Zi | p Code Le, MS 39759-9 | 434 | | | | |
| Name of Emp | oloyer (Required) Loyed | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$800.00 |
| Source: | Corporation | PAC ✓ Indi | vidual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Dennis Ti | ruax | | | | 04/21/2023 | \$50.00 |
| Mailing Addre | ess | | | | | |
| 913 South | ngate Dr | | | | | |
| City, State, Zi | • | | | | | |
| | Le, MS 39759-9 | 434 | | | | |
| Self Empl | oloyer (Required) Loyed | | | 60. | | |
| Occupation (| Required) | | | THIS | Aggregate year-to-date | \$800.00 |
| Source: | Corporation | PAC ✓ Indi | vidual | Loan | Date | Amount of each |
| | Other (please sp | | | | (Mo., Day, Year) | receipt this period |
| Full Name Dennis Tr | ruax | | | | 04/29/2023 | \$50.00 |
| Mailing Addre | | | (V | | | |
| City, State, Zi | • | | | | | |
| | Le, MS 39759-9 | 434 | | | | |
| Name of Emp | oloyer (Required) Loyed | | | | | |
| Occupation (| | | | | | |
| | Required) | | | | Aggregate year-to-date | \$800.00 |
| Source: | Required) | PAC ✓Indi | vidual | Loan | | Amount of each |
| | | | vidual | Loan | year-to-date | |
| | Corporation Other (please sp | | vidual | Loan | year-to-date Date | Amount of each receipt this |
| Source: Full Name Dennis Tr | Corporation Other (please sp | | vidual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Source: Full Name Dennis Tr Mailing Addre 913 South | Corporation Other (please spruax ess agate Dr | | vidual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Source: Full Name Dennis Tr Mailing Addre 913 South City, State, Zi | Corporation Other (please spruax ess ngate Dr ip Code | pecify) | vidual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Dennis Tr Mailing Addr 913 South City, State, Zi Starkvill | Corporation Other (please spruax ess ngate Dr p Code Le, MS 39759-9 | pecify) | vidual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Dennis Tr Mailing Addr 913 South City, State, Zi Starkvill | Corporation Other (please spruax ess ngate Dr p Code Le, MS 39759-96 ployer (Required) | pecify) | vidual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Dennis Tr Mailing Addr 913 South City, State, Zi Starkvill Name of Emp | Corporation Other (please special spec | pecify) | vidual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: | Corporation Other (please sp | PAC Indiv | /idual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|------------------------------|---------------|--------|----------|---------------------------|------------------------------------|
| Full Name | | | | | 04/04/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| | | | | | | |
| | t, MS 39773-9 | 198 | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | ☐ PAC ✓ Indiv | /idual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Doug Turn | er | | | | 01/13/2023 | \$100.00 |
| Mailing Addre | | | | .4 | | |
| City, State, Zi | - | | | | | |
| • | m, AL 35222-4 | 425 | | | 2 | |
| Name of Emp | loyer (Required) | | | 1/1/ | COS | |
| Occupation (F | | | | | Aggregate year-to-date | \$210.00 |
| Source: | Corporation | PAC / Indiv | /idual | Loan | Date | Amount of each |
| | Other (please sp | | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Doug Turn | er | 0 | 0 P. | | 01/13/2023 | \$100.00 |
| Mailing Address 934 Conro | | | | | | |
| City, State, Zi | p Code m, AL 35222-4 | 425 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$210.00 |
| Source: | Corporation | PAC Indiv | /idual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Doug Turn | er | | | | 02/05/2023 | \$10.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | p Code um, AL 35222-4 | 425 | | | | |
| | loyer (Required) | | | | | |
| Censeo | | | | | | |
| Occupation (F | | | | | Aggregate year-to-date | \$210.00 |
| | | | | | | |

| Source: | ✓ Corporation Other (please sp | | idual Loa | n Date (Mo., Day, Yea | Amount of each receipt this period |
|---|---|------------|-----------|-----------------------------------|------------------------------------|
| Full Name | | | | 04/04/2023 | \$250.00 |
| | | | | | |
| Mailing Addr | | | | | |
| City, State, Z | ip Code nt, MS 39773-02 | 254 | | | |
| | oloyer (Required) | | | | |
| | , , , | | | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC Indiv | idual Loa | n Date | Amount of each |
| | Other (please sp | ecify) | | (Mo., Day, Yea | receipt this period |
| Full Name Michael W | Jbertini | | | 01/24/2023 | \$250.00 |
| Mailing Addr | ess | | | | |
| 11 Helen | Ln | | | | |
| City, State, Z | • | | | | |
| | MA 02081-2046 | | | 27. | |
| Long and | ployer (Required) Foster | | | V CO. | |
| Occupation (| • • | | | Aggregate year-to-date | \$260.00 |
| Source: | Corporation | PAC VIndiv | idual Loa | n Date | Amount of each |
| | Other (please sp | pecify) | | (Mo., Day, Yea | receipt this period |
| Full Name Michael | Ubertini | | ONE | 03/13/2023 | \$5.00 |
| Mailing Addr | | | Ò. | | |
| | | | | | |
| Citv. State. Z | | | | | |
| <pre>City, State, Z Walpole,</pre> | | | | | |
| Walpole, Name of Emp | ip Code MA 02081-2046 ployer (Required) | | | | |
| Walpole, | ip Code MA 02081-2046 ployer (Required) | | | | |
| Walpole, Name of Emp | ip Code MA 02081-2046 bloyer (Required) Foster Required) | | | Aggregate year-to-date | \$260.00 |
| Walpole, Name of Emp Long and Occupation (| ip Code MA 02081-2046 bloyer (Required) Foster Required) | PAC ✓Indiv | idualLoa | year-to-date Date | Amount of each |
| Walpole, Name of Emp Long and Occupation (Recruite: | ip Code MA 02081-2046 cloyer (Required) Foster Required) | | idualLoa | year-to-date | Amount of each |
| Walpole, Name of Emp Long and Occupation (Recruite: | ip Code MA 02081-2046 bloyer (Required) Foster Required) Corporation Other (please sp | | idualLoa | year-to-date Date | Amount of each receipt this period |
| Walpole, Name of Emp Long and Occupation (Recruite: Source: Full Name Michael U Mailing Addr | ip Code MA 02081-2046 bloyer (Required) Foster Required) Corporation Other (please sp | | idualLoa | year-to-date Date (Mo., Day, Yea | Amount of each receipt this period |
| Walpole, Name of Emp Long and Occupation (Recruite: Source: Full Name Michael | ip Code MA 02081-2046 bloyer (Required) Foster Required) Corporation Other (please sp Ubertini ess Ln | | idualLoa | year-to-date Date (Mo., Day, Yea | Amount of each receipt this period |
| Walpole, Name of Emp Long and Occupation (Recruite: Source: Full Name Michael U Mailing Addr 11 Helen City, State, Z | ip Code MA 02081-2046 bloyer (Required) Foster Required) Corporation Other (please sp Ubertini ess Ln | | idual | year-to-date Date (Mo., Day, Yea | Amount of each receipt this period |
| Walpole, Name of Emp Long and Occupation (Recruite: Source: Full Name Michael U Mailing Addr 11 Helen City, State, Z Walpole, Name of Emp | ip Code MA 02081-2046 bloyer (Required) Foster Required) Corporation Other (please sp Ubertini ess Ln ip Code MA 02081-2046 bloyer (Required) | | idual | year-to-date Date (Mo., Day, Yea | Amount of each receipt this period |
| Walpole, Name of Emp Long and Occupation (Recruite: Source: Full Name Michael 1 Mailing Addr 11 Helen City, State, Z Walpole, | ip Code MA 02081-2046 bloyer (Required) Foster Required) Corporation Other (please sp Ubertini ess Ln ip Code MA 02081-2046 bloyer (Required) | | idualLoa | year-to-date Date (Mo., Day, Yea | Amount of each receipt this period |
| Walpole, Name of Emp Long and Occupation (Recruite: Source: Full Name Michael U Mailing Addr 11 Helen City, State, Z Walpole, Name of Emp | ip Code MA 02081-2046 bloyer (Required) Foster Required) Corporation Other (please sp. Ubertini ess Ln ip Code MA 02081-2046 bloyer (Required) Foster Required) | | idual | year-to-date Date (Mo., Day, Yea | Amount of each receipt this period |

| Name of Candidate or | Committee | Brandon | Presley |
|----------------------|-----------|---------|---------|
| | | | |

Page <u>251</u> of <u>320</u>

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

| Source: | ☐ Corporation☐ Other (please specify) | PAC Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|------------------|---------------|---|---|
| Full Name Lance Ung | leshv | | | 04/27/2023 | \$250.00 |
| Mailing Addre | | | | - | |
| • | ss Charles Ave | | | | |
| City, State, Zir | | | | - | |
| • | ns, LA 70130-3444 | | | | |
| | oyer (Required) | | | 1 | |
| Unglesby | | | | | |
| Occupation (R | lequired) | | | Aggregate | \$250.00 |
| Attorney | • | | | year-to-date | 4 2 0 0 . 1 1 |
| Source: | Corporation | PAC / Individual | Loan | Date | Amount of each |
| | Other (please specify) | _ | | (Mo., Day, Year) | receipt this period |
| Full Name Alexandra | Van Beuren | | | 04/28/2023 | \$250.00 |
| Mailing Addre | SS | | T | | |
| 509 Wagne | | | | | |
| City, State, Zip | Code | | | | |
| | ley, MS 38965-2301 | 1 | | | |
| | oyer (Required) | | 1 | | |
| The B.T.C | . Old-Fashioned G | rocery | | | |
| Occupation (R | | | | Aggregate year-to-date | \$250.00 |
| | | | 4 | | |
| Source: | Corporation | PAC / Individual | l nan | Date | Amount of each |
| Source: | Corporation Other (please specify) | PAC Individual | Loan | (Mo., Day, Year) | Amount of each receipt this period |
| Full Name | | | Loan | | receipt this |
| Full Name | Other (please specify) er C. Van Cleave | | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Christoph Mailing Addre | Other (please specify) er C. Van Cleave ss | | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Christoph Mailing Addre 985 Wildw City, State, Zip | Other (please specify) er C. Van Cleave ss | | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Christoph Mailing Addre 985 Wildw City, State, Zig | Other (please specify) er C. Van Cleave ss ood Ln o Code S 39532-3203 over (Required) | | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Christoph Mailing Addre 985 Wildw City, State, Zip Biloxi, M | Other (please specify) er C. Van Cleave ss ood Ln o Code S 39532-3203 oyer (Required) oyed | | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Christoph Mailing Addre 985 Wildw City, State, Zip Biloxi, M Name of Empl Self Empl Occupation (R | Other (please specify) er C. Van Cleave ss ood Ln o Code S 39532-3203 oyer (Required) oyed lequired) Corporation | PAC ✓Individual | Loan | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date | \$500.00 \$600.00 Amount of each receipt this |
| Full Name Christoph Mailing Addre 985 Wildw City, State, Zip Biloxi, M Name of Empl Self Empl Occupation (R Attorney Source: | Other (please specify) er C. Van Cleave ss ood Ln o Code S 39532-3203 oyer (Required) oyed lequired) | PAC ✓Individual | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date | \$500.00 \$600.00 |
| Full Name Christoph Mailing Addre 985 Wildw City, State, Zip Biloxi, M Name of Empl Self Empl Occupation (F Attorney Source: | Other (please specify) er C. Van Cleave ss ood Ln o Code S 39532-3203 oyer (Required) oyed lequired) Corporation | PAC ✓Individual | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date | \$500.00 \$600.00 Amount of each receipt this |
| Full Name Christoph Mailing Addre 985 Wildw City, State, Zip Biloxi, M Name of Empl Self Empl Occupation (F Attorney Source: | Other (please specify) er C. Van Cleave ss ood Ln o Code S 39532-3203 oyer (Required) oyed lequired) Corporation Other (please specify) er C. Van Cleave ss | PAC ✓Individual | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| Full Name Christoph Mailing Addre 985 Wildw City, State, Zip Biloxi, M Name of Empl Self Empl Occupation (R Attorney Source: Full Name Christoph Mailing Addre 985 Wildw City, State, Zip | Other (please specify) er C. Van Cleave ss ood Ln o Code S 39532-3203 oyer (Required) oyed lequired) Corporation Other (please specify) er C. Van Cleave ss ood Ln | PAC ✓Individual | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| Full Name Christoph Mailing Addre 985 Wildw City, State, Zig Biloxi, M Name of Empl Occupation (R Attorney Source: Full Name Christoph Mailing Addre 985 Wildw City, State, Zig Biloxi, M Name of Empl | Corporation Corporation Corporation Code Code Corporation Corporat | PAC ✓Individual | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |
| Full Name Christoph Mailing Addre 985 Wildw City, State, Zip Biloxi, M Name of Empl Occupation (F Attorney Source: Full Name Christoph Mailing Addre 985 Wildw City, State, Zip Biloxi, M | Other (please specify) er C. Van Cleave ss ood Ln Ocode S 39532-3203 Oyer (Required) Oyed Lequired) Corporation Other (please specify) er C. Van Cleave ss ood Ln Ocode S 39532-3203 Oyer (Required) Oyed | PAC ✓Individual | | (Mo., Day, Year) 03/21/2023 Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$600.00 Amount of each receipt this period |

| Source: | ☐ Corporation ☐ PAC☐ Other (please specify) | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---|--|---------------------|----------|---|---|
| Full Name | Hoogstraten | | | 04/29/2023 | \$250.00 |
| Mailing Addre | | | | - | |
| 3533 Ordw | ay St NW | | | | |
| City, State, Zip | Code n, DC 20016-3173 | | | | |
| | oyer (Required) | | | - | |
| The Peace | | | | | |
| Occupation (F Attorney | dequired) | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please specify) | | | (Mo., Day, Year) | receipt this period |
| Full Name James E. | Vance | | | 04/05/2023 | \$500.00 |
| Mailing Addre | | | | | |
| 1216 Lake | | | | | |
| City, State, Zip Tupelo, M | S 38804-1000 | | | \ | |
| Name of Empl | oyer (Required) oved | | Co. | | |
| Occupation (F | | ^ | 1115 | Aggregate | \$500.00 |
| Tax Accou | ntant | | | year-to-date | 1 |
| Source: | Corporation PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
| | Other (please specify) | | | (Mo., Day, Teal) | period |
| Full Name | | 200 | <u>^</u> | 03/27/2023 | period \$300.00 |
| Sheila Va | rnado | 2 10 1 | <u></u> | | |
| | rnado | 100 | | | |
| Sheila Va Mailing Addre PO Box 16 City, State, Zip | rnado ss 956 | 7 (do) E | | | |
| Sheila Va Mailing Addre PO Box 16 City, State, Zij Hattiesbu | rnado ss 956 Code rg, MS 39404-6956 oyer (Required) | 100 | | | |
| Sheila Va Mailing Addre PO Box 16 City, State, Zij Hattiesbu Name of Empl | rnado ss 956 Code rg, MS 39404-6956 oyer (Required) yed | (BO) | | | |
| Sheila Va Mailing Addre PO Box 16 City, State, Zip Hattiesbu Name of Emplo Not Emplo Occupation (F | rnado ss 956 Code rg, MS 39404-6956 oyer (Required) yed | Condividual | Loan | 03/27/2023 Aggregate | \$300.00 \$300.00 |
| Sheila Va Mailing Addre PO Box 16 City, State, Zij Hattiesbu Name of Emplo Not Emplo Occupation (F Not Emplo | rnado ss 956 Code rg, MS 39404-6956 oyer (Required) yed lequired) | C ✓ Individual | Loan | Aggregate year-to-date | \$300.00 |
| Sheila Va Mailing Addre PO Box 16 City, State, Zij Hattiesbu Name of Emplo Not Emplo Occupation (F Not Emplo Source: | rnado ss 956 Code rg, MS 39404-6956 over (Required) yed lequired) yed Corporation PAC | : ✓Individual | Loan | Aggregate year-to-date Date | \$300.00 \$300.00 Amount of each receipt this |
| Sheila Va Mailing Addre PO Box 16 City, State, Zig Hattiesbu Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Greta S. | rnado ss 956 0 Code rg, MS 39404-6956 oyer (Required) yed lequired) yed Corporation Other (please specify) Vaughn | : ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 \$300.00 Amount of each receipt this period |
| Sheila Va Mailing Addre PO Box 16 City, State, Zip Hattiesbu Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Greta S. Mailing Addre 310 Longm | rnado ss 956 0 Code rg, MS 39404-6956 oyer (Required) yed equired) yed Corporation Other (please specify) Vaughn ss eadow Ct N | C ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 \$300.00 Amount of each receipt this period |
| Sheila Va Mailing Addre PO Box 16 City, State, Zig Hattiesbu Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Greta S. Mailing Addre 310 Longm City, State, Zig | rnado ss 956 0 Code rg, MS 39404-6956 oyer (Required) yed equired) yed Corporation Other (please specify) Vaughn ss eadow Ct N | : ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 \$300.00 Amount of each receipt this period |
| Sheila Va Mailing Addre PO Box 16 City, State, Zij Hattiesbu Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Greta S. Mailing Addre 310 Longm City, State, Zij Ridgeland Name of Emplo | rnado ss 956 Code rg, MS 39404-6956 over (Required) yed lequired) yed Corporation PAC Other (please specify) Vaughn ss eadow Ct N Code , MS 39157-3540 over (Required) | : VIndividual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 \$300.00 Amount of each receipt this period |
| Sheila Va Mailing Addre PO Box 16 City, State, Zij Hattiesbu Name of Emplo Not Emplo Occupation (F Not Emplo Source: Full Name Greta S. Mailing Addre 310 Longm City, State, Zij Ridgeland | rnado ss 956 Code rg, MS 39404-6956 oyer (Required) yed Corporation PAC Other (please specify) Vaughn ss eadow Ct N Code , MS 39157-3540 oyer (Required) louf | C | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$300.00 \$300.00 Amount of each receipt this period |

| Source: | ✓ Corporation Other (please sp | PAC Individu | ual Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--------------------------|-----------------------------------|----------------|----------|---------------------------|------------------------------------|
| Full Name | | | | 02/14/2023 | \$2,500.00 |
| | eridge Enterpri | LSES | | | |
| Mailing Addr 4212 N H | | | | | |
| City, State, Z | = | | | | |
| | MS 38834-2407 | | | | |
| Name of Emp | oloyer (Required) | | | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$2,500.00 |
| Source: | ✓ Corporation | PAC Individu | ıal Loan | Date | Amount of each |
| | Other (please sp | ecify) | | (Mo., Day, Year) | receipt this period |
| Full Name Victory | P1 200 | | | 04/24/2023 | \$500.00 |
| Mailing Addr | | | | | |
| PO Box 6: | | | | | |
| City, State, Z | ip Code | | | | |
| | , MS 39506-6216 | 5 | | 2 | |
| Name of Emp | oloyer (Required) | | 0 | O, . | |
| Occupation (| Required) | | THIS | Aggregate year-to-date | \$500.00 |
| Source: | ✓ Corporation | PAC Individu | ıal Loan | Date | Amount of each |
| | Other (please sp | ecify) | × | (Mo., Day, Year) | receipt this period |
| Full Name Vollor La | aw Firm PA | | | 04/06/2023 | \$2,500.00 |
| Mailing Addr | | | | | |
| 127 E Ma | | | | | |
| City, State, Z | ip Code le, MS 39759-29 | 927 | | | |
| | oloyer (Required) | , , | | | |
| | , | | | | |
| Occupation (| Required) | | | Aggregate year-to-date | \$2,500.00 |
| Source: | Corporation | PAC / Individu | ıal Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | (Mo., Day, Year) | period |
| Full Name Vangela | Wade | | | 02/19/2023 | \$1,000.00 |
| Mailing Addr | | | | | |
| 401 Pemb | | | | | |
| City, State, Z | ip Code MS 39110-8638 | | | | |
| Name of Emp | | | | | |
| | Dioyer (Reduired) | | | | |
| | opi Center for | Justice | | | |
| Occupation (| opi Center for | Justice | | Aggregate year-to-date | \$1,000.00 |

| | | 1 1 - 1 1 1 1 2 | | . • | |
|------------------------------|-----------------------------------|-----------------|------|---------------------------|------------------------------------|
| Source: | Corporation PA | C / Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| Full Name Rachel Wa | ide | | | 04/11/2023 | \$2,500.00 |
| Mailing Addre | ess | | | 1 | |
| 1110 Bell | | | | | |
| City, State, Zi Tupelo, N | p Code IS 38804-1914 | | | | |
| | loyer(Required) Associates, PA | | | | |
| Occupation (I | Required) | | | Aggregate year-to-date | \$2,500.00 |
| Source: | Corporation PA | C ✓ Individual | Loan | Date | Amount of each |
| | Other (please specify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Lawrence | Wallach | | | 04/18/2023 | \$2,500.00 |
| Mailing Addre | | | | | |
| City, State, Zi | | | | - | |
| - | MA 02478-3042 | | | | |
| Name of Emp | loyer (Required) yed | | 60, | | |
| Occupation (I | Required) | // | THIS | Aggregate year-to-date | \$2,500.00 |
| Source: | Corporation | C / Individual | Loan | Date | Amount of each |
| cource. | Other (please specify) | C Minulvidual | Loan | (Mo., Day, Year) | receipt this period |
| Full Name William W | aller | 0 4 | | 03/29/2023 | \$500.00 |
| Mailing Addre | | (O) | | | |
| City, State, Zi | | | | \dashv | |
| | rg, MS 39401-4241 | | | | |
| | loyer (Required) | | | | |
| Occupation (I | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation PA | C ✓ Individual | Loan | Date | Amount of each |
| Cource. | Other (please specify) | o Villatviddai | Loan | (Mo., Day, Year) | receipt this period |
| Full Name Alma Wall | s | | | 04/10/2023 | \$25.00 |
| Mailing Addre | ess | | | | |
| 3887 Kent | on Dr | | | | |
| City, State, Zi Southaver | p Code ., MS 38672-7225 | | | | |
| Name of Emp | loyer (Required) oved | | | 1 | |
| Occupation (I | | | | Aggregate | \$275.00 |
| Attorney | | | | year-to-date | |

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Ma. Park Value) | Amount of each receipt this |
|--|---|-------------|--------------|----------|-------------------------------------|------------------------------------|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Alma Wall | .S | | | | 04/27/2023 | \$100.00 |
| Mailing Addre | 288 | | | | - | |
| 3887 Kent | | | | | | |
| City, State, Zi | • | | | | | |
| Southaven | n, MS 38672-722 | 25 | | | | |
| Name of Emp | loyer (Required) .oyed | | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$275.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/29/2023 | \$100.00 |
| Alma Wall | | | | | | |
| Mailing Address 3887 Kent | | | | | | |
| City, State, Zi | | | | | - | |
| | , MS 38672-722 | 25 | | | | |
| Name of Emp | loyer (Required) | | | COL | | |
| Occupation (I | Required) | | | 115 | Aggregate | \$275.00 |
| Attorney | , | | | | year-to-date | Ψ273 . 00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | QQ" | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Alma Wall | a | | | | 04/30/2023 | \$25.00 |
| Mailing Addre | | | | | _ | |
| 3887 Kent | | | | | | |
| City, State, Zi | p Code | | | | | |
| Southaven | n, MS 38672-722 | | | | | |
| | | 25 | | | | |
| Calf Emal | loyer (Required) | 25 | | | | |
| Self Empl | oyed | 25 | | | | |
| Occupation (I Attorney | oyed | 25 | | | Aggregate year-to-date | \$275.00 |
| Occupation (I | oyed | | ✓Individual | Loan | year-to-date Date | Amount of each |
| Occupation (I | oyed Required) | PAC | ✓ Individual | Loan | year-to-date | |
| Occupation (I Attorney Source: | Required) Corporation Other (please sp | PAC | ✓ Individual | Loan | year-to-date Date | Amount of each receipt this |
| Occupation (I Attorney Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (I Attorney Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (I Attorney Source: Full Name Alma Wall Mailing Address 3887 Kent City, State, Zi | Corporation Corporation Other (please sp | PAC pecify) | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (I Attorney Source: Full Name Alma Wall Mailing Addres 3887 Kent City, State, Zi Southaver | Corporation Other (please sp | PAC pecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (I Attorney Source: Full Name Alma Wall Mailing Addres 3887 Kent City, State, Zi Southaver | Corporation Other (please sp | PAC pecify) | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Occupation (I Attorney Source: Full Name Alma Wall Mailing Addres 3887 Kent City, State, Zi Southaven Name of Emp | Corporation Corporation Other (please sp ess con Dr p Code 1, MS 38672-722 loyer (Required) | PAC pecify) | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

Reporting Period 1/1/2023

1/2023 **through**

4/30/2023

| Source: | Corporation Other (please spec | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|-------|---|------|---|--|
| Full Name | Other (please spec | | | | | period |
| Larry War | d | | | | 03/24/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| • | rmont Ave S | | | | | |
| City, State, Zi | o Code | | | | | |
| Birmingha | m, AL 35222-375 | 6 | | | | |
| | loyer (Required) | | | | | |
| Raymond J | ames Morgan Kee | egan | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spec | cify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | 4 | 01/14/2023 | \$500.00 |
| Robert Wa | rd | | | | 01/14/2023 | 7500.00 |
| Mailing Addre | ss | | | | | |
| 1026 16th | St NW | | | | | |
| City, State, Zi | | | | | | |
| | n, DC 20036-570 |) 9 | | | , \ | |
| Name of Emplo | loyer (Required) yed | | | 60, | | |
| Occupation (F | Required) | | | | Aggregate | \$500.00 |
| Universit | y Student | | | | year-to-date | , |
| 0 | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| Source: | | | Villalviadai | | | |
| | Other (please spec | | V marriada: | | (Mo., Day, Year) | receipt this period |
| Full Name Rod Ward | | | y marriagan | | (Mo., Day, Year) | • |
| Full Name | Other (please spec | | V maximum. | | | period |
| Full Name Rod Ward | Other (please spec | | V IIIdaa | | | period |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zi | Other (please spec | cify) | V marriada | | | period |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zi | Other (please spec | cify) | V III WAA | | | period |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zij Ridgeland Name of Empl | Other (please spec | cify) | V III W III | | | period |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zij | Other (please speciess) brook Rd p Code , MS 39157-2206 | cify) | V III. | | | period |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zij Ridgeland Name of Empl | Other (please speciess brook Rd p Code , MS 39157-2206 loyer (Required) | cify) | | | | period |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zip Ridgeland Name of Empl Ward Law Occupation (F | Other (please speciess brook Rd p Code , MS 39157-2206 loyer (Required) | cify) | ✓Individual | Loan | 03/30/2023 Aggregate | \$500.00 \$500.00 Amount of each |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zi Ridgeland Name of Empl Ward Law Occupation (F Attorney Source: | Other (please speciess brook Rd p Code , MS 39157-2206 loyer (Required) | □ PAC | 100 F | | Aggregate year-to-date | \$500.00 \$500.00 |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zi Ridgeland Name of Empl Ward Law Occupation (F Attorney Source: | Other (please species ss. brook Rd p Code , MS 39157-2206 loyer (Required) Required) | □ PAC | 100 F | | Aggregate year-to-date Date | \$500.00 \$500.00 Amount of each receipt this |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zi Ridgeland Name of Empl Ward Law Occupation (F Attorney Source: | Other (please species ss brook Rd p Code , MS 39157-2206 loyer (Required) Corporation Other (please species | □ PAC | 100 F | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zin Ridgeland Name of Empl Ward Law Occupation (F Attorney Source: Full Name Eric D. W Mailing Addre | Other (please species ss brook Rd p Code , MS 39157-2206 loyer (Required) Corporation Other (please species | □ PAC | 100 F | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zip Ridgeland Name of Emp Ward Law Occupation (F Attorney Source: Full Name Eric D. W Mailing Addre 3509 Mont City, State, Zip | Corporation Other (please specials) Corporation Other (please specials) Corporation Other (please specials) Cashington Sequired Corporation Corporation Corporation Corporation Corporation | PAC | 100 F | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zin Ridgeland Name of Employ Ward Law Occupation (F Attorney Source: Full Name Eric D. W Mailing Addre 3509 Mont City, State, Zin Pascagoul | Corporation Other (please specials) Corporation Other (please specials) Corporation Other (please specials) Cashington Sashington Sashington Cocde Cocde Cocde Coccde PAC | 100 F | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zil Ridgeland Name of Empl Ward Law Occupation (F Attorney Source: Full Name Eric D. W Mailing Addre 3509 Mont City, State, Zil Pascagoul Name of Empl | Corporation Other (please specials) Corporation Other (please specials) Corporation Other (please specials) Cashington Sequired Corporation Corporation Corporation Corporation Corporation | PAC | 100 F | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Full Name Rod Ward Mailing Addre 221 Sunny City, State, Zil Ridgeland Name of Empl Ward Law Occupation (F Attorney Source: Full Name Eric D. W Mailing Addre 3509 Mont City, State, Zil Pascagoul Name of Empl | Corporation Gashington Gashington Gode Gashington | PAC | 100 F | | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |

4/30/2023

| Source: | Corporation | PAC | ✓Individual | Loan | Date (Ma. Day Yaar) | Amount of each receipt this |
|---|--|--------|---------------------|-------|---|--|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Gerald Wa | ashington | | | | 01/31/2023 | \$2,000.00 |
| Mailing Addre | | | | | | |
| 10960 Hig | | | | | | |
| City, State, Zi | - | | | | | |
| | MS 38864-9185 | 5 | | | | |
| - | oloyer (Required) Stop of MS | | | | | |
| Occupation (Business | • • | | | | Aggregate year-to-date | \$2,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Rebecca S | C Matson | | | | 04/24/2023 | \$1,000.00 |
| | | | | | _ | |
| Mailing Address 15051 E S | ess Shadow Creek Dr | ĵ. | | | | |
| City, State, Zi | p Code | | | | | |
| Biloxi, N | 4S 39532-8566 | | | | | |
| | oloyer(Required) ar Nursing Cent | er Inc | | 60, | | |
| Occupation (| | | | I HIS | Aggregate | \$1,000.00 |
| Infectior | n Preventionist | | | | year-to-date | |
| Source: | Corporation Other (please spe | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
| | | | |) | 04/23/2023 | <u>-</u> |
| Full Name | | | | | | |
| Full Name Jeffrey V | Vatt | | | | | \$250.00 |
| Jeffrey V Mailing Addre | ess | 9 |) A 60 L | | 04/23/2023 | \$250.00 |
| Jeffrey W Mailing Addre 915 Old 1 | ess Taylor Rd | 9 | 1000 | | U4/23/2023 | \$250.00 |
| Jeffrey V Mailing Addre 915 Old 7 City, State, Zi | ess Taylor Rd | 9 | 000 | | 0472372023 | \$250.00 |
| Jeffrey V Mailing Addre 915 Old 1 City, State, Zi Oxford, N Name of Emp | Paylor Rd Paylor Rd Paylor Rd Paylor Rd Paylor Rd Paylor Rd Paylor Required | | 0000 | | 04723/2023 | \$250.00 |
| Jeffrey W Mailing Addre 915 Old 1 City, State, Zi Oxford, M Name of Emp Universit | ess Taylor Rd Ip Code 4S 38655-4637 Noyer (Required) Ly of Mississip | ppi | | | _ | \$250.00 |
| Jeffrey V Mailing Addre 915 Old 1 City, State, Zi Oxford, N Name of Emp | ess Taylor Rd p Code 4S 38655-4637 cloyer (Required) cly of Mississip Required) | ppi | | | Aggregate year-to-date | \$250.00 |
| Jeffrey W Mailing Addre 915 Old 1 City, State, Zi Oxford, M Name of Emp Universit Occupation (I | ess Taylor Rd p Code 4S 38655-4637 cloyer (Required) cly of Mississip Required) | opi | ✓Individual | Loan | Aggregate year-to-date | \$250.00 Amount of each |
| Jeffrey V Mailing Addre 915 Old T City, State, Zi Oxford, M Name of Emp Universit Occupation (I Professor | ess Taylor Rd p Code 4S 38655-4637 ployer (Required) cy of Mississip Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$250.00 |
| Jeffrey V Mailing Addre 915 Old T City, State, Zi Oxford, M Name of Emp Universit Occupation (I Professor | raylor Rd process raylor Rd process raylor Rd process raylor Required) ry of Mississip required) required) required Corporation Other (please specific process) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$250.00 Amount of each receipt this |
| Jeffrey V Mailing Addrey 915 Old 1 City, State, Zi Oxford, N Name of Emp Universit Occupation (I Professor Source: Full Name John Weav | Pass Paylor Rd Pip Code 4S 38655-4637 Ployer (Required) Pay of Mississip Required) Corporation Other (please species | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Jeffrey V Mailing Addre 915 Old 1 City, State, Zi Oxford, M Name of Emp Universit Occupation (I Professor Source: Full Name John Weav Mailing Addre 1320 Belv | Pass Paylor Rd Paylor Rd Paylor Rd Paylor (Required) Pay of Mississip Required) Paylor (Corporation Paylor (Please spectrum) Paylor (Please spectr | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Jeffrey V Mailing Addre 915 Old 1 City, State, Zi Oxford, M Name of Emp Universit Occupation (I Professor Source: Full Name John Weav Mailing Addre 1320 Belv City, State, Zi | Pass Paylor Rd Paylor Rd Paylor Rd Paylor (Required) Pay of Mississip Required) Paylor (Corporation Paylor (Please spectrum) Paylor (Please spectr | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Jeffrey V Mailing Addre 915 Old 1 City, State, Zi Oxford, M Name of Emp Universit Occupation (I Professor Source: Full Name John Weav Mailing Addre 1320 Belv City, State, Zi Jackson, | Pass Paylor Rd Paylor Rd Paylor Rd Paylor (Required) Pay of Mississip Required) Paylor (Required) Paylor (Required) Paylor (Required) Paylor (Please spectrum) Paylor (Plea | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Jeffrey V Mailing Addre 915 Old 1 City, State, Zi Oxford, M Name of Emp Universit Occupation (I Professor Source: Full Name John Weav Mailing Addre 1320 Belv City, State, Zi Jackson, | raylor Rd process raylor Rd process raylor Rd process roir Cir | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |
| Jeffrey V Mailing Addre 915 Old T City, State, Zi Oxford, N Name of Emp Universit Occupation (I Professor Source: Full Name John Weav Mailing Addre 1320 Belv City, State, Zi Jackson, Name of Emp | raylor Rd rp Code 4S 38655-4637 roloyer (Required) ry of Mississip Required) Corporation Corporation Other (please special content of the code) MS 39202-1268 Required) Chitects Required) | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$250.00 Amount of each receipt this period |

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|-----------------------------------|--------|--------------|------|---------------------------|------------------------------------|
| Full Name | | | | | 04/21/2023 | \$5,000.00 |
| Mailing Addre | ess | | | | | |
| 363 N Bro | | | | | | |
| City, State, Zi | • | | | | | |
| | 1S 38804-3925 | | | | | |
| | loyer(Required) ders& Williams | PLLC | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$5,000.00 |
| Source: | ✓ Corporation | PAC | Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name WEI Manac | gement Co | | | | 04/18/2023 | \$1,000.00 |
| Mailing Addre | | | | 7 | | |
| 133 S Mou | | | | | | |
| City, State, Zi | | | | | 0 | |
| | MS 38901-3314 | | | | 24) | |
| Name of Emp | loyer (Required) | | | 1 |) " | |
| Occupation (I | Required) | | | THIS | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | () () () | , | (Mo., Day, Year) | receipt this period |
| Full Name Robin Wei | gle | | 0 4 | | 02/22/2023 | \$100.00 |
| Mailing Addre | | - | (P) | | | |
| City, State, Zi | old River Trl | | | | | |
| | MS 39503-9046 | 6 | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Not Emplo | yed | | | | | |
| Occupation (I | • • | | | | Aggregate year-to-date | \$205.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Robin Wei | lale | | | | 03/31/2023 | \$100.00 |
| Mailing Addre | | | | | | |
| | old River Trl | | | | | |
| City, State, Zi | p Code MS 39503-9046 | 6 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (I | | | | | | |
| Not Emplo | | | | | Aggregate year-to-date | \$205.00 |

| Source: | Corporation Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|----------------------------------|---------|--------------|-------------|---------------------------|------------------------------------|
| Full Name | | | | | 04/22/2023 | \$5.00 |
| Robin Wei | | | | | | |
| Mailing Address 14046 W (| ess Old River Trl | | | | | |
| City, State, Zi | | _ | | | | |
| | MS 39503-904 | 6 | | | | |
| Name of Emp | oloyer (Required) Dyed | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$205.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Jason Wel | lls | | | | 04/22/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| • | TX 77005-2606 | | | | 2 | |
| | loyer (Required) | | | 4 | 04 | |
| CenterPoi | int Energy | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | 05° | ~~ <u>~</u> | (Mo., Day, Year) | receipt this period |
| Full Name Ann H. Wh | neeless | | 9 | | 03/24/2023 | \$1,000.00 |
| Mailing Address 575 Lakev | | | . 0 | | | |
| City, State, Zi | | | | | | |
| - | g, MS 39180-53 | 76 | | | | |
| Name of Emp | oloyer (Required) | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$1,000.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | Ltaker | | | | 04/13/2023 | \$1,000.00 |
| Mailing Addre | | | | | | |
| 4206 Ridg | | | | | | |
| City, State, Zi | i p Code 4S 38826-9783 | | | | | |
| | loyer (Required) | | | | | |
| | Sales, Inc | | | | | |
| Occupation (| | | | | Aggregate year-to-date | \$1,000.00 |
| | - | | | | | |

Reporting Period

1/1/2023 **through**

4/30/2023

| Source: | Corporation | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|---|---------|---------------------|----------|---------------------------|------------------------------------|
| | Other (please sp | pecity) | | | (Mo., Day, Tear) | period |
| Full Name Jesse Whi | lte | | | | 03/31/2023 | \$250.00 |
| Mailing Addre | | | | | - | |
| _ | Bolus Rd | | | | | |
| City, State, Zi | • | | | | 1 | |
| | 111, NC 27514-2 | 2635 | | | | |
| Name of Emp | oloyer (Required) Dyed | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/11/2023 | \$500.00 |
| Neil Whit | te | | | | | , , , , , , |
| Mailing Address 426 S Lam | | | | | | |
| City, State, Zi | | | | | - | |
| • | 4S 38655-4055 | | | |) | |
| | loyer (Required) | | | 4 08 | | |
| Nautilus | Publishing | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Ivy Whitl | latch | |) A 64 | | 04/27/2023 | \$1,000.00 |
| Mailing Addre | | | . 0 | | - | |
| 1117 Prir | | | | | | |
| City, State, Zi | | 0.2.4 | | | | |
| | La, VA 22314-2 | 934 | | | 4 | |
| Not Emplo | oloyer (Required) oyed | | | | | |
| Occupation (I | Required) | | | | Aggregate | ¢1 000 00 |
| Not Emplo | | | | | year-to-date | \$1,000.00 |
| Source: | | | | | ' | |
| Source. | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| Source. | | | ✓ Individual | Loan | | Amount of each receipt this period |
| Full Name | Corporation Other (please sp | | ✓ Individual | Loan | Date | receipt this |
| | Corporation Other (please sp | | ✓ Individual | Loan | Date (Mo., Day, Year) | receipt this period |
| Full Name Nancy Whi | Corporation Other (please sp | | ✓Individual | Loan | Date (Mo., Day, Year) | receipt this period |
| Full Name Nancy Whi Mailing Addre 1460 Lake City, State, Zi | Corporation Other (please spatten ess eshire Dr ip Code | | ✓Individual | Loan | Date (Mo., Day, Year) | receipt this period |
| Full Name Nancy Whi Mailing Addre 1460 Lake City, State, Zi Tupelo, M | Corporation Other (please specific tenses) eshire Dr p Code 4S 38804-1053 | | ✓ Individual | Loan | Date (Mo., Day, Year) | receipt this period |
| Full Name Nancy Whi Mailing Addre 1460 Lake City, State, Zi Tupelo, M | Corporation Other (please spatten ess eshire Dr ip Code | pecify) | √ Individual | Loan | Date (Mo., Day, Year) | receipt this period |
| Full Name Nancy Whi Mailing Addre 1460 Lake City, State, Zi Tupelo, M | Corporation Other (please specific tenses) eshire Dr p Code 4S 38804-1053 eloyer (Required) y Gift & Florai Required) | pecify) | ✓ Individual | Loan | Date (Mo., Day, Year) | receipt this period |

Reporting Period 1/1/2023 through

4/30/2023

| Source: | Corporation Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|--|--|--------------------|--------------|----------|---|--|
| Full Name | | | | | 02/28/2023 | \$250.00 |
| Judy Wier | ner | | | | | 4200.00 |
| Mailing Addre | | | | | | |
| 1621 Devi | | | | | _ | |
| City, State, Zi | i p Code MS 39202-1314 | | | | | |
| | oloyer (Required) | | | | _ | |
| Wiener La | | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$250.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Brad Will | liams | | | | 04/27/2023 | \$250.00 |
| Mailing Addre | | | | | | |
| 302 Twin | | | | | _ | |
| City, State, Zi | p Code 1, MS 39157-850 | 12 | | | | |
| | loyer (Required) | <u> </u> | | cor | | |
| Occupation (| | | | 115 | Aggregate | \$250.00 |
| Not Emplo | | | | | year-to-date | \$230.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | | . " | | 02/27/2023 | 205 00 |
| David Wil | lliams | | | | 02/2//2020 | \$25.00 |
| David Wil | ess | 9 |) A 00 L | | | \$25.00 |
| David Will Mailing Addre | ess son Pl | 9 | 000 | | | \$25.00 |
| David Will Mailing Addre 122 Madis City, State, Zi | ess son Pl | 3339 | | | | \$25.00 |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu | ess son Pl p Code arg, MS 39402-8 | 3339 | 000 | | | \$25 . 00 |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp | ess son Pl | 3339 | , to c | | | \$25 . 00 |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp | ess son Pl ip Code urg, MS 39402-8 Noyer (Required) Helicopters | 3339 | | | Aggregate year-to-date | \$25.00 |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (| ess son Pl ip Code urg, MS 39402-8 Noyer (Required) Helicopters | 3339 PAC | ✓Individual | Loan | Aggregate | \$225.00 Amount of each |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (I | ess son Pl p Code arg, MS 39402-8 bloyer (Required) Helicopters Required) | PAC | ✓Individual | Loan | Aggregate year-to-date | \$225.00 |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (I | pess son Pl prode arg, MS 39402-8 ployer (Required) Helicopters Required) Corporation Other (please sp | PAC | ✓Individual | Loan | Aggregate year-to-date | \$225.00 Amount of each receipt this |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (I Pilot Source: Full Name David Will Mailing Addre | process son Pl proces process | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (I Pilot Source: Full Name David Will Mailing Addre 122 Madis | pess son Pl prode arg, MS 39402-8 ployer (Required) Helicopters Required) Corporation Other (please sp lliams ess son Pl | PAC | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (I Pilot Source: Full Name David Will Mailing Addre 122 Madis City, State, Zi | pess son Pl prode arg, MS 39402-8 ployer (Required) Helicopters Required) Corporation Other (please sp lliams ess son Pl | PAC pecify) | ✓Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (I Pilot Source: Full Name David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu | pess son Pl prode arg, MS 39402-8 ployer (Required) Helicopters Required) Corporation Other (please sp liams ess son Pl prode | PAC pecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (I Pilot Source: Full Name David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp | pess son Pl prode | PAC pecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (I Pilot Source: Full Name David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp | process son Pl process | PAC pecify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---|--|--------------|---------------------|----------|---|--|
| Full Name | Other (please sp | | | | | period |
| David Wil | lliams | | | | 03/24/2023 | \$100.00 |
| Mailing Addre | ess | | | | - | |
| 122 Madis | | | | | | |
| City, State, Zi | ip Code | | | | 1 | |
| Hattiesbu | urg, MS 39402-8 | 8339 | | | | |
| | ployer (Required) Helicopters | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$225.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 00/05/0000 | • |
| David Wil | lliams | | | | 03/27/2023 | \$25.00 |
| Mailing Addre | ess | | | | 7 | |
| 122 Madis | | | | | | |
| City, State, Zi | ip Code | | | | 1 | |
| Hattiesbu | urg, MS 39402-8 | 8339 | | | | |
| | oloyer(Required) Helicopters | | | 60, | | |
| Occupation (| Required) | | | THIS | Aggregate year-to-date | \$225.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| | | | | | | |
| Full Name David Wil | lliams | 0 | 10 K | | 04/22/2023 | \$25.00 |
| | ess | P | (DO M | | 04/22/2023 | \$25.00 |
| David Wil | ess son Pl | R | (B) 4 | | 04/22/2023 | \$25.00 |
| David Will Mailing Addre 122 Madis City, State, Zi | ess son Pl | 8339 | (B) K | | 04/22/2023 | \$25.00 |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp | ess son Pl ip Code | 8339 | (BO 4) | | 04/22/2023 | \$25.00 |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp | ess son Pl ip Code urg, MS 39402-8 Doyer (Required) Helicopters | 8339 | (B) (B) | | Aggregate year-to-date | \$25.00 |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow H Occupation (| ess son Pl ip Code urg, MS 39402-8 Doyer (Required) Helicopters | 8339 □PAC | ☑ Individual | Loan | Aggregate year-to-date | \$225.00 Amount of each |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow H Occupation (Pilot | ess son Pl ip Code urg, MS 39402-8 bloyer (Required) Helicopters Required) | □PAC | ☑Individual | Loan | Aggregate year-to-date | \$225.00 |
| David Will Mailing Addre 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow H Occupation (Pilot | ess son Pl ip Code urg, MS 39402-8 bloyer (Required) Helicopters Required) Corporation Other (please sp | □PAC | √ Individual | Loan | Aggregate year-to-date | \$225.00 Amount of each receipt this |
| David Will Mailing Address 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow H Occupation (Pilot Source: | ess son Pl ip Code arg, MS 39402-8 bloyer (Required) Helicopters Required) Corporation Other (please sp | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| David Will Mailing Address 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (Pilot Source: Full Name David Will Mailing Address | ess son Pl ip Code urg, MS 39402-8 bloyer (Required) Helicopters Required) Corporation Other (please sp | □PAC | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| David Will Mailing Address 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (Pilot Source: Full Name David Will Mailing Address 122 Madis City, State, Zi | ess son Pl ip Code urg, MS 39402-8 bloyer (Required) Helicopters Required) Corporation Other (please sp | PAC Decify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| David Will Mailing Address 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (I Pilot Source: Full Name David Will Mailing Address 122 Madis City, State, Zi Hattiesbu Name of Emp | ess son Pl ip Code arg, MS 39402-8 bloyer (Required) Helicopters Required) Corporation Other (please sp lliams ess son Pl ip Code arg, MS 39402-8 bloyer (Required) | PAC Decify) | √ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| David Will Mailing Address 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (I Pilot Source: Full Name David Will Mailing Address 122 Madis City, State, Zi Hattiesbu Name of Emp | ess son Pl ip Code arg, MS 39402-8 bloyer (Required) Helicopters Required) Corporation Other (please sp lliams ess son Pl ip Code arg, MS 39402-8 | PAC Decify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |
| David Will Mailing Address 122 Madis City, State, Zi Hattiesbu Name of Emp Bristow F Occupation (I Pilot Source: Full Name David Will Mailing Address 122 Madis City, State, Zi Hattiesbu Name of Emp | ess son Pl ip Code urg, MS 39402-8 bloyer (Required) Helicopters Required) Corporation Other (please sp lliams ess son Pl ip Code urg, MS 39402-8 bloyer (Required) Helicopters | PAC Decify) | ✓ Individual | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$225.00 Amount of each receipt this period |

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
|---|--|-------------|--------------|----------------|---|--|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 04/04/2023 | \$250.00 |
| George H. | Williams | | | | | , |
| Mailing Addre | | | | | | |
| 100 Marti | | | | | | |
| City, State, Zip | Code , MS 39157-341 | 1 Ω | | | | |
| | | | | | _ | |
| Not Emplo | oyer (Required) yed | | | | | |
| Occupation (R | Required) | | | | Aggregate year-to-date | \$450.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | Williama | | | | 04/18/2023 | \$200.00 |
| George H. | | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zip | - | | | | | |
| | , MS 39157-341 | 19 | | | | |
| Name of Emplo | oyer (Required) yed | | | 10, | | |
| Occupation (F | Required) | | | HIS | Aggregate | \$450.00 |
| Retired | | | | | year-to-date | , |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| 000.00. | | | | | | |
| | Other (please sp | pecify) | | X . | (Mo., Day, Year) | receipt this period |
| Full Name | Other (please sp | pecify) | | | (Mo., Day, Year) 02/22/2023 | - |
| Full Name Roger Wil | Other (please sp | pecify) | | 5 ⁻ | | period |
| Full Name Roger Will Mailing Addre | Other (please sp | pecify) | 100 | 5 T | | period |
| Full Name Roger Wil Mailing Addre | Other (please sp | pecify) | | 5 ⁴ | | period |
| Full Name Roger Will Mailing Addre | Other (please sp | pecify) | (40° F) | 5 | | period |
| Full Name Roger Will Mailing Addre 194 Victo City, State, Zip Jackson, | Other (please sp | pecify) | | | | period |
| Full Name Roger Will Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl | Other (please sp | pecify) | | | | period |
| Full Name Roger Will Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl | Other (please sp | pecify) | TO PORT | | | period |
| Full Name Roger Will Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl Watkins & Occupation (F | Other (please sp | pecify) | ✓Individual | Loan | 02/22/2023 Aggregate | \$500.00 \$500.00 Amount of each |
| Full Name Roger Wil Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl Watkins & Occupation (F Attorney | Dother (please sponsor) liams ss ria Pl c Code MS 39201 loyer (Required) Eager PLLC Required) | PAC | | Loan | Aggregate year-to-date | \$500.00 \$500.00 |
| Full Name Roger Wil Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl Watkins & Occupation (F Attorney Source: | Other (please sp | PAC | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Full Name Roger Wil Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl Watkins & Occupation (F Attorney Source: | Other (please sp | PAC | | Loan | Aggregate year-to-date Date | \$500.00 \$500.00 Amount of each receipt this |
| Full Name Roger Will Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl Watkins & Occupation (F Attorney Source: Full Name Julia Will Mailing Addre | Other (please spliams ss ria Pl O Code MS 39201 oyer (Required) Eager PLLC Required) Corporation Other (please spliams-Thomas ss | PAC | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Full Name Roger Will Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl Watkins & Occupation (F Attorney Source: Full Name Julia Will Mailing Addre 331 Wrenf | Other (please sponsor) liams ss ria Pl OCode MS 39201 Oyer (Required) Eager PLLC Required) Corporation Other (please sponsor) liams-Thomas ss ield Way | PAC | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Full Name Roger Will Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl Watkins & Occupation (F Attorney Source: Full Name Julia Will Mailing Addre 331 Wrenf City, State, Zip | Other (please sponsor) liams ss ria Pl OCode MS 39201 Oyer (Required) Eager PLLC Required) Corporation Other (please sponsor) liams-Thomas ss ield Way | PAC pecify) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Full Name Roger Wil Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl Watkins & Occupation (F Attorney Source: Full Name Julia Wil Mailing Addre 331 Wrenf City, State, Zip Ridgeland | Other (please sponsor) liams ss ria Pl OCode MS 39201 Oyer (Required) Eager PLLC Required) Corporation Other (please sponsor) liams-Thomas ss ield Way OCode | PAC pecify) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Full Name Roger Wil Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl Watkins & Occupation (F Attorney Source: Full Name Julia Wil Mailing Addre 331 Wrenf City, State, Zip Ridgeland | Corporation Corporation Corporation Corporation Corporation Corporation Corporation Corporation Maintenance Corporation Corporation Maintenance Sequired Corporation Maintenance Mai | PAC pecify) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |
| Full Name Roger Will Mailing Addre 194 Victo City, State, Zip Jackson, Name of Empl Watkins & Occupation (F Attorney Source: Full Name Julia Will Mailing Addre 331 Wrenf City, State, Zip Ridgeland Name of Empl | Corporation Other (please specific please spe | PAC pecify) | | Loan | Aggregate year-to-date Date (Mo., Day, Year) | \$500.00 \$500.00 Amount of each receipt this period |

| Source: | ☐ Corporation☐ Other (please sp | PAC | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|---------------------------|-----------------------------------|--------|--------------|------|---------------------------|------------------------------------|
| Full Name Gloria Wi | :11:0=00 | | | | 03/07/2023 | \$500.00 |
| Mailing Addre | | | | | | |
| 521 Holla | | | | | | |
| City, State, Zi | ip Code | | | | | |
| | phia, MS 39350 | -2437 | | | | |
| Name of Emp | oloyer (Required) oyed | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$2,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Gloria Wi | illiamson | | | | 03/16/2023 | \$250.00 |
| Mailing Address | | | | | | |
| City, State, Zi | ip Code | | | | | |
| | phia, MS 39350 | -2437 | | | at 1 | |
| Name of Emp | oloyer (Required) oyed | | | 0 | 2, | |
| Occupation (| Required) | | // | THIS | Aggregate year-to-date | \$2,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | 05° | X | (Mo., Day, Year) | receipt this period |
| Full Name Gloria Wi | illiamson | | | | 03/27/2023 | \$1,000.00 |
| Mailing Address 521 Holla | | | | | | |
| City, State, Zi | ip Code | | | | | |
| Philadelp | phia, MS 39350 | -2437 | | | | |
| Not Emplo | oloyer (Required) Dyed | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$2,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name Gloria Wi | illiamson | | | | 04/29/2023 | \$250.00 |
| Mailing Address 521 Holla | | | | | | |
| City, State, Zi | i p Code ohia, MS 39350 | -2437 | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (| Required) | | | | Aggregate year-to-date | \$2,000.00 |
| | | | | | | |

Reporting Period 1/1/2023

/1/2023 **through**

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|---------------------------|--------------------------|--------|--------------|----------|---------------------------|--|
| | Other (please spe | ecity) | | | - (WO., Day, Teal) | period |
| Full Name William R | . Wilson | | | | 02/12/2023 | \$74.40 |
| Mailing Addre | ess | | | | | |
| PO Box 24 | | | | | | |
| City, State, Zi | | | | | | |
| | IS 38655-6200 | | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (F | Required) | | | | Aggregate year-to-date | \$1,648.80 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name William R | . Wilson | | | | 02/12/2023 | \$74.40 |
| Mailing Addre | ess | | | | | |
| PO Box 24 | | | | | | |
| City, State, Zi | p Code | | | | | |
| Oxford, M | IS 38655-6200 | | | | -1 | |
| Name of Emp | loyer (Required) oyed | | | 60 | | |
| Occupation (F | Required) | | | 1112 | Aggregate | \$1,648.80 |
| Attorney | | | | | year-to-date | , _, = = = = = = = = = = = = = = = = = = |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please spe | ecify) | | <u> </u> | (Mo., Day, Year) | period |
| Full Name William R | . Wilson | | 0 4 | | 04/19/2023 | \$1,500.00 |
| Mailing Addre | | | | | | |
| City, State, Zi | | | | | | |
| | is 38655-6200 | | | | | |
| | loyer (Required) | | | | | |
| Self Empl | oyed | | | | | |
| Occupation (F Attorney | Required) | | | | Aggregate year-to-date | \$1,648.80 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please spe | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 04/18/2023 | \$250.00 |
| Suzanne S | . Wise | | | | | 120000 |
| Mailing Address 4621 Traw | | | | | | |
| City, State, Zi | | | | | | |
| | MS 39211-5835 | | | | | |
| Name of Emp | lover (Required) | | | | | |
| Self Empl | | | | | | |
| Self Empl Occupation (F | oyed | | | | Aggregate | \$250.00 |

| Name of Candidate or Committee Brandon | Presley |
|--|---------|
| Name of Candidate of Committee Brandon | TTESTE |

Page <u>266</u> of <u>320</u>

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

| Source: | ☐ Corporation☐ Other (please sp | PAC ecify) | ✓Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this period |
|------------------------|---------------------------------|---------------|--------------|------------|---------------------------|------------------------------------|
| Full Name Frank Wit | herspoon | | | | 01/13/2023 | \$100.00 |
| Mailing Addre | ess | | | | | |
| 910 Linco | | | | | | |
| City, State, Zi | p Code IS 38655-4328 | | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$700.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Frank Wit | herspoon | | | | 02/01/2023 | \$50.00 |
| Mailing Addre | ess | | | | | |
| City, State, Zi | | | | | - | |
| Oxford, N | IS 38655-4328 | | | | 2 | |
| Name of Emp | loyer (Required) oyed | | | | COX | |
| Occupation (I | | | // | LIHI | Aggregate year-to-date | \$700.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | 7 <u>7</u> | (Mo., Day, Year) | receipt this period |
| Full Name Frank Wit | herspoon | | 9 6 | | 03/29/2023 | \$50.00 |
| Mailing Addre | ess | | (D) | | | |
| City, State, Zi | p Code | | | | | |
| | IS 38655-4328 | | | | | |
| Name of Emp | loyer (Required) oyed | | | | | |
| Occupation (I | • , | | | | Aggregate year-to-date | \$700.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name Frank Wit | herspoon | | | | 04/24/2023 | \$500.00 |
| Mailing Addre | ess | | | | | |
| 910 Linco | | | | | | |
| City, State, Zi | p Code IS 38655-4328 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Occupation (I | | | | | Aggregate | \$700.00 |
| Not Emplo | | | | | year-to-date | , , , , , , |

Reporting Period 1/1/2023 thro

through

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date (Mo., Day, Year) | Amount of each receipt this |
|--|--|---------|--------------|----------|-------------------------------------|------------------------------------|
| | Other (please sp | pecify) | | | (WO., Day, Teal) | period |
| Full Name Robert Wi | vanl | | | | 04/18/2023 | \$5,000.00 |
| Mailing Addre | | | | | _ | |
| 334 Lover | | | | | | |
| City, State, Zi | p Code | | | | | |
| Ocean Spr | ings, MS 3956 | 4-2826 | | | | |
| | loyer(Required) Viygul & Garsio | de | | | | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$5,000.00 |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | _ | | | | 04/20/2023 | \$500.00 |
| Jim Wohll | .eb | | | | <u></u> | |
| Mailing Address 518 Fairf | | | | | | |
| City, State, Zi | | | | | - | |
| | ck, AR 72205- | 4314 | | | | |
| | loyer (Required) | | | COL | | |
| Occupation (I | | | ^ | 115 | Aggregate | \$500.00 |
| Retired | • , | | | | year-to-date | ¥300 : 00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each |
| | Other (please sp | pecify) | | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name Johnny Wr | av | | | | 03/20/2023 | \$250.00 |
| Mailing Addre | | | | | - | |
| 731 Milam | n Rd | | | | | |
| City, State, Zi | . 1.0 | | | | | |
| ~ 1 17 (| p Code | 0.01 | | | | |
| | p Code ff, MS 39741-9 | 021 | | | | |
| | p Code ff, MS 39741-9 loyer (Required) | 021 | | | | |
| Name of Emp | p Code f, MS 39741-90 loyer (Required) Farm | 021 | | | Aggregate | ¢250.00 |
| Name of Emp | p Code ff, MS 39741-90 loyer (Required) Farm Required) | 021 | | | Aggregate year-to-date | \$250.00 |
| Name of Emp | p Code ff, MS 39741-90 loyer (Required) Farm Required) | 021 | ✓Individual | Loan | year-to-date Date | Amount of each |
| Name of Emp High Hope Occupation (I Business | p Code f, MS 39741-90 loyer (Required) Farm Required) Owner | PAC | ✓Individual | Loan | year-to-date | · |
| Name of Emp High Hope Occupation (I Business Source: | p Code If, MS 39741-99 loyer (Required) Farm Required) Owner Corporation Other (please sp | PAC | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Name of Emp High Hope Occupation (I Business Source: Full Name Douglas W Mailing Addre | p Code if, MS 39741-90 loyer (Required) Farm Required) Owner Corporation Other (please sp | PAC | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp High Hope Occupation (I Business Source: Full Name Douglas W Mailing Address 3835 Old | p Code if, MS 39741-99 loyer (Required) Farm Required) Owner Corporation Other (please space) Jright Ess Towne Cir | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp High Hope Occupation (I Business Source: Full Name Douglas W Mailing Addre 3835 Old City, State, Zi | p Code if, MS 39741-99 loyer (Required) Farm Required) Owner Corporation Other (please space) Jright Ess Towne Cir | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp High Hope Occupation (I Business Source: Full Name Douglas W Mailing Addre 3835 Old City, State, Zi Tupelo, M Name of Emp | p Code if, MS 39741-99 loyer (Required) Farm Required) Owner Corporation Other (please sports) right ess Towne Cir p Code | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp High Hope Occupation (I Business Source: Full Name Douglas W Mailing Addre 3835 Old City, State, Zi | p Code If, MS 39741-99 Ioyer (Required) Farm Required) Owner Corporation Other (please sports) Iright PSS Towne Cir P Code IS 38804-1086 | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp High Hope Occupation (I Business Source: Full Name Douglas W Mailing Addre 3835 Old City, State, Zi Tupelo, M Name of Emp | p Code if, MS 39741-99 loyer (Required) Farm Required) Owner Corporation Other (please sponsor) Iright PSS Towne Cir P Code IS 38804-1086 loyer (Required) | PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each receipt this |
|--|---|----------------------|---------------------|----------|-------------------------------------|------------------------------------|
| | Other (please sp | pecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 03/09/2023 | \$500.00 |
| Ron A. Ya | rbrough | | | | | , , , , , , , |
| Mailing Addre | | | | | | |
| 201 Devan | | | | | | |
| City, State, Zi | | 67 | | | | |
| | l, MS 39157-976 | 6 / | | | | |
| Name of Emp Brunini I | loyer (Required) | | | | | |
| | | | | | A | |
| Occupation (I | Required) | | | | Aggregate year-to-date | \$500.00 |
| Attorney | | | | | | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 02/22/2023 | \$500.00 |
| Frank Yat | es | | | | 02,22,2023 | 4000.00 |
| Mailing Addre | ess | | | | | |
| 722 Woodr | run Dr | | | | | |
| City, State, Zi | | | | | | |
| Pearl, MS | 39208-7901 | | | | , \ | |
| | loyer (Required) | | | 1 | | |
| Not Emplo | oyed | | _ | | | |
| Occupation (I | | | | | Aggregate year-to-date | \$500.00 |
| Not Emplo | | | | 4 | , | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | a de | <u> </u> | (Mo., Day, Year) | period |
| Full Name | | | 10 9 | 7 | 01/12/2023 | \$100.00 |
| Kathryn Y | ork | | | | 01/12/2023 | Ψ100 : 00 |
| Mailing Addre | ess | | | | | |
| 315 Panol | a St | | | | | |
| City, State, Zi | p Code | | | | | |
| Water Val | | | | | | |
| | ley, MS 38965- | -2408 | | | | |
| Name of Emp | loyer (Required) | -2408 | | | | |
| | loyer (Required) | -2408 | | | | |
| Name of Emp Teach for Occupation (F | loyer (Required) America Required) | | | | Aggregate | \$350.00 |
| Name of Emp Teach for Occupation (F | loyer (Required) America | | | | Aggregate year-to-date | \$350.00 |
| Name of Emp Teach for Occupation (F | loyer (Required) America Required) | | ✓Individual | Loan | | Amount of each |
| Name of Emp Teach for Occupation (I Non Profi | loyer (Required) America Required) t Administrato | or PAC | ✓Individual | Loan | year-to-date | |
| Name of Emp Teach for Occupation (I Non Profi | loyer (Required) America Required) t Administrate Corporation | or PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Teach for Occupation (I Non Profi Source: | loyer (Required) America Required) t Administrate Corporation Other (please sp | or PAC | ✓Individual | Loan | year-to-date Date | Amount of each receipt this |
| Name of Emp Teach for Occupation (I Non Profi Source: | Nover (Required) America Required) t Administrate Corporation Other (please sp | or PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Teach for Occupation (I Non Profi Source: Full Name Kathryn Y | Required) t America Required) t Administrate Corporation Other (please sp | or PAC | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Teach for Occupation (I Non Profi Source: Full Name Kathryn Y Mailing Addre 315 Panol City, State, Zi | loyer (Required) America Required) t Administrate Corporation Other (please sp | or PAC pecify) | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Teach for Occupation (I Non Profit Source: Full Name Kathryn Y Mailing Addre 315 Panol City, State, Zi Water Val | Required) America Required) t Administrate Corporation Other (please sp | or PAC pecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Teach for Occupation (I Non Profit Source: Full Name Kathryn Y Mailing Addre 315 Panol City, State, Zi Water Val Name of Emp | Nover (Required) America Required) Administrate Corporation Other (please sp Ork Ass A St P Code Ley, MS 38965- Nover (Required) | or PAC pecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Teach for Occupation (I Non Profit Source: Full Name Kathryn Y Mailing Addre 315 Panol City, State, Zi Water Val | Nover (Required) America Required) Administrate Corporation Other (please sp Ork Ass A St P Code Ley, MS 38965- Nover (Required) | or PAC pecify) | ✓Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |
| Name of Emp Teach for Occupation (I Non Profi Source: Full Name Kathryn Y Mailing Addre 315 Panol City, State, Zi Water Val Name of Emp Teach for Occupation (I | loyer (Required) America Required) t Administrate Corporation Other (please sp Ork ess a St p Code ley, MS 38965- loyer (Required) America | PAC Decify) | ✓ Individual | Loan | year-to-date Date (Mo., Day, Year) | Amount of each receipt this period |

Reporting Period

1/1/2023 **through**

4/30/2023

| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each receipt this |
|-------------------------|--------------------------------|--------|--------------|----------|------------------------|-----------------------------|
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 01/18/2023 | \$10,000.00 |
| Emilee Yo | | | | | | |
| Mailing Addre | | | | | | |
| City, State, Zi | = | | | | | |
| | 38625-9604 | | | | | |
| Name of Emp | loyer (Required) | | | | | |
| Tippah Co | unty Hospital | | | | | |
| Occupation (F | Required) | | | | Aggregate | \$10,000.00 |
| Nurse Pra | ctitioner | | | | year-to-date | |
| Source: | Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | receipt this period |
| Full Name | | | | | 02/24/2023 | <u>-</u> |
| Julia You | ng | | | | 02/24/2023 | \$250.00 |
| Mailing Addre | ess | | | | | |
| 724 Espla | | | | | | |
| City, State, Zi | | | | | 6 | |
| | MS 39157-513 | 31 | | | 54 | |
| Name of Emp | loyer (Required) yed | | | 1 | 0, | |
| Occupation (F | Required) | | | A HIS | Aggregate | \$250.00 |
| Retired | | | | | year-to-date | |
| Source: | ☐ Corporation | PAC | ✓ Individual | Loan | Date | Amount of each |
| | Other (please sp | ecify) | 4.26° | <u> </u> | (Mo., Day, Year) | receipt this period |
| Full Name | | A | 9 4 |) | 04/19/2023 | \$500.00 |
| Louis Zac | hos | | | | | 4000.00 |
| Mailing Addre | | | | | | |
| 1202 Fron | | | | | | |
| City, State, Zi | p Code IS 38655-4904 | | | | | |
| | loyer (Required) | | | | | |
| Not Emplo | | | | | | |
| Occupation (F | | | | | Aggregate | \$500.00 |
| Retired | toquii ou; | | | | year-to-date | \$500.00 |
| Source: | Corporation | PAC | ✓Individual | Loan | Date | Amount of each receipt this |
| | Other (please sp | ecify) | | | (Mo., Day, Year) | period |
| Full Name | | | | | 03/13/2023 | \$250.00 |
| Michelle | Zeng | | | | | 120000 |
| Mailing Addre | | | | | | |
| 536 Dampi | | | | | | |
| City, State, Zi | | | | | | |
| | e. MS 38701-74 | 130 | | | | |
| Name of Emp | e, MS 38701-74 | 130 | | | | |
| Name of Emp | loyer (Required) | 130 | | | | |
| Accenture | loyer (Required) | 130 | | | Aggregate | 6250.00 |
| Accenture Occupation (F | loyer (Required) | 130 | | | Aggregate year-to-date | \$250.00 |

| Name of Candidat | e or Committee Brand | on Presley | | Page 270 of 320 |
|------------------|----------------------|------------|-----------|-----------------|
| Reporting Period | 1/1/2023 | through_ | 4/30/2023 | |

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

| Name | of Can | didate | ٥r | Committee | Brandon | Preslev |
|------|--------|--------|----|-----------|---------|---------|
| | | | | | | |

Page 271 of 320

Reporting Period 1/1/2023 through

ITEMIZED RECEIPTS - IN-KIND CONTRIBUTIONS

4/30/2023

| Source: Corporation PAC Individual Loan | Date |
|--|--------------------------------|
| Other (please specify) | (Mo., Day, Year) |
| Full Name David Baria | 03/18/2023 |
| Mailing Address 544 Main St | Estimated Amount of In-Kind |
| City, State, Zip Code Bay Saint Louis, MS 39520-2730 | Contribution* |
| Name of Employer (Required) Cosmich Simmons & Brown PLLC | \$1,500.00 |
| Occupation (Required) Attorney | |
| In-Kind Contribution: Event Sponsorship | |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) |
| Full Name Gladstone Jones | 04/27/2023 |
| Mailing Address 4130 Cove Garden Rd | Estimated Amount of In-Kind |
| City, State, Zip Code North Garden, VA 22959-2305 | Contribution* |
| Name of Employer (Required) Jones, Swanson & Huddell | \$3,198.36 |
| Occupation (Required) Attorney | |
| In-Kind Contribution: Event Catering | |

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

| Name | of Car | ndidate | or C | Committee | Brandon | Preslet |
|------|--------|---------|------|-----------|---------|---------|
| | | | | | | |

Page 272 of 320

Reporting Period _ 1/1/2023

through 4/30/2023

ITEMIZED RECEIPTS - IN-KIND CONTRIBUTIONS

| Source: Corporation PAC Individual Loan | Date |
|--|--------------------------------|
| Other (please specify) | (Mo., Day, Year) |
| Full Name Mark Pryor | 04/29/2023 |
| Mailing Address 7300 Pinnacle Valley Rd | Estimated Amount of In-Kind |
| City, State, Zip Code Little Rock, AR 72223-5257 | Contribution* |
| Name of Employer (Required) Brownstein Hyatt Farber Shreck, LLP | \$465.00 |
| Occupation (Required) Attorney | |
| In-Kind Contribution: Event Catering | |
| Source: Corporation PAC Individual Loan Other (please specify) | Date (Mo., Day, Year) |
| Full Name Polly Sattler | 04/24/2023 |
| Mailing Address 289 Candler St NE | Estimated Amount of In-Kind |
| City, State, Zip Code Atlanta, GA 30307-2031 | Contribution* |
| Name of Employer (Required) Partnership for Inclusive Innovation | \$234.34 |
| Occupation (Required) Sustainability Planner | |
| In-Kind Contribution: Event Catering | |

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

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

| Disbursements from contributions accumulated Prior to January 1, 2018 | or On or Aft | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 382110 | 01/24/2023 | \$372.07 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 382110 | 01/31/2023 | \$293.16 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | Ψ1 , 131.32 |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| PO Box 382110 | 02/08/2023 | \$0.40 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | 77,737.32 |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| PO Box 382110 | 02/08/2023 | \$362.02 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | 77,737.32 |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | · |
| PO Box 382110 | 02/19/2023 | \$187.67 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | 67 727 20 |
| Credit Card Processing | year-to-date | \$7,737.32 |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 382110 | 02/21/2023 | \$116.05 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 382110 | 02/21/2023 | \$451.48 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | \ \frac{1}{2} |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 382110 | 02/26/2023 | \$132.56 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | 47,701.02 |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 382110 | 02/26/2023 | \$378.25 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | 47,701.02 |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 382110 | 03/05/2023 | \$304.76 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | 71,131.32 |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

| Disbursements from contributions accumulated Prior to January 1, 2018 | or On or Aft | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 382110 | 03/12/2023 | \$327.11 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 382110 | 03/20/2023 | \$560.10 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | Ψ1 , 131.32 |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| PO Box 382110 | 03/27/2023 | \$182.01 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | Ψ1 , 131.32 |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| PO Box 382110 | 03/31/2023 | \$771.39 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,737.32 |
| Credit Card Processing | year-to-date | 77,737.32 |
| Full Name | Date | Amount of each |
| ActBlue Technical Services | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | · |
| PO Box 382110 | 04/02/2023 | \$31.93 |
| City, State, Zip Code | | |
| Cambridge, MA 02238-2110 | | |
| Purpose of Disbursement (Optional) | Aggregate | 67 727 20 |
| Credit Card Processing | year-to-date | \$7 , 737.32 |

| еу |
|----|
| |

| Full Name | Disbursements from contributions accumulated Prior to January 1, 2018 of | or On or Aft | er January 1, 2018 |
|--|--|--------------|--------------------|
| ActBlue Technical Services Mo., Day, Year disbursement this period | Full Name | Date | Amount of each |
| PO Box 382110 O4/09/2023 \$217.76 | ActBlue Technical Services | | |
| City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Aggregate year-to-date \$7,737.32 Credit Card Processing Date (Mo., Day, Year) Amount of each disbursement this period RotBlue Technical Services 04/16/2023 \$431.71 City, State, Zip Code 04/16/2023 \$431.71 City, State, Zip Code 2 Amount of each disbursement (Optional) Credit Card Processing Aggregate year-to-date \$7,737.32 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Malling Address 04/23/2023 \$467.21 Po Box 382110 04/23/2023 \$467.21 City, State, Zip Code Aggregate year-to-date \$7,737.32 Credit Card Processing Aggregate year-to-date \$7,737.32 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/24/2023 \$2,149.68 City, State, Zip Code 04/24/2023 \$2,149.68 City, State, Zip Code 04/24/2023 \$2,149.68 City, State, Zip Code 04/24/2023 \$ | Mailing Address | | |
| Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name Act Blue Technical Services Malling Address Po Box 382110 Purpose of Disbursement (Optional) Credit Card Processing Full Name Act Blue Technical Services Malling Address Po Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name Act Blue Technical Services Maling Address Po Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name Act Blue Technical Services Maling Address Po Box 382110 Credit Card Processing Full Name Act Blue Technical Services Maling Address Po Box 382110 Credit Card Processing Full Name Act Blue Technical Services Maling Address Act Blue Technical Services Maling Address Act Blue Technical Services Maling Address Act Blue Technical Services Maling Address Do Box 382110 Aggregate (Mo., Day, Year) Amount of each disbursement this period Maling Address Do Box 382110 Aggregate (Mo., Day, Year) Amount of each disbursement this period Maling Address Do Box 382110 Aggregate (Mo., Day, Year) Amount of each disbursement this period Maling Address Date (Mo., Day, Year) Amount of each disbursement this period Maling Address 260 Commerce St Oz/10/2023 \$126,800.00 | PO Box 382110 | 04/09/2023 | \$217.76 |
| Purpose of Disbursement (Optional) Credit Card Processing Po Box 382110 Credit Card Processing Full Name ActBlue Technical Services Aggregate (Mo., Day, Year) Crity, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ActBlue Technical Services Aggregate (Mo., Day, Year) Crity, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ActBlue Technical Services Aggregate (Mo., Day, Year) Credit Card Processing Full Name ActBlue Technical Services Aggregate (Mo., Day, Year) Credit Card Processing Full Name ActBlue Technical Services Aggregate (Mo., Day, Year) Credit Card Processing Full Name ActBlue Technical Services Amount of each disbursement (Deptional) Aggregate (Mo., Day, Year) Credit Card Processing Full Name ActBlue Technical Services Amount of each disbursement (Deptional) Aggregate (Mo., Day, Year) Credit Card Processing Full Name ActBlue Technical Services Aggregate (Mo., Day, Year) Credit Card Processing Full Name Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Credit Card Processing Full Name Alia Polling, Inc. Aggregate (Mo., Day, Year) Credit Card Processing Full Name Alia Polling, Inc. Aggregate (Mo., Day, Year) Credit Card Processing Full Name Alia Polling, Inc. Aggregate (Mo., Day, Year) Credit Card Processing Full Name Alia Polling, Inc. Aggregate (Mo., Day, Year) Credit Card Processing Amount of each disbursement (Deptional) Credit Card Processing Full Name Aggregate (Mo., Day, Year) Credit Card Processing Amount of each disbursement (Deptional) Credit Card Processing Amount of each (Mo., Day, Year) Credit Card Processing Amount of each (Mo., Day, Year) Credit Card Processing Amount of each (Mo., Day, Year) Credit Card Processing Amount of each (Mo., Day, Year) Credit Card Processing Amount of each (Mo., Day, Year) Credit Card Processing Amount of each (Mo., Day, Year) Credit Card Processing Amount of each (Mo., Day, Year) Credit Card Processi | City, State, Zip Code | | |
| Credit Card Processing year-to-date \$1,1332 Full Name Act Blue Technical Services Amount of each disbursement this period Mailing Address PO Box 382110 04/16/2023 \$431.71 City, State, Zip Code Aggregate year-to-date \$7,737.32 Credit Card Processing Aggregate year-to-date \$7,737.32 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address PO Box 382110 04/23/2023 \$467.21 City, State, Zip Code 2 Aggregate year-to-date \$7,737.32 Pol Box 382110 Aggregate year-to-date \$7,737.32 Credit Card Processing Aggregate year-to-date \$7,737.32 Full Name Aggregate year-to-date \$7,737.32 Act Blue Technical Services Mailing Address Amount of each disbursement this period Pol Box 382110 04/24/2023 \$2,149.68 City, State, Zip Code Aggregate \$7,737.32 Cambridge, MA 02238-2110 Aggregate \$7,737.32 Purpose of Disbursement (Optional) Aggregate \$7,737.32 | Cambridge, MA 02238-2110 | | |
| Credit Card Processing Authority Full Name ActBlue Technical Services Mailing Address PD Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name Address PD Box 382110 Aggregate year-to-date Amount of each disbursement this period Aggregate year-to-date Amount of each disbursement (Optional) Credit Card Processing Full Name ActBlue Technical Services Mailing Address PD Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name Aggregate year-to-date Aggregate year-to-date \$7,737.32 Full Name Aggregate (Mo., Day, Year) Almount of each disbursement this period Aggregate year-to-date \$7,737.32 Aggregate year-to-date \$7,737.32 Amount of each disbursement this period Alliling Address PD Box 382110 04/24/2023 \$2,149.68 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name Aggregate year-to-date \$7,737.32 Aggregate year-to-date \$7,737.32 \$2,149.68 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name Aggregate \$7,737.32 \$467.21 Amount of each disbursement this period Mailing Address Amount of each disbursement this period Mailing Address 260 Commerce St Oz/10/2023 \$126,800.00 City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate \$126,800.00 | Purpose of Disbursement (Optional) | | \$7,737.32 |
| Actiblue Technical Services Mailing Address PO Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Po Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Po Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Pull Name Actiblue Technical Services Aggregate Vear-to-date City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing City, State, Zip Code City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Credit Card Pro | Credit Card Processing | year-to-date | 1 . , |
| Actable Technical Services (Mo., Day, Year) disbursement this period | Full Name | Date | Amount of each |
| PO Box 382110 | ActBlue Technical Services | | |
| City, State, Zip Code Aggregate year-to-date \$7,737.32 Purpose of Disbursement (Optional) Aggregate year-to-date \$7,737.32 Credit Card Processing Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address PO Box 382110 04/23/2023 \$467.21 City, State, Zip Code Cambridge, MA 02238-2110 Aggregate year-to-date \$7,737.32 Pull Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/24/2023 \$2,149.68 PO Box 382110 04/24/2023 \$2,149.68 City, State, Zip Code Aggregate year-to-date \$7,737.32 City, State, Zip Code Aggregate year-to-date \$7,737.32 Full Name Aggregate year-to-date \$7,737.32 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address Date (Mo., Day, Year) Amount of each disbursement this period Full Name Aggregate year-to-date \$126,800.00 City, State, Zip Code | Mailing Address | | |
| Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ActBlue Technical Services PO Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ActBlue Technical Services Aggregate year-to-date City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ActBlue Technical Services Aggregate (Mo., Day, Year) Credit Card Processing Full Name ActBlue Technical Services City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Credit Card Processing Aggregate year-to-date State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ALG Polling, Inc. Aggregate (Mo., Day, Year) Aggregate year-to-date (Mo., Day, Year) Aggregate State, Zip Code City, State, Zip Code Mailing Address 260 Commerce St 02/10/2023 \$126,800.00 Purpose of Disbursement (Optional) Purpose of Disbursement (Optional) Aggregate State, Zip Code Amount of each disbursement this period | PO Box 382110 | 04/16/2023 | \$431.71 |
| Purpose of Disbursement (Optional) Aggregate year-to-date \$7,737.32 Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/23/2023 \$467.21 PO Box 382110 04/23/2023 \$7,737.32 City, State, Zip Code Aggregate year-to-date \$7,737.32 Credit Card Processing Amount of each disbursement (Optional) Amount of each disbursement this period Full Name Date (Mo., Day, Year) Amount of each disbursement this period Mailing Address 04/24/2023 \$2,149.68 PO Box 382110 04/24/2023 \$2,149.68 City, State, Zip Code 04/24/2023 \$7,737.32 Credit Card Processing Aggregate year-to-date \$7,737.32 Purpose of Disbursement (Optional) Aggregate year-to-date \$7,737.32 Credit Card Processing Amount of each disbursement this period Full Name Date (Mo., Day, Year) \$7,737.32 Credit Card Processing Oa/10/2023 \$126,800.00 Full Name Oa/10/2023 \$126,800.00 City, State, Zip Code Oa/10/2023 | City, State, Zip Code | 1 | |
| Pull Name | | | |
| Full Name Act Blue Technical Services Mailing Address PO Box 382110 Credit Card Processing Purpose of Disbursement (Optional) City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Act Blue Technical Services Aggregate year-to-date Act Blue Technical Services Mailing Address PO Box 382110 Aggregate year-to-date (Mo., Day, Year) Amount of each disbursement (in this period) Aggregate year-to-date Full Name Augregate year-to-date Algeregate Amount of each disbursement (in this period) Am | Purpose of Disbursement (Optional) | | \$7.737.32 |
| ActBlue Technical Services Mailing Address PO Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) ActBlue Technical Services Credit Card Processing Full Name ActBlue Technical Services Mailing Address PO Box 382110 O4/23/2023 S467.21 Aggregate year-to-date (Mo., Day, Year) Amount of each disbursement (Optional) Aggregate year-to-date (Mo., Day, Year) Amount of each disbursement this period Aggregate year-to-date City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ALG Polling, Inc. Date (Mo., Day, Year) Aggregate year-to-date (Mo., Day, Year) Aggregate (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period Algoregate year-to-date S126,800.00 Aggregate S126,800.00 | Credit Card Processing | year-to-date | 77,737.32 |
| ActBlue Technical Services Mailing Address PO Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ActBlue Technical Services Mailing Address PO Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Full Name ActBlue Technical Services Mo., Day, Year) City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Size, 800.00 | Full Name | Date | Amount of each |
| PO Box 382110 | ActBlue Technical Services | | |
| City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ActBlue Technical Services Mailing Address PO Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Amount of each disbursement this period \$2,149.68 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Aggregate year-to-date \$7,737.32 Amount of each disbursement (Optional) Credit Card Processing Amount of each disbursement this period Mailing Address 260 Commerce St 02/10/2023 \$126,800.00 City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate \$126,800.00 | Mailing Address | | |
| Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ActBlue Technical Services PO Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Purpose of Disbursement (Optional) Credit Card Processing Full Name Alg Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Credit Card Processing Aggregate (Mo., Day, Year) Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Aggregate (Mo., Day, Year) Size, 800.00 | PO Box 382110 | 04/23/2023 | \$467.21 |
| Purpose of Disbursement (Optional) Credit Card Processing Full Name ActBlue Technical Services Mailing Address PO Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name Adgregate year-to-date Aggregate year-to-date \$7,737.32 Aggregate year-to-date \$7,737.32 Aggregate year-to-date \$7,737.32 Credit Card Processing Full Name ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate year-to-date \$126,800.00 | City, State, Zip Code | | |
| Credit Card Processing Full Name ActBlue Technical Services Mailing Address PO Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate (Mo., Day, Year) Amount of each disbursement this period Amount of each disbursement this period | Cambridge, MA 02238-2110 | | |
| Full Name ActBlue Technical Services PO Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Amount of each disbursement this period Aggregate year-to-date (Mo., Day, Year) Amount of each disbursement this period | Purpose of Disbursement (Optional) | | \$7,737.32 |
| ActBlue Technical Services Mailing Address PO Box 382110 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate year-to-date (Mo., Day, Year) May Pari Amount of each disbursement this period Amount of each disbursement this period | Credit Card Processing | year-to-date | 77,737.32 |
| ActBlue Technical Services (Mo., Day, Year) disbursement this period Mailing Address PO Box 382110 04/24/2023 \$2,149.68 City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing \$7,737.32 Full Name ALG Polling, Inc. (Mo., Day, Year) Mailing Address 260 Commerce St (Mo., Day, Year) City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) \$126,800.00 | Full Name | Date | Amount of each |
| PO Box 382110 | ActBlue Technical Services | | |
| City, State, Zip Code Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate year-to-date \$7,737.32 Amount of each disbursement this period \$126,800.00 | Mailing Address | | |
| Cambridge, MA 02238-2110 Purpose of Disbursement (Optional) Credit Card Processing Full Name ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate \$7,737.32 Amount of each disbursement this period \$126,800.00 Aggregate \$126,800.00 | PO Box 382110 | 04/24/2023 | \$2,149.68 |
| Purpose of Disbursement (Optional) Credit Card Processing Full Name ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate year-to-date \$7,737.32 Amount of each disbursement this period \$126,800.00 Aggregate \$126,800.00 | City, State, Zip Code | | |
| Credit Card Processing Full Name ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate \$1,737.32 Amount of each disbursement this period \$2,7737.32 Amount of each disbursement this period \$1,737.32 Amount of each disbursement this period Aggregate \$126,800.00 | Cambridge, MA 02238-2110 | | |
| Full Name ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Amount of each disbursement this period Amount of each disbursement this period Amount of each disbursement this period Aggregate \$126,800.00 | Purpose of Disbursement (Optional) | | \$7,737.32 |
| ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate \$126,800.00 | Credit Card Processing | year-to-date | 47,707.02 |
| ALG Polling, Inc. Mailing Address 260 Commerce St City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) (Mo., Day, Year) disbursement this period disbursement th | Full Name | Date | Amount of each |
| 260 Commerce St 02/10/2023 \$126,800.00 City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate \$126,800.00 | ALG Polling, Inc. | | |
| City, State, Zip Code Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate \$126,800.00 | Mailing Address | | |
| Montgomery, AL 36104-2546 Purpose of Disbursement (Optional) Aggregate \$126,800.00 | 260 Commerce St | 02/10/2023 | \$126,800.00 |
| Purpose of Disbursement (Optional) Aggregate \$126,800.00 | City, State, Zip Code | 1 | |
| Veget to date \$120,800.00 | Montgomery, AL 36104-2546 | | |
| Research Consultant year-to-date | Purpose of Disbursement (Optional) | | \$126.800 00 |
| | Research Consultant | year-to-date | 7 12 0, 000 100 |

| Name of Candidate or Committee Brandon Presi | ley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | 1 | er January 1, 2018 |
|---|------------------------|--------------------------|
| Full Name | Date (Ma Day Year) | Amount of each |
| AmTrust Insurance Mailing Address | (Mo., Day, Year) | disbursement this period |
| - | 04/20/2022 | ¢1 706 00 |
| 400 Highway 169 S City, State, Zip Code | 04/28/2023 | \$1,726.00 |
| | | |
| St Louis Park, MN 55426-1105 Purpose of Disbursement (Optional) | Aggregate | |
| Workers Compensation Insurance | year-to-date | \$1,726.00 |
| Full Name | | |
| | Date (Ma Day Year) | Amount of each |
| Aristotle, Inc. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | 01 /17 /0000 | <u> </u> |
| 205 Pennsylvania Ave SE | 01/17/2023 | \$500.00 |
| City, State, Zip Code | | |
| Washington, DC 20003-1164 | A | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$2,000.00 |
| Database Services | ' | 1 5 |
| Full Name | Date | Amount of each |
| Aristotle, Inc. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 205 Pennsylvania Ave SE | 02/17/2023 | \$500.00 |
| City, State, Zip Code | | |
| Washington, DC 20003-1164 | | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$2,000.00 |
| Database Services | , , | |
| Full Name | Date | Amount of each |
| Aristotle, Inc. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 205 Pennsylvania Ave SE | 03/17/2023 | \$500.00 |
| City, State, Zip Code | | |
| Washington, DC 20003-1164 | | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$2,000.00 |
| Database Services | year-to-date | |
| Full Name | Date | Amount of each |
| Aristotle, Inc. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 205 Pennsylvania Ave SE | 04/17/2023 | \$500.00 |
| City, State, Zip Code | | |
| Washington, DC 20003-1164 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$2,000.00 |
| Database Services | year-to-date | |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
|--------------------------------|---------|---------|

| Disbursements from contributions accumulated Prior to January 1, 2018 | or ☑On or Aft | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| Battleaxe Digital | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1405 Florida Ave NW | 02/10/2023 | \$11,724.84 |
| City, State, Zip Code | 1 | |
| Washington, DC 20009-5801 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$48,498.65 |
| Digital Consulting | year-to-date | 120, 20000 |
| Full Name | Date | Amount of each |
| Battleaxe Digital | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1405 Florida Ave NW | 02/22/2023 | \$3,461.36 |
| City, State, Zip Code | | |
| Washington, DC 20009-5801 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$48,498.65 |
| Digital Consulting | year-to-date | ¥ 10, 130.00 |
| Full Name | Date | Amount of each |
| Battleaxe Digital | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1405 Florida Ave NW | 02/22/2023 | \$6,135.78 |
| City, State, Zip Code | | |
| Washington, DC 20009-5801 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$48,498.65 |
| Digital Consulting | year-to-date | ¥ 10, 130.00 |
| Full Name | Date | Amount of each |
| Battleaxe Digital | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1405 Florida Ave NW | 03/08/2023 | \$10,379.23 |
| City, State, Zip Code | 1 | |
| Washington, DC 20009-5801 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$48,498.65 |
| Digital Consulting | year-to-date | 710,150.05 |
| Full Name | Date | Amount of each |
| Battleaxe Digital | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1405 Florida Ave NW | 03/13/2023 | \$3,800.00 |
| City, State, Zip Code | 1 | |
| Washington, DC 20009-5801 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$48,498.65 |
| Digital Consulting | year-to-date | 740,470.03 |

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

| Disbursements from contributions accumulated Prior to January 1, 201 | 8 or On or Afte | er January 1, 2018 |
|--|------------------|--------------------------|
| Full Name | Date | Amount of each |
| Battleaxe Digital | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1405 Florida Ave NW | 03/13/2023 | \$1,487.88 |
| City, State, Zip Code | | |
| Washington, DC 20009-5801 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$48,498.65 |
| Digital Consulting | year-to-date | 1 20, 20000 |
| Full Name | Date | Amount of each |
| Battleaxe Digital | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1405 Florida Ave NW | 03/27/2023 | \$87.46 |
| City, State, Zip Code | | |
| Washington, DC 20009-5801 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$48,498.65 |
| Digital Consulting | year-to-date | 710/130.00 |
| Full Name | Date | Amount of each |
| Battleaxe Digital | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1405 Florida Ave NW | 04/10/2023 | \$3,673.32 |
| City, State, Zip Code | | |
| Washington, DC 20009-5801 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$48,498.65 |
| Digital Consulting | year-to-date | 740,450.03 |
| Full Name | Date | Amount of each |
| Battleaxe Digital | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1405 Florida Ave NW | 04/10/2023 | \$7,748.78 |
| City, State, Zip Code | | |
| Washington, DC 20009-5801 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$48,498.65 |
| Digital Consulting | year-to-date | 740,470.03 |
| Full Name | Date | Amount of each |
| Best Buy | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | · |
| 7601 Penn Ave S | 01/23/2023 | \$202.23 |
| City, State, Zip Code | | |
| Minneapolis, MN 55423-8500 | | |
| Purpose of Disbursement (Optional) | Aggregate | 6202 22 |
| Office Supplies | year-to-date | \$202.23 |

| Name of Candidate or Committee Brandon Presi | ley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | or On or Afte | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| Best Western Hotel | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 6201 N 24th Pkwy | 03/21/2023 | \$140.39 |
| City, State, Zip Code | | |
| Phoenix, AZ 85016-2023 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$296.98 |
| Travel | year-to-date | |
| Full Name | Date | Amount of each |
| Best Western Hotel | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 6201 N 24th Pkwy | 03/21/2023 | \$156.59 |
| City, State, Zip Code | | |
| Phoenix, AZ 85016-2023 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$296.98 |
| Travel | year-to-date | 7230.30 |
| Full Name | Date | Amount of each |
| Adam Beyer | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 4288 N Gloster St | 03/31/2023 | \$2,974.48 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-7249 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,284.78 |
| Salary | year-to-date | 4 0, 2011, 10 |
| Full Name | Date | Amount of each |
| Adam Beyer | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 4288 N Gloster St | 03/31/2023 | \$335.82 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-7249 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,284.78 |
| Salary | year-to-date | 70,201.70 |
| Full Name | Date | Amount of each |
| Adam Beyer | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 4288 N Gloster St | 04/14/2023 | \$2,974.48 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-7249 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,284.78 |
| Salary | year-to-date | 70,201.70 |

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| Disbursements from contributions accumulated Prior to January 1, 2018 | or ✓On or Aft | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| Blue Angel Hotel | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 152 E 55th St | 04/10/2023 | \$138.13 |
| City, State, Zip Code | | |
| New York, NY 10022-4513 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$483.06 |
| Travel | year-to-date | , , , , , , |
| Full Name | Date | Amount of each |
| Blue Angel Hotel | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 152 E 55th St | 04/10/2023 | \$138.13 |
| City, State, Zip Code | | |
| New York, NY 10022-4513 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$483.06 |
| Travel | year-to-date | 1 100.00 |
| Full Name | Date | Amount of each |
| Blue Angel Hotel | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 152 E 55th St | 04/10/2023 | \$138.13 |
| City, State, Zip Code | | |
| New York, NY 10022-4513 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$483.06 |
| Travel | year-to-date | |
| Full Name | Date | Amount of each |
| Blue Angel Hotel | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 152 E 55th St | 04/18/2023 | \$22.89 |
| City, State, Zip Code | | |
| New York, NY 10022-4513 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$483.06 |
| Travel | year-to-date | 120.00 |
| Full Name | Date | Amount of each |
| Blue Angel Hotel | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 152 E 55th St | 04/18/2023 | \$22.89 |
| City, State, Zip Code | | |
| New York, NY 10022-4513 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$483.06 |
| Travel | year-to-date | 7 100.00 |

| Name of Candidate or Committee | Brandon | Presley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | or Un or Att | er January 1, 2018 |
|---|------------------|---|
| Full Name | Date | Amount of each |
| Blue Angel Hotel | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 152 E 55th St | 04/18/2023 | \$22.89 |
| City, State, Zip Code | | |
| New York, NY 10022-4513 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$483.06 |
| Travel | year-to-date | · |
| Full Name | Date | Amount of each |
| Bumperactive | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 5907 Burnet Rd | 03/29/2023 | \$850.00 |
| City, State, Zip Code | | |
| Austin, TX 78757-3224 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$4,046.13 |
| Store Overhead | year-to-date | 1 -7 |
| Full Name | Date | Amount of each |
| Bumperactive | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 5907 Burnet Rd | 03/29/2023 | \$3,196.13 |
| City, State, Zip Code | | |
| Austin, TX 78757-3224 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$4,046.13 |
| Store Overhead | year-to-date | , ,,,,,,,, |
| Full Name | Date | Amount of each |
| Christy Minich Printing | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 455 Road 1205 | 01/17/2023 | \$100.00 |
| City, State, Zip Code | | |
| Nettleton, MS 38858-9130 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$600.00 |
| Printing | year-to-date | 1 4 5 5 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 |
| Full Name | Date | Amount of each |
| Christy Minich Printing | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 455 Road 1205 | 01/17/2023 | \$500.00 |
| City, State, Zip Code | | |
| Nettleton, MS 38858-9130 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$600.00 |
| Printing | year-to-date | 7000.00 |

| Name of Candidate or Committee | Brandon | Presley |
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| Ethan Cox | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3614 N Fremont St | 04/14/2023 | \$1,623.42 |
| City, State, Zip Code | | |
| Chicago, IL 60613-4372 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$1 , 623.42 |
| Salary | year-to-date | 41,020.12 |
| Full Name | Date | Amount of each |
| Dallas Printing Incorporated | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 902 | 04/14/2023 | \$522.87 |
| City, State, Zip Code | | |
| Jackson, MS 39205-0902 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$522.87 |
| Office Supplies | year-to-date | ¥322.07 |
| Full Name | Date | Amount of each |
| Declaration Media Group | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1152 15th St NW | 02/10/2023 | \$37,211.51 |
| City, State, Zip Code | | |
| Washington, DC 20005-1723 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$37,211.51 |
| Digital Advertising | year-to-date | Y37,211.31 |
| Full Name | Date | Amount of each |
| Delta Airlines | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 7500 Airline Dr | 03/23/2023 | \$538.40 |
| City, State, Zip Code | | |
| Minneapolis, MN 55450-1101 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$2,233.00 |
| Travel | year-to-date | 72,233.00 |
| Full Name | Date | Amount of each |
| Delta Airlines | (Mo., Day, Year) | disbursement this period |
| Mailing Address | 1 | |
| 7500 Airline Dr | 03/31/2023 | \$40.00 |
| City, State, Zip Code | 1 | |
| Minneapolis, MN 55450-1101 | | |
| Purpose of Disbursement (Optional) | Aggregate | 60 022 00 |
| Travel | year-to-date | \$2,233.00 |

| Name of Candidate or Committee | Brandon | Presley |
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| Delta Airlines | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 7500 Airline Dr | 04/03/2023 | -\$40.00 |
| City, State, Zip Code | | |
| Minneapolis, MN 55450-1101 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$2,233.00 |
| Refund from Vendor | year-to-date | -, |
| Full Name | Date | Amount of each |
| Delta Airlines | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 7500 Airline Dr | 04/07/2023 | \$687.40 |
| City, State, Zip Code | | |
| Minneapolis, MN 55450-1101 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$2,233.00 |
| Travel | year-to-date | Ψ2 / 233.00 |
| Full Name | Date | Amount of each |
| Delta Airlines | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 7500 Airline Dr | 04/07/2023 | \$687.40 |
| City, State, Zip Code | | |
| Minneapolis, MN 55450-1101 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$2,233.00 |
| Travel | year-to-date | Ψ2,233.00 |
| Full Name | Date | Amount of each |
| Delta Airlines | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 7500 Airline Dr | 04/13/2023 | \$190.90 |
| City, State, Zip Code | | |
| Minneapolis, MN 55450-1101 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$2,233.00 |
| Travel | year-to-date | 72,255.00 |
| Full Name | Date | Amount of each |
| Delta Airlines | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 7500 Airline Dr | 04/13/2023 | \$128.90 |
| City, State, Zip Code | 1 | |
| Minneapolis, MN 55450-1101 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$2,233.00 |
| Travel | year-to-date | ۹۷,233.00 |

| Name of Candidate or Committee Brandon Presi | ley |
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| Expedia.com | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1111 Expedia Group Way W | 04/25/2023 | \$214.20 |
| City, State, Zip Code | | |
| Seattle, WA 98119-1111 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$214.20 |
| Travel | year-to-date | · |
| Full Name | Date | Amount of each |
| Fedex | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3640 Hacks Cross Rd | 04/14/2023 | \$120.96 |
| City, State, Zip Code | | |
| Memphis, TN 38125-8800 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$241.92 |
| Shipping & Postage | year-to-date | |
| Full Name | Date | Amount of each |
| Fedex | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3640 Hacks Cross Rd | 04/18/2023 | \$120.96 |
| City, State, Zip Code | | |
| Memphis, TN 38125-8800 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$241.92 |
| Shipping & Postage | year-to-date | 7211.72 |
| Full Name | Date | Amount of each |
| Hilton Hotels | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 7930 Jones Branch Dr | 04/03/2023 | \$213.56 |
| City, State, Zip Code | | |
| Mclean, VA 22102-3388 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$531.36 |
| Travel | year-to-date | ¥331 . 30 |
| Full Name | Date | Amount of each |
| Hilton Hotels | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 7930 Jones Branch Dr | 04/10/2023 | \$164.90 |
| City, State, Zip Code | 1 | |
| Mclean, VA 22102-3388 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$531.36 |
| Travel | year-to-date | 3031.30 |

| Disbursements from contributions accumulated Prior to January 1, 2018 | 3 | er January 1, 2018 |
|---|------------------------|--------------------------|
| Full Name | Date | Amount of each |
| Hilton Hotels | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 7930 Jones Branch Dr | 04/10/2023 | \$152.90 |
| City, State, Zip Code | | |
| Mclean, VA 22102-3388 | | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$531.36 |
| Travel | year-to-date | |
| Full Name | Date | Amount of each |
| Hoffman and Rizebiar | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1018 Highland Colony Pkwy | 02/09/2023 | \$4,000.00 |
| City, State, Zip Code | | |
| Ridgeland, MS 39157-2067 | | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$4,000.00 |
| Political Strategy Consultant | year-to-date | . , |
| Full Name | Date | Amount of each |
| Hotel Tupelo | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 314 E Main St | 03/22/2023 | \$175.00 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-4026 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$1,703.62 |
| Catering | year-to-date | 1 = 7 · · · · · |
| Full Name | Date | Amount of each |
| Hotel Tupelo | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 314 E Main St | 03/31/2023 | \$541.57 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-4026 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$1,703.62 |
| Catering | year-to-date | 71,700.02 |
| Full Name | Date | Amount of each |
| Hotel Tupelo | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 314 E Main St | 03/31/2023 | \$987.05 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-4026 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$1,703.62 |
| Catering | year-to-date | 71,703.02 |

| Full Name | Doto | Amount of sock |
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| Intuit | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | | |
| 2601 Garcia Ave | 04/13/2023 | \$213.99 |
| City, State, Zip Code | | |
| Mountain View, CA 94043-1123 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$213.99 |
| Office Supplies | year-to-date | |
| Full Name | Date | Amount of each |
| JC Media, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| 107 E Spring St | 01/23/2023 | \$800.00 |
| City, State, Zip Code | | |
| Ripley, MS 38663-2043 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$800.00 |
| TV Advertising | year-to-date | |
| Full Name | Date | Amount of each disbursement this period |
| Jefferson Stevens, LLC | (Mo., Day, Year) | |
| Mailing Address | | |
| 5907 Baxter Dr | 04/05/2023 | \$3,750.00 |
| City, State, Zip Code | | |
| Jackson, MS 39211-3319 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$3,945.56 |
| Political Strategy Consultant | year-to-date | 40/310.00 |
| Full Name | Date | Amount of each |
| Jefferson Stevens, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 5907 Baxter Dr | 04/10/2023 | \$195.56 |
| City, State, Zip Code | | |
| Jackson, MS 39211-3319 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$3 , 945.56 |
| Political Strategy Consultant | year-to-date | 1 40,310.00 |
| Full Name | Date | Amount of each |
| Josh Daniel Law, PLLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 398 E Main St | 03/27/2023 | \$3,333.00 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-4037 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$3,333.00 |
| . , , | year-to-date | 51.111 |

| Name of Candidate or Committee Brandon Presi | ley |
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| Full Name | Date | Amount of each |
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| JR Forty LLC | (Mo., Day, Year) | |
| Mailing Address | | |
| 206 W Front St | 03/27/2023 | \$750.00 |
| City, State, Zip Code | | |
| Hattiesburg, MS 39401-3801 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$750.00 |
| Political Strategy Consultant | year-to-date | |
| Full Name | Date | Amount of each |
| KEP Strategies, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 450268 | 01/20/2023 | \$7,500.00 |
| City, State, Zip Code | 7 | |
| Atlanta, GA 31145-0268 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$30,830.82 |
| Fundraising Consulting | year-to-date | 7307030.02 |
| Full Name | Date | Amount of each |
| KEP Strategies, LLC | (Mo., Day, Year) | |
| Mailing Address | 1 | |
| PO Box 450268 | 02/27/2023 | \$7,500.00 |
| City, State, Zip Code | 7 | |
| Atlanta, GA 31145-0268 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$30,830.82 |
| Fundraising Consulting | year-to-date | |
| Full Name | Date | Amount of each |
| KEP Strategies, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | 1 | |
| PO Box 450268 | 03/20/2023 | \$7,500.00 |
| City, State, Zip Code | 7 | |
| Atlanta, GA 31145-0268 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$30,830.82 |
| Fundraising Consulting | year-to-date | 730,030.02 |
| Full Name | Date | Amount of each |
| KEP Strategies, LLC | (Mo., Day, Year) | |
| Mailing Address | | · · |
| PO Box 450268 | 04/10/2023 | \$830.82 |
| City, State, Zip Code | 7 | |
| Atlanta, GA 31145-0268 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$30,830.82 |
| Fundraising Consulting | year-to-date | 330,630.62 |

| Name of Candidate or Committee | Brandon | Presley |
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| KEP Strategies, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 450268 | 04/10/2023 | \$7,500.00 |
| City, State, Zip Code | | |
| Atlanta, GA 31145-0268 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$30,830.82 |
| Fundraising Consulting | year-to-date | 730,030.02 |
| Full Name | Date | Amount of each |
| Kitchen 107 | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 107 Pecan Ave | 01/24/2023 | \$550.00 |
| City, State, Zip Code | | |
| Nettleton, MS 38858-5930 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$550.00 |
| Catering | year-to-date | 7000:00 |
| Full Name | Date | Amount of each |
| KMM Consulting | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 8242 Birch St | 01/20/2023 | \$7,500.00 |
| City, State, Zip Code | | |
| New Orleans, LA 70118-2822 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$31,858.22 |
| Fundraising Consulting | year-to-date | 731,000.22 |
| Full Name | Date | Amount of each |
| KMM Consulting | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 8242 Birch St | 03/13/2023 | \$7,500.00 |
| City, State, Zip Code | | |
| New Orleans, LA 70118-2822 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$31,858.22 |
| Fundraising Consulting | year-to-date | 731/030.22 |
| Full Name | Date | Amount of each |
| KMM Consulting | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 8242 Birch St | 03/20/2023 | \$7,500.00 |
| City, State, Zip Code | 1 | |
| New Orleans, LA 70118-2822 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$31,858.22 |
| Fundraising Consulting | year-to-date | ې١,٥٥٥.22 |

| Name of Candidate or Committee | Brandon | Presley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | or On or Aft | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| KMM Consulting | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 8242 Birch St | 04/10/2023 | \$1,783.85 |
| City, State, Zip Code | | |
| New Orleans, LA 70118-2822 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$31,858.22 |
| Fundraising Consulting | year-to-date | 401,000.22 |
| Full Name | Date | Amount of each |
| KMM Consulting | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 8242 Birch St | 04/10/2023 | \$74.37 |
| City, State, Zip Code | 1 | |
| New Orleans, LA 70118-2822 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$31,858.22 |
| Fundraising Consulting | year-to-date | 731,030.22 |
| Full Name | Date | Amount of each |
| KMM Consulting | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| 8242 Birch St | 04/10/2023 | \$7,500.00 |
| City, State, Zip Code | | |
| New Orleans, LA 70118-2822 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$31,858.22 |
| Fundraising Consulting | year-to-date | 751,050.22 |
| Full Name | Date | Amount of each |
| Issac Lampner | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 945 Mitchell St | 03/15/2023 | \$461.75 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-6773 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$14,454.75 |
| Salary | year-to-date | 714,434.73 |
| Full Name | Date | Amount of each |
| Issac Lampner | (Mo., Day, Year) | disbursement this period |
| Mailing Address | 1 | |
| 945 Mitchell St | 03/15/2023 | \$2,798.60 |
| City, State, Zip Code | 1 | |
| Tupelo, MS 38801-6773 | | |
| Purpose of Disbursement (Optional) | Aggregate | 614 454 75 |
| Salary | year-to-date | \$14,454.75 |

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| Disbursements from contributions accumulated Prior to January 1, 2018 o | r 🗸 On or Afte | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| Issac Lampner | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 945 Mitchell St | 03/15/2023 | \$2,798.60 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-6773 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$14,454.75 |
| Salary | year-to-date | 1 = 1, ======= |
| Full Name | Date | Amount of each |
| Issac Lampner | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 945 Mitchell St | 03/15/2023 | \$2,798.60 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-6773 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$14,454.75 |
| Salary | year-to-date | 711/101.70 |
| Full Name | Date | Amount of each |
| Issac Lampner | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 945 Mitchell St | 03/31/2023 | \$2,798.60 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-6773 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$14,454.75 |
| Salary | year-to-date | 411/1011/0 |
| Full Name | Date | Amount of each |
| Issac Lampner | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 945 Mitchell St | 04/14/2023 | \$2,798.60 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-6773 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$14,454.75 |
| Salary | year-to-date | 1 = 1, 10 10 10 |
| Full Name | Date | Amount of each |
| Larry Clark Chevrolet Buick GMC, Inc. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 533 US 278 | 02/06/2023 | \$2,000.00 |
| City, State, Zip Code | | |
| Amory, MS 38821 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$2,000.00 |
| Vehicle Maintenance | year-to-date | , , |

| Name of Candidate or Committee | Brandon | Presley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | or On or Aft | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| Jake Laves | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 699 Nation Hills Dr | 03/31/2023 | \$2,974.48 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-6063 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,712.64 |
| Salary | year-to-date | |
| Full Name | Date | Amount of each |
| Jake Laves | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 699 Nation Hills Dr | 03/31/2023 | \$763.68 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-6063 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,712.64 |
| Salary | year-to-date | 10,1-200 |
| Full Name | Date | Amount of each |
| Jake Laves | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 699 Nation Hills Dr | 04/14/2023 | \$2,974.48 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-6063 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,712.64 |
| Salary | year-to-date | . , |
| Full Name | Date | Amount of each |
| Leflore County Civic Center | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 1659 | 04/18/2023 | \$250.00 |
| City, State, Zip Code | | |
| Greenwood, MS 38935-1659 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$250.00 |
| Event Space Rental | year-to-date | , |
| Full Name | Date | Amount of each |
| MBA Consulting Group | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 611 Pennsylvania Ave SE | 03/29/2023 | \$15,020.00 |
| City, State, Zip Code | | |
| Washington, DC 20003-4303 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$15,020.00 |
| Compliance Consulting | year-to-date | 1 |

| Name of Candidate or Committee Brandon Presi | ley |
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|-----------------------------|
| Mississippi Democratic Party | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 811 E River Pl | 01/17/2023 | \$664.00 |
| City, State, Zip Code | | |
| Jackson, MS 39202-3432 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$5,164.00 |
| Contribution to Federal Committee | year-to-date | 40/101.00 |
| Full Name | Date | Amount of each |
| Mississippi Democratic Party | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 811 E River Pl | 01/17/2023 | \$1,000.00 |
| City, State, Zip Code | | |
| Jackson, MS 39202-3432 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$5,164.00 |
| Contribution to Federal Committee | year-to-date | 75,104.00 |
| Full Name | Date | Amount of each |
| Mississippi Democratic Party | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 811 E River Pl | 03/07/2023 | \$2,500.00 |
| City, State, Zip Code | | |
| Jackson, MS 39202-3432 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$5,164.00 |
| Contribution to Federal Committee | year-to-date | φο / 101 . 00 |
| Full Name | Date | Amount of each |
| Mississippi Democratic Party | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 811 E River Pl | 03/07/2023 | \$1,000.00 |
| City, State, Zip Code | | |
| Jackson, MS 39202-3432 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$5,164.00 |
| Contribution to Federal Committee | year-to-date | φο / 101 . 00 |
| Full Name | Date | Amount of each |
| NGP VAN | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1101 15th St NW | 03/10/2023 | \$1,625.00 |
| City, State, Zip Code | 1 | |
| Washington, DC 20005-5006 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,658.44 |
| Database Services | year-to-date | ۶٥, ٥٥٥.44 |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| NGP VAN | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1101 15th St NW | 03/22/2023 | \$1,625.00 |
| City, State, Zip Code | | |
| Washington, DC 20005-5006 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,658.44 |
| Database Services | year-to-date | 1 1, 3 3 3 3 3 |
| Full Name | Date | Amount of each |
| NGP VAN | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1101 15th St NW | 04/14/2023 | \$1,783.44 |
| City, State, Zip Code | | |
| Washington, DC 20005-5006 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,658.44 |
| Database Services | year-to-date | 70,000.11 |
| Full Name | Date | Amount of each |
| NGP VAN | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1101 15th St NW | 04/14/2023 | \$1,625.00 |
| City, State, Zip Code | | |
| Washington, DC 20005-5006 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,658.44 |
| Database Services | year-to-date | 70,000.11 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 01/03/2023 | \$1,000.00 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Fundraising Consulting | year-to-date | Ψ20 , 133.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | 1 | |
| 200 Spectrum Center Dr | 01/06/2023 | \$87.80 |
| City, State, Zip Code | 1 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | ¢20 122 16 |
| Credit Card Processing | year-to-date | \$20,433.16 |

| Name of Candidate or Committee Brandon Pres | le |
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 01/17/2023 | \$118.38 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | . , |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 01/24/2023 | \$916.97 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 720,133.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 01/31/2023 | \$1,051.77 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 420,100.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 02/01/2023 | \$1,500.00 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Fundraising Consulting | year-to-date | 720/133.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 02/07/2023 | \$527.41 |
| City, State, Zip Code | 1 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 720,433.10 |

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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 02/14/2023 | \$792.32 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | , ,, ,, ,, |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 02/20/2023 | \$512.81 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | ⁴²⁰ /133.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 02/27/2023 | \$581.15 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 420,100.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 03/01/2023 | \$1,500.00 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Fundraising Consulting | year-to-date | ⁴²⁰ /133.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 03/06/2023 | \$540.64 |
| City, State, Zip Code | 7 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 720,433.10 |

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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 03/13/2023 | \$304.27 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | . , |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 03/20/2023 | \$159.05 |
| City, State, Zip Code | 7 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 720,100.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 03/27/2023 | \$618.63 |
| City, State, Zip Code | 7 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 720,100.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 03/28/2023 | \$63.13 |
| City, State, Zip Code | 7 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | Ψ20 , 133.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | 1 | |
| 200 Spectrum Center Dr | 03/28/2023 | \$424.91 |
| City, State, Zip Code | 7 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | ٧٤٥,433.16 |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|------------------------------|
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 03/29/2023 | \$134.51 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 03/29/2023 | \$231.83 |
| City, State, Zip Code | 7 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 720/133.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | |
| Mailing Address | | |
| 200 Spectrum Center Dr | 03/30/2023 | \$74.87 |
| City, State, Zip Code | 7 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | φ20 / 133 . 10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | |
| Mailing Address | | |
| 200 Spectrum Center Dr | 04/01/2023 | \$136.40 |
| City, State, Zip Code | 7 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | Ψ20 , 455 . 10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | |
| Mailing Address | 1 | |
| 200 Spectrum Center Dr | 04/02/2023 | \$1,500.00 |
| City, State, Zip Code | 1 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Fundraising Consulting | year-to-date | ۹۷۷,433.16 |

| Name of Candidate or Committee | Brandon | Presley |
|--------------------------------|---------|---------|
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 04/04/2023 | \$366.23 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | , ,, ,, ,, |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 04/14/2023 | \$1,720.94 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 720/133.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 04/17/2023 | \$720.50 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 720/133.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 04/21/2023 | \$729.98 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | Ψ20, 455.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 04/24/2023 | \$265.33 |
| City, State, Zip Code | 1 | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | ۹۷۷,433.16 |

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| Disbursements from contributions accumulated Prior to January 1, 2018 | or ✓On or Afte | er January 1, 2018 |
|---|---------------------------|---|
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 04/25/2023 | \$623.38 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$20,433.16 |
| Credit Card Processing | year-to-date | , |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 04/26/2023 | \$1,062.25 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | Ψ20 / 133.10 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 04/27/2023 | \$1,037.66 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 1_0,000 |
| Full Name | Date | Amount of each |
| Numero | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 200 Spectrum Center Dr | 04/28/2023 | \$1,130.04 |
| City, State, Zip Code | | |
| Irvine, CA 92618-5004 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$20,433.16 |
| Credit Card Processing | year-to-date | 720,433.10 |
| Full Name | Date | Amount of each |
| Abby O'Keefe | (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 1 | , , , , |
| 1404 Highland Valley Cir | 03/31/2023 | \$314.83 |
| City, State, Zip Code | 1 | |
| Wildwood, MO 63005-4259 | | |
| Purpose of Disbursement (Optional) | Aggregate | åE 020 02 |
| Salary | year-to-date | \$5,938.03 |

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| Disbursements from contributions accumulated Prior to January 1, 2018 | or ✓On or Aft | er January 1, 2018 |
|---|------------------|---|
| Full Name | Date | Amount of each |
| Abby O'Keefe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1404 Highland Valley Cir | 03/31/2023 | \$2,811.60 |
| City, State, Zip Code | | |
| Wildwood, MO 63005-4259 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$5 , 938.03 |
| Salary | year-to-date | 10,000 |
| Full Name | Date | Amount of each |
| Abby O'Keefe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1404 Highland Valley Cir | 04/14/2023 | \$2,811.60 |
| City, State, Zip Code | | |
| Wildwood, MO 63005-4259 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$5,938.03 |
| Salary | year-to-date | 40/300.00 |
| Full Name | Date | Amount of each |
| Ron Owens | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3545 Mitchell Rd | 02/15/2023 | \$6,000.00 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-9616 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$25,678.75 |
| Salary | year-to-date | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Full Name | Date | Amount of each |
| Ron Owens | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3545 Mitchell Rd | 03/15/2023 | \$3,935.75 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-9616 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$25,678.75 |
| Salary | year-to-date | 1=3,0:00:0 |
| Full Name | Date | Amount of each |
| Ron Owens | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3545 Mitchell Rd | 03/15/2023 | \$3,935.75 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-9616 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$25 , 678.75 |
| Salary | year-to-date | 120,0.0.70 |

| Name of Candidate or Committee Brandon Presi | ley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | OI VOII OI AIR | er January 1, 2018 |
|---|------------------------|--------------------------|
| Full Name | Date | Amount of each |
| Ron Owens | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3545 Mitchell Rd | 03/15/2023 | \$3,935.75 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-9616 | | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$25,678.75 |
| Salary | year-to-date | |
| Full Name | Date | Amount of each |
| Ron Owens | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3545 Mitchell Rd | 03/31/2023 | \$3,935.75 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-9616 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$25 , 678.75 |
| Salary | year-to-date | 120,0000 |
| Full Name | Date | Amount of each |
| Ron Owens | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3545 Mitchell Rd | 04/14/2023 | \$3,935.75 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-9616 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$25 , 678.75 |
| Salary | year-to-date | 1_3,3:3:3 |
| Full Name | Date | Amount of each |
| Shawn Patterson | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1160 1st St NE | 03/31/2023 | \$2,974.48 |
| City, State, Zip Code | | |
| Washington, DC 20002-4799 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,284.52 |
| Salary | year-to-date | 70,201.02 |
| Full Name | Date | Amount of each |
| Shawn Patterson | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1160 1st St NE | 03/31/2023 | \$335.56 |
| City, State, Zip Code | 7 | |
| Washington, DC 20002-4799 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,284.52 |
| | year-to-date | 70,203.32 |

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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| Shawn Patterson | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1160 1st St NE | 04/14/2023 | \$2,974.48 |
| City, State, Zip Code | | |
| Washington, DC 20002-4799 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$6,284.52 |
| Salary | year-to-date | , , , |
| Full Name | Date | Amount of each |
| Payroll Data Processing | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3501 E Frontage Rd | 03/15/2023 | \$10,619.18 |
| City, State, Zip Code | 1 | |
| Tampa, FL 33607-1723 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$31 , 960.70 |
| Payroll Taxes | year-to-date | 731/3001/0 |
| Full Name | Date | Amount of each |
| Payroll Data Processing | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3501 E Frontage Rd | 03/15/2023 | \$266.97 |
| City, State, Zip Code | | |
| Tampa, FL 33607-1723 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$31,960.70 |
| Payroll Fees | year-to-date | 731,300.70 |
| Full Name | Date | Amount of each |
| Payroll Data Processing | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3501 E Frontage Rd | 03/31/2023 | \$375.23 |
| City, State, Zip Code | | |
| Tampa, FL 33607-1723 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$31 , 960.70 |
| Payroll Fees | year-to-date | 731/3001/0 |
| Full Name | Date | Amount of each |
| Payroll Data Processing | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3501 E Frontage Rd | 03/31/2023 | \$9,597.36 |
| City, State, Zip Code | 1 | |
| Tampa, FL 33607-1723 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$31,960.70 |
| Payroll Taxes | year-to-date | \$31,900.7U |

| Name of Candidate or Committee Brandon Presi | ley |
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| Disbursements from contributions accumulated Prior to January 1, 201 | 8 or ☑On or Aft | er January 1, 2018 |
|--|------------------|------------------------------|
| Full Name | Date | Amount of each |
| Payroll Data Processing | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3501 E Frontage Rd | 04/14/2023 | \$11,032.23 |
| City, State, Zip Code | | |
| Tampa, FL 33607-1723 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$31,960.70 |
| Payroll Taxes | year-to-date | 401/3001/0 |
| Full Name | Date | Amount of each |
| Payroll Data Processing | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3501 E Frontage Rd | 04/14/2023 | \$69.73 |
| City, State, Zip Code | | |
| Tampa, FL 33607-1723 | \ \ | |
| Purpose of Disbursement (Optional) | Aggregate | \$31,960.70 |
| Payroll Fees | year-to-date | Ψ31 , 300 . 70 |
| Full Name | Date | Amount of each |
| Perks Coffee Shop & Cafe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 2501 14th St | 03/23/2023 | \$131.56 |
| City, State, Zip Code | | |
| Gulfport, MS 39501-1924 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$263.12 |
| Meals | year-to-date | Ψ203.12 |
| Full Name | Date | Amount of each |
| Perks Coffee Shop & Cafe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 2501 14th St | 03/24/2023 | \$131.56 |
| City, State, Zip Code | | |
| Gulfport, MS 39501-1924 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$263.12 |
| Meals | year-to-date | 7203.12 |
| Full Name | Date | Amount of each |
| Regional Rehabilitation Center | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 615 Pegram Dr | 01/17/2023 | \$1,000.00 |
| City, State, Zip Code | | |
| Tupelo, MS 38801-6321 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$1,000.00 |
| Event Space Rental | year-to-date | 71,000.00 |

| Name of Candidate or Committee | Brandon | Presley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | or On or Aft | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| Robin & Associates | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 81125 Highway 1129 | 04/30/2023 | \$1,500.00 |
| City, State, Zip Code | | |
| Covington, LA 70435-8221 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$1,500.00 |
| Contribution Refund | year-to-date | , , |
| Full Name | Date | Amount of each |
| Shell Oil Co | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 700 Milam St | 03/02/2023 | \$82.44 |
| City, State, Zip Code | 1 | |
| Houston, TX 77002-2815 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$451.36 |
| Travel | year-to-date | Ψ 131 . 30 |
| Full Name | Date | Amount of each |
| Shell Oil Co | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 700 Milam St | 03/31/2023 | \$58.86 |
| City, State, Zip Code | | |
| Houston, TX 77002-2815 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$451.36 |
| Travel | year-to-date | 7 101.00 |
| Full Name | Date | Amount of each |
| Shell Oil Co | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 700 Milam St | 04/06/2023 | \$37.37 |
| City, State, Zip Code | | |
| Houston, TX 77002-2815 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$451.36 |
| Travel | year-to-date | 7 101.00 |
| Full Name | Date | Amount of each |
| Shell Oil Co | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 700 Milam St | 04/07/2023 | \$88.26 |
| City, State, Zip Code | 7 | |
| Houston, TX 77002-2815 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$451.36 |
| Travel | year-to-date | 7-01.00 |

| Name of Candidate or Committee | Brandon | Presley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | or On or Aft | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| Shell Oil Co | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 700 Milam St | 04/14/2023 | \$60.00 |
| City, State, Zip Code | | |
| Houston, TX 77002-2815 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$451.36 |
| Travel | year-to-date | , |
| Full Name | Date | Amount of each |
| Shell Oil Co | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 700 Milam St | 04/19/2023 | \$84.43 |
| City, State, Zip Code | | |
| Houston, TX 77002-2815 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$451.36 |
| Travel | year-to-date | 101.00 |
| Full Name | Date | Amount of each |
| Shell Oil Co | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 700 Milam St | 04/24/2023 | \$40.00 |
| City, State, Zip Code | | |
| Houston, TX 77002-2815 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$451.36 |
| Travel | year-to-date | · |
| Full Name | Date | Amount of each |
| Silly Sisters, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 310 County Road 640 | 02/06/2023 | \$1,800.00 |
| City, State, Zip Code | | |
| Baldwyn, MS 38824-8680 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$1,800.00 |
| Store Overhead | year-to-date | , , |
| Full Name | Date | Amount of each |
| Jacob Smith | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 4100 N Gloster St | 03/15/2023 | \$1,435.54 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-7228 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$4,306.62 |
| Salary | year-to-date | |

| Name of Candidate or Committee | Brandon | Presley |
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| Jacob Smith | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 4100 N Gloster St | 03/31/2023 | \$1,435.54 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-7228 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$4,306.62 |
| Salary | year-to-date | 4 1/000102 |
| Full Name | Date | Amount of each |
| Jacob Smith | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 4100 N Gloster St | 04/14/2023 | \$1,435.54 |
| City, State, Zip Code | | |
| Tupelo, MS 38804-7228 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$4,306.62 |
| Salary | year-to-date | γ1 / 300.02 |
| Full Name | Date | Amount of each |
| Shalonda Spencer | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1509 Hawthorne Pl | 04/14/2023 | \$2,811.60 |
| City, State, Zip Code | | |
| Clinton, MS 39056-3910 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$2,811.60 |
| Salary | year-to-date | +2,011.00 |
| Full Name | Date | Amount of each |
| State Farm Insurance | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1 State Farm Plz | 02/06/2023 | \$102.52 |
| City, State, Zip Code | | |
| Bloomington, IL 61710-0001 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$307.56 |
| Insurance | year-to-date | 100.000 |
| Full Name | Date | Amount of each |
| State Farm Insurance | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1 State Farm Plz | 03/06/2023 | \$102.52 |
| City, State, Zip Code | | |
| Bloomington, IL 61710-0001 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$307.56 |
| Insurance | year-to-date | 7307.30 |

Name of Candidate or Committee Brandon Presley

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

| Disbursements from contributions accumulated Prior to January 1, 2018 | or On or Aft | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| State Farm Insurance | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1 State Farm Plz | 04/06/2023 | \$102.52 |
| City, State, Zip Code | | |
| Bloomington, IL 61710-0001 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$307.56 |
| Insurance | year-to-date | 4007.00 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 02/06/2023 | \$78.33 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7572.55 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 02/09/2023 | \$35.16 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | Ψ372 . 33 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| 3180 18th St | 02/10/2023 | \$32.16 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7572.55 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 02/13/2023 | \$9.43 |
| City, State, Zip Code | 1 | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| | year-to-date | 7312.93 |

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| Full Name | Date | Amount of each |
|------------------------------------|------------------------|--------------------------|
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 02/15/2023 | \$4.64 |
| City, State, Zip Code | 1 | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7372.33 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 02/15/2023 | \$9.53 |
| City, State, Zip Code | 1 | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7372.33 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 02/16/2023 | \$2.22 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7372.33 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 02/18/2023 | \$14.86 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7372.33 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 02/24/2023 | \$9.55 |
| City, State, Zip Code | 7 | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$372.93 |
| | | |

| Name of Candidate or Committee Brandon Presi | ley |
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 02/27/2023 | \$10.95 |
| City, State, Zip Code | 7 | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 02/28/2023 | \$12.67 |
| City, State, Zip Code | 7 | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7372.33 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/01/2023 | \$6.53 |
| City, State, Zip Code | 7 | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/02/2023 | \$4.20 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/03/2023 | \$0.64 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 1 |

| Name of Candidate or Committee | Brandon | Presley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | or On or Aft | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/04/2023 | \$4.34 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | · |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/06/2023 | \$3.04 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 75,2.95 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/07/2023 | \$4.10 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7572.35 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/08/2023 | \$7.63 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | Ų J 1 Z • J J |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | · |
| 3180 18th St | 03/09/2023 | \$2.60 |
| City, State, Zip Code | 1 | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | 6272 02 |
| Credit Card Processing | year-to-date | \$372.93 |

| Name of Candidate or Committee Brandon Presi | ley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | or | er January 1, 2018 |
|---|------------------|---|
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/09/2023 | \$5.25 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/11/2023 | \$9.00 |
| City, State, Zip Code | 1 | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | Q372.93 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/14/2023 | \$0.55 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7572.55 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/17/2023 | \$1.01 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7372.93 |
| Full Name | Date | Amount of cook |
| Stripe | (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | 1 | |
| 3180 18th St | 03/20/2023 | \$1.56 |
| City, State, Zip Code | 1 | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | 4270 00 |
| Credit Card Processing | year-to-date | \$372.93 |

| Name of Candidate or Committee | Brandon | Presley |
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 03/27/2023 | \$10.72 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 4012.30 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 04/03/2023 | \$27.03 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7572.55 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 04/10/2023 | \$4.58 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | 7572.55 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 04/17/2023 | \$19.50 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| Credit Card Processing | year-to-date | ¥372 . 33 |
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 04/20/2023 | \$30.92 |
| City, State, Zip Code | 1 | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$372.93 |
| | year-to-date | |

| Name of Candidate or Committee | Brandon | Presley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | or On or After | er January 1, 2018 |
|---|---------------------------|--------------------------|
| Full Name | Date | Amount of each |
| Stripe | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 3180 18th St | 04/27/2023 | \$10.23 |
| City, State, Zip Code | | |
| San Francisco, CA 94110-2042 | | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$372.93 |
| Credit Card Processing | year-to-date | · |
| Full Name | Date | Amount of each |
| Switchboard Public Benefit Corp. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 195 Binney St | 03/20/2023 | \$848.32 |
| City, State, Zip Code | | |
| Cambridge, MA 02142-1095 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$5,599.91 |
| Digital Fundraising | year-to-date | 70,033.31 |
| Full Name | Date | Amount of each |
| Switchboard Public Benefit Corp. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 195 Binney St | 04/14/2023 | \$4,751.59 |
| City, State, Zip Code | | |
| Cambridge, MA 02142-1095 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$5,599.91 |
| Digital Fundraising | year-to-date | Ψ3,333.31 |
| Full Name | Date | Amount of each |
| Take 5 Oil Change | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| 201 S GLOSTER St | 03/20/2023 | \$136.15 |
| City, State, Zip Code | | |
| Tupelo, MS 38804 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$272.30 |
| Travel | year-to-date | 7272.30 |
| Full Name | Date | Amount of each |
| Take 5 Oil Change | (Mo., Day, Year) | disbursement this period |
| Mailing Address | , , , | |
| 201 S GLOSTER St | 04/18/2023 | \$136.15 |
| City, State, Zip Code | 1 | |
| Tupelo, MS 38804 | | |
| Purpose of Disbursement (Optional) | Aggregate | 0070 00 |
| Travel | year-to-date | \$272.30 |

| Name of Candidate or Committee Brandon Presi | ley |
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| Full Name | Date | Amount of each |
|------------------------------------|------------------|--------------------------|
| The Baulch Center | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 7095 Will Robbins Hwy | 04/04/2023 | \$500.00 |
| City, State, Zip Code | | |
| Nettleton, MS 38858-6062 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$500.00 |
| Event Space Rental | year-to-date | 1000.00 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1014 Vine St | 03/06/2023 | \$68.08 |
| City, State, Zip Code | | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | Q051.20 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1014 Vine St | 03/16/2023 | \$33.79 |
| City, State, Zip Code | 1 | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | ¥037.20 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1014 Vine St | 03/20/2023 | \$79.14 |
| City, State, Zip Code | | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | Q057.20 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1014 Vine St | 03/20/2023 | \$79.48 |
| City, State, Zip Code | | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | ۶۵۶/۰28 |

| Name of Candidate or Committee | Brandon | Presley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 | or 🗸 On or Afte | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1014 Vine St | 03/22/2023 | \$62.88 |
| City, State, Zip Code | | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | 1037.20 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1014 Vine St | 03/27/2023 | \$58.19 |
| City, State, Zip Code | | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | 7097.20 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| 1014 Vine St | 03/29/2023 | \$74.13 |
| City, State, Zip Code | | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | 7057.20 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1014 Vine St | 04/03/2023 | \$63.67 |
| City, State, Zip Code | | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | 7091.20 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | 1 | p3104 |
| 1014 Vine St | 04/04/2023 | \$67.69 |
| City, State, Zip Code | 1 | 4 5 |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | 2007.00 |
| Office Supplies | year-to-date | \$897.28 |

| Name of Candidate or Committee Brandon Presi | ley |
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 Reporting Period
 1/1/2023
 through
 4/30/2023

| Disbursements from contributions accumulated Prior to January 1, 2018 | or ☑On or Aft | er January 1, 2018 |
|---|------------------|--------------------------|
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1014 Vine St | 04/13/2023 | \$47.85 |
| City, State, Zip Code | | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | 1037.20 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1014 Vine St | 04/17/2023 | \$80.81 |
| City, State, Zip Code | | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | 7097.20 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| 1014 Vine St | 04/18/2023 | \$48.80 |
| City, State, Zip Code | | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | 7097.20 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 1014 Vine St | 04/21/2023 | \$66.18 |
| City, State, Zip Code | | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$897.28 |
| Office Supplies | year-to-date | 7097.20 |
| Full Name | Date | Amount of each |
| The Kroger Co. | (Mo., Day, Year) | disbursement this period |
| Mailing Address | 1 | |
| 1014 Vine St | 04/27/2023 | \$66.59 |
| City, State, Zip Code | 1 | |
| Cincinnati, OH 45202-1141 | | |
| Purpose of Disbursement (Optional) | Aggregate | 0007.00 |
| Office Supplies | year-to-date | \$897.28 |

| Name of Candidate or Committee Brandon Presi | ley |
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| | | er January 1, 2018 |
|------------------------------------|---------------------------|---|
| Full Name Tom Bigbee Fiber | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | (moi, bay, roar) | dispuisement this period |
| 1346 Auburn Rd | 04/18/2023 | \$574.10 |
| City, State, Zip Code | | 7071.10 |
| Tupelo, MS 38804-8412 | | |
| Purpose of Disbursement (Optional) | Aggregate | A-5-74 4.0 |
| Utilities | year-to-date | \$574.10 |
| Full Name | Dete | Amount of cook |
| TVEyes, Inc. | Date (Mo., Day, Year) | Amount of each disbursement this period |
| Mailing Address | , , , , | |
| 1150 Post Rd | 03/22/2023 | \$600.00 |
| City, State, Zip Code | 1 | |
| Fairfield, CT 06824-6006 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$600.00 |
| Media Monitoring | year-to-date | \$600.00 |
| Full Name | Date | Amount of each |
| United Healthcare | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| PO Box 94017 | 04/19/2023 | \$7,053.10 |
| City, State, Zip Code | | |
| Palatine, IL 60094-4017 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$7,053.10 |
| Health Insurance | year-to-date | 4,,000.10 |
| Full Name | Date | Amount of each |
| Vollor Law Firm PA | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 127 E Main St | 04/30/2023 | \$1,500.00 |
| City, State, Zip Code | | |
| Starkville, MS 39759-2927 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$1,500.00 |
| Contribution Refund | year-to-date | . , |
| Full Name | Date | Amount of each |
| Jason Wells | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 2332 Robinhood St | 04/25/2023 | \$500.00 |
| City, State, Zip Code | | |
| Houston, TX 77005-2606 | | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$500.00 |
| Contribution Refund | year-to-date | |

| Name of Candidate or Committee Brandon Presi | ley |
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| Disbursements from contributions accumulated Prior to January 1, 2018 or V On or After January 1, 2018 | | |
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| Full Name | Date | Amount of each |
| Westen Strategies, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 150 Beverly Rd NE | 03/02/2023 | \$13,770.00 |
| City, State, Zip Code | | |
| Atlanta, GA 30309-2656 | | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$13,770.00 |
| Political Strategy Consultant | | |
| Full Name | Date | Amount of each |
| Wix | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 500 Terry A Francois Blvd | 04/03/2023 | \$14.95 |
| City, State, Zip Code | | |
| San Francisco, CA 94158-2354 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$206.95 |
| Software Subscription | year-to-date | Ψ200.93 |
| Full Name | Date | Amount of each |
| Wix | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 500 Terry A Francois Blvd | 04/19/2023 | \$192.00 |
| City, State, Zip Code | 1 | |
| San Francisco, CA 94158-2354 | | |
| Purpose of Disbursement (Optional) | Aggregate year-to-date | \$206.95 |
| Software Subscription | | |
| Full Name | Date | Amount of each |
| Woodmont Public Strategies, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | - |
| 2018 Medical Center Pkwy | 01/03/2023 | \$3,185.78 |
| City, State, Zip Code | | |
| Murfreesboro, TN 37129-3265 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$11,188.70 |
| Political Strategy Consultant | year-to-date | Ψ11 , 100.70 |
| Full Name | Date | Amount of each |
| Woodmont Public Strategies, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 2010 W 11 1 0 1 71 | 02/06/2023 | \$3,612.43 |
| 2018 Medical Center Pkwy | 02/00/2025 | |
| 2018 Medical Center Pkwy City, State, Zip Code | 02/00/2023 | |
| City, State, Zip Code | 02/00/2023 | |
| | Aggregate | \$11,188.70 |

| ame of Candidate or Committee Brandon Presle |
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| ame of Candidate or Committee Brandon Presle |

| Disbursements from contributions accumulated Prior to January 1, 2018 of | or ☑On or Afte | er January 1, 2018 |
|--|------------------|--------------------------|
| Full Name | Date | Amount of each |
| Woodmont Public Strategies, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 2018 Medical Center Pkwy | 03/08/2023 | \$2,996.58 |
| City, State, Zip Code | 1 | |
| Murfreesboro, TN 37129-3265 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$11,188.70 |
| Political Strategy Consultant | year-to-date | Ψ11 , 100.70 |
| Full Name | Date | Amount of each |
| Woodmont Public Strategies, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 2018 Medical Center Pkwy | 03/08/2023 | \$604.87 |
| City, State, Zip Code | 1 | |
| Murfreesboro, TN 37129-3265 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$11,188.70 |
| Political Strategy Consultant | year-to-date | |
| Full Name | Date | Amount of each |
| Woodmont Public Strategies, LLC | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 2018 Medical Center Pkwy | 03/08/2023 | \$789.04 |
| City, State, Zip Code | 1 | |
| Murfreesboro, TN 37129-3265 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$11,188.70 |
| Political Strategy Consultant | year-to-date | 711,1001,70 |
| Full Name | Date | Amount of each |
| Wyndham Hotel Group | (Mo., Day, Year) | disbursement this period |
| Mailing Address | | |
| 22 Sylvan Way | 04/03/2023 | \$546.97 |
| City, State, Zip Code | 1 | |
| Parsippany, NJ 07054-3801 | | |
| Purpose of Disbursement (Optional) | Aggregate | \$546.97 |
| Travel | year-to-date | 7010.37 |