Candidate REPORT OF RECEIPTS AND DISBURSEMEN 2022 Annual Report

Dunnden Dunaler



Name of Candidate Dianuon Fresley		TOATH STAPAR
Address 182 Verona Ave	_ City/State/Zip <u>Nettleton, MS 3885</u>	8
Telephone (Work) 662-401-3985 (Home)	(Fax)	
Contact Name Brandon Presley	Email Address_brandon@brandon	presley.com
Office Sought Governor Check here if above information is different from previous report	1 A	
TYPE	OF REPORT	
Tuesday, January 31, 2023 (January 1, 2022 through Dec	ember 31, 2022)	Annual Report
Termination Report (Candidate will no longer accept contact has no outstanding campaign debt o		Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (3) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

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

JAN. 1, 2022 CASH ON HAND BA	LANCE		\$
TOTAL AMT OF CONTRIBUTIONS ¹	Itemized (+) \$	Non-Itemized (=) \$	Calendar Year-to-Date \$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2022 CASH ON HAND B	ALANCE		\$

SOS 10/2022

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

JAN. 1, 2022 CASH ON HAND BA	ALANCE		\$ 519,510.03
TOTAL AMT OF CONTRIBUTIONS	Itemized (+) \$ 358,800	Non-Itemized (=) \$ 6,605.47	Calendar Year-to-Date \$ 365,305.47
TOTAL AMT OF DISBURSEMENTS	\$153,847.86	\$ 7,165.93	\$ 161,013.79
DEC. 31, 2022 CASH ON HAND I	BALANCE		\$ 723,801.71

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

Markon Salley	1/31/23
Signature of Candidate	Date

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

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

Name of Candidate of Committee Diamon I restey

Reporting period January 1, 2022

through December 31, 2022

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Norman Powell	11 / 9 / 22	\$ 2,000.00
Mailing Address P.O. Box 2617	12 / 30 / 22	\$ 2,000.00
City, State, Zip Code Tupelo, MS 38803		\$
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$4,000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dennis & Susan Tosh	1/_2/_22	\$ 250.00
Mailing Address 351 N 15th St	·	\$
City, State, Zip Code Oxford, MS 38655	·/	\$
Name of Employer (Required) FNC INC		\$
Occupation (Required) Co-Founder	Aggregate year–to-date	\$ 250.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Martha Dowd Dalrymple	1/3/22	\$ 1000.00
Mailing Address P.O. Box 210	[/ /	\$
City, State, Zip Code Amory, MS 38821	//_	\$
Name of Employer (Required) The Dalrymple Family Foundation, Inc.		\$
Occupation (Required) Member	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation OPAC OIndividual OLoan Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Baria Legal, PLLC	1/4/22	\$ 500.00
Mailing Address 544 Main St		\$
City, State, Zip Code Bay Saint Louis, MS 39520	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

Reporting period January 1, 2022 through December 31, 2022

TIENTEED TEE		
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Richard Schwartz	1 / 14/ 22	\$ 5000.00
Mailing Address 162 E Amite St	12 / 29 / 22	\$ 10000.00
City, State, Zip Code		\$
Jackson, MS 39201 Name of Employer (Required)	1 1	\$
Self Occupation (Required)	Aggregate year-to-date	\$15000.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) LLC Full name		this period
Pine Gate Renewables, LLC	_1_/_20/22	\$10000.00
Mailing Address 130 Roberts St	_'_'	\$
City, State, Zip Code Ashville, NC 28801		\$
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	Aggregate year–to-date	\$ 10000.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Danny & Janet Washington	1 / 28 / 22	\$ 1000.00
Mailing Address 11163 HWY 234 S		\$
City, State, Zip Code Randolph, MS 38864		\$
Name of Employer (Required) Washington Brothers Furniture		\$
Occupation (Required) Owner	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gerald & Ruby Washington	1 / 28 / 22	\$ 1000.00
Mailing Address 10960 HWY 341 S		\$
City, State, Zip Code Randolph, MS 38864	//	\$
Name of Employer (Required) Washington Brothers Furniture	//	\$
Occupation (Required) Owner	Aggregate year–to-date	\$ 1000.00

Reporting period January 1, 2022 through December 31, 2022

TIEMIZED REC	EIP 15	.,,
A. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
NRG Energy Inc	4/13/22	\$ 1000.00
Mailing Address 804 Carnegle Center	/	\$
City, State, Zip Code Princeton, NJ 08540	//	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert & Emily Jones	4_/_18/_22	\$ 1000.00
Mailing Address 2111 Belle Haven Rd	_''	\$
City, State, Zip Code Alexandria, VA 22307	//	\$
Name of Employer (Required) Eagle Harbor, LLC	//	\$
Occupation (Required) President	Aggregate year-to-date	\$ 1000.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brian Camp & Emilee Young	6/12/22	\$2500.00
Mailing Address 1194 HWY 370		\$
City, State, Zip Code Dumas, MS 38625	·	\$
Name of Employer (Required) Self		\$
Occupation (Required) Farmer	Aggregate year–to-date	\$ 2500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Chris & Marlee Camp	7/8/22	\$ 1000.00
Mailing Address 1165 HWY 370 N	/	\$
City, State, Zip Code Dumas, MS 38625	_/_/_	\$
Name of Employer (Required) Self		\$
Occupation (Required) Farmer	Aggregate year–to-date	\$ 1000.00

Reporting period January 1, 2022 through December 31, 2022

TI LIVIILLO RECE		
A. Source: Corporation PAC Individual Loan	Date (Mr. Pay Veer)	Amount of each receipt
Other (please specify) LLC	(Mo., Day, Year)	this period
Full name Apex Clean Energy Holdings, LLC	3/10/22	\$ 1000.00
Mailing Address	1 1	\$
120 Garrett St, Ste 700		
City, State, Zip Code Charlottesville, VA 22902		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) LLC	(Wio., Day, Tear)	this period
Full name SunChase Power LLC	_3_/_30/_22	\$ 1000.00
Mailing Address 3507 N Lamar Blvd	_'_'_	\$
City, State, Zip Code Austin, TX 78705	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Dan Camp Family Real Estate Co	4/5/22	300.00
Mailing Address 104 1/2 Maxwell St	_'_'	\$
City, State, Zip Code Starkville, MS 39759	//_	\$
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
D. Source: Corporation OPAC OIndividual OLoan Other (please specify) Association	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	4 / 7 / 22	\$ 1000.00
Southern Renewable Energy Association		# 1000.00
Mailing Address	l / / /	\$
5120 Chessie Circle		
City, State, Zip Code Haltom City, TX 76137		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00

Reporting period January 1, 2022 through December 31, 2022

TIENIZED RECEIP	13	
A. Source: OCorporation PAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Associated Builders & Contractors PAC	2/28/22	\$ 1000.00
Mailing Address P.O. Box 16522	8 / 10 / 22	\$ 1000.00
City, State, Zip Code Jackson, MS 39236		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 2000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Reed Hillen	_3_/_1/22	\$ 250.00
Mailing Address 2595 Mt. Vernon Rd	='-'-	\$
City, State, Zip Code Tupelo, MS 38804		\$
Name of Employer (Required) Self	_'_'_	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 250.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name David Talton	3 / 4 / 22	\$ 1000.00
Mailing Address 227 Locust Ln		\$
City, State, Zip Code Tupelo, MS 38801	_'_'=	\$
Name of Employer (Required) NMHS	//	\$
Occupation (Required) Cardiothoracic Surgeon	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Harriette Sherrod	3/5/22	\$ 300.00
Mailing Address 701 Russell St, Apt 311		\$
City, State, Zip Code Starkville, MS 39759		\$
Name of Employer (Required) Retired		\$
Occupation (Required) Retired	Aggregate year–to-date	\$ 300.00

Reporting period <u>January 1, 2022</u> through <u>December 31, 2022</u>

TILWIIZED RECEII	15	
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(WIO., Day, 1 car)	this period
Full name Jim & Rachel Waide	<u>7 / 8 / 22</u>	\$ 1000.00
Mailing Address	, ,	\$
1110 Belledeer Dr		
City, State, Zip Code Tupelo, MS 38804		\$
Name of Employer (Required)		\$
Self	='-'-	
Occupation (Required) Attorney	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan		Amount of each
B. Source: Octoporation O. 725 O. Mariana	Date (Mo., Day, Year)	receipt
Other (please specify)	(Mo., Day, Tear)	this period
Full name	<u>_7_/_11/_22</u>	\$ 1000.00
American Controls Technology, Inc		
Mailing Address	111	\$
P.O. Box 153		
City, State, Zip Code Amory, MS 38821	//	\$
Name of Employer (Required)		S
Name of Employer (Required)	· · · · · · · · · · · · · · · · · · ·	
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC OIndividual OLoan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify) LLC	(WIO., Day, Tear)	this period
Full name Vick Ethridge Enterprises	<u>7 / 12 / 22</u>	\$ 5000.00
Mailing Address 4212 N Harper Rd	//	\$
City, State, Zip Code	, ,	\$
Corinth, MS 38834	_/_/_	
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year–to-date	\$ 5000.00
D. Source: Corporation PAC Individual Loan		Amount of each
D. Source: Corporation DrAC Cindividual Country	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Nucor Steel Recyclers Of MS PAC	7/22/22	\$ 1500.00
Mailing Address		
3630 Fourth St	L —'—'—	\$
City, State, Zip Code	, ,	\$
Flowood, MS 39232		Ψ
Name of Employer (Required)	/	\$
Occupation (Required)	Aggregate	\$
	year-to-date	1500.00

Reporting period <u>January 1, 2022</u>

through December 31, 2022

A. Source: OCorporation PAC OIndividual OLoan		
Other (please specify) Full name	Date (Mo., Day, Year)	Amount of ea
IGA PAC	7/28/22	\$ 1000 00
Mailing Address	<u></u>	\$ 1000.00
1775 Moriah Woods Blvd, Ste 1	/ /	\$
City, State, Zip Code		
Memphis, TN 38117	/ /	\$
Name of Employer (Required)		-
Occupation (Required)		\$
	Aggregate	\$ 1000.00
B. Source: OCorporation OPAC Individual OLoan	year-to-date	1000.00
	Date	Amount of each
Other (please specify)Full name	(Mo., Day, Year)	receipt this period
James Bryan		8
Mailing Address	<u>_7_/_30/_22</u>	5000.00
P.O. Drawer 636		s
City, State, Zip Code	-/-/-	
West Point, MS 39773		\$
Name of Employer (Required)	l —'—'—	Ψ
B. Bryan Farms	,	\$
Occupation (Required)		ų.
Öwner	Aggregate	\$
C. Source: Ocorporation OPAC Individual OLoan	year-to-date	5000.00
Source: Corporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt
'uli name		this period
William Wilson	<u>8</u> / <u>1</u> / <u>22</u>	\$ 1000.00
failing Address		
P.O. Box 2428	//	\$
ity, State, Zip Code Oxford, MS 38655		\$
		J
ame of Employer (Required) Self		\$
ccupation (Required)		J)
Attorney		\$ 1000
Source: OCorporation OPAC OIndividual OLoan	year-to-date	1000.00
O - O Chiarriduan O Liban	Date	Amount of each
Other (please specify) LLC	(Mo., Day, Year)	receipt
Il name Howard Gunn & Associates LLC		this period
illing Address	$\frac{8}{2} \frac{2}{22} \frac{22}{8}$	\$ 2500.00
P.O. Box 157		
y, State, Zip Code		S
Aberdeen, MS 39730	/ / 6	`
me of Employer (Required)		
cupation (Required)	/ \$	
(wedatien)	Aggregate \$	
	year-to-date	2500.00

Reporting period January 1, 2022 through December 31, 2022

Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	8/2/22	\$ 1000.00
apitol Advocacy Group, PAC		\$
P.O. Box 217		\$
Jackson, MS 39205		\$
lame of Employer (Required)		\$ 1000.00
occupation (Required)	Aggregate year–to-date	\$ 1000.00
3. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	_8_/_2/22	\$ 1000.00
Mailing Address P.O. Box 37	_'_'_	\$
City, State, Zip Code Fulton, MS 38843	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
C. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) PA	8/3/22	\$ 1000.00
Franks, Franks, Wilemon & Hagood, P.A. Mailing Address P. 255	_'_'_	\$
P.O. Box 355 City, State, Zip Code		\$
Fulton, MS 38843 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
D. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name	8/3/22	\$ 1000.00
Hankins, Inc Mailing Address	/	\$
P.O. Box 517 City, State, Zip Code		\$
Ripley, MS 38663 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00

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Reporting period January 1, 2022 through December 31, 2022

A. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rose B, Inc	8/3/22	\$ 1000.00
Mailing Address 1739 University Ave, Ste 292		\$
City, State, Zip Code Oxford, MS 38655		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Engineering Solutions Inc	8/4/22	\$ 1000.00
Mailing Address 1324 N Veterans Blvd		\$
City, State, Zip Code Tupelo, MS 38804	//	\$
Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Thomas Childs Jr	8 / 5 / 22	\$ 5000.00
Mailing Address P.O. Box 1429	_'_'_	\$
City, State, Zip Code Fulton, MS 38843	_'_'_	\$
Name of Employer (Required) Self	_/_/_	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 5000.00
O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Tull name Dan or Rachael Webb	<u>8</u> / <u>5</u> / <u>22</u>	\$ 1000.00
Aailing Address P.O. Box 496	_'_'_	\$
City, State, Zip Code Tupelo, MS 38802	_'_'_	\$
ame of Employer (Required) Self	_'_'_	\$
ccupation (Required) Attorney	Aggregate year-to-date	\$ 1000.00

Reporting period January 1, 2022 through December 31, 2022

TIDIVILLED REGI		
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		\$ 1000.00
Greg & Lisa Pirkle	8/5/22	3 1000.00
Mailing Address		\$
4216 Ridgemont Dr	'	
City, State, Zip Code	1 1	\$
Belden, MS 38826		
Name of Employer (Required) Phelps Dunbar LLP	'	\$
Occupation (Required)	Aggregate	\$ 1000.00
Attorney	year-to-date	1000.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
	(Mo., Day, Year)	receipt this period
Other (please specify)		•
Full name Parala Francisco Voluntary Political Committee	8/5/22	1000.00
Renasant Bank Employees Voluntary Political Committee Mailing Address		\$
P.O. Box 709	_'_'_	
City, State, Zip Code		\$
Tupelo, MS 38802	//_	
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC Individual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full name William & Catherine Crews	<u>8</u> / <u>6</u> / <u>22</u>	\$ 1000.00
Mailing Address 518 N 11th St		\$
City, State, Zip Code Oxford, MS	//	\$
		\$
Name of Employer (Required) University of Mississippi		Ψ
Occupation (Required) Development Officer	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan		Amount of each
b. source: Corporation Of Ac Communication	Date (Mo., Day, Year)	receipt
Other (please specify)	(NIO, Day, Teat)	this period
Full name Jay & Carol Colbert	<u>8</u> / <u>7</u> / <u>22</u>	\$ 1000.00
Mailing Address P.O. Box 284		\$
City, State, Zip Code		\$
Houston, MS 38851		
Name of Employer (Required)	_/_/_	\$
	Aggregate	\$ 1000.00

Reporting period January 1, 2022

through December 31, 2022

A. Source: Corporation PAC Individual Loan		
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name John & Cindy Farese	8/9/22	\$ 1000.00
Mailing Address	<u> </u>	
112 Westminister Dr	//	\$
City, State, Zip Code		\$
Oxford, MS 38655		•
Name of Employer (Required) Self		\$
Occupation (Required)		Ψ.
Attorney	Aggregate	\$ 1000.00
	year-to-date	1000.00
O O	Date	Amount of each
Other (please specify)_LLC	(Mo., Day, Year)	receipt this period
Full name		\$ 1000.00
Kimes & Stone Construction, LLC Mailing Address	<u>8</u> / <u>9</u> / <u>22</u>	1000.00
P.O. Box 550		\$
	''_	
City, State, Zip Code Booneville, MS 38829		\$
Name of Employer (Required)		
Tame of Employer (Requirea)		\$
Occupation (Required)		
	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC Individual OLoan	year-to-date	
	Date	Amount of each receipt
Other (please specify)Full name	(Mo., Day, Year)	this period
Mr & Mrs Chip Crane	8 / 0 / 22	\$ 1000.00
Mailing Address	<u>8</u> / <u>9</u> / <u>22</u>	1000.00
P.O. Box 428		\$
City, State, Zip Code		Φ.
Fulton, MS 38843		\$
Name of Employer (Required)		\$
FL Crane and Sons Occupation (Required)	'	\$
CEO	Aggregate year–to-date	\$ 1000.00
Source: Corporation OPAC OIndividual OLoan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt
ull name	(Mo., Day, Year)	this period
Sudden Service, Inc	<u>8</u> / <u>9</u> / <u>22</u>	\$ 1000.00
ailing Address		<u> </u>
3637 N Church Ave	_'_'_	\$
ity, State, Zip Code		
Louisville, MS 39339 ame of Employer (Required)		\$
		\$
ccupation (Required)	Aggregate	\$ 1000.00
	year-to-date	1000.00

Reporting period January 1, 2022 through December 31, 2022

TIENIZED RECI		
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)	8/9/22	\$ 1000.00
aylor Construction Equipment Mailing Address		\$
3637 N Church Ave		\$
Louisville, MS 39339	'	\$
Name of Employer (Required)		
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Taylor Leasing & Rental	8/9/22	\$ 1000.00
Mailing Address 3637 N Church Ave	_''	\$
City, State, Zip Code Louisville, MS 39339	_'_'	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) LLC	8 / 9 / 22	\$ 1000.00
Taylor Logistics, LLC		\$
Mailing Address 3637 N Church Ave		\$
City, State, Zip Code Louisville, MS 39339	_'_'	
Name of Employer (Required)	_'_'	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name	8/9/22	\$ 1000.00
Taylor Machine Works, Inc Mailing Address	_'_'	\$
3637 N Church Ave City, State, Zip Code		\$
Louisville, MS 39339 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00

Reporting period January 1, 2022 through December 31, 2022

Date (Mo., Day, Vear) This period Full name Farmers & Merchants Bank 8 / 10 / 22 \$ 1000.00			
Full name		Date	Amount of each
Farmers & Merchants Bank 8 / 10 / 22 \$ 1000.00	Other (please specify)	(Mo., Day, Year)	
Mailing Address P.O. Box 278			
P.O. Box 278	Farmers & Merchants Bank	<u>8</u> / <u>10</u> / <u>22</u>	\$ 1000.00
City, State, Zip Code Baldwyn, MS 38824 Name of Employer (Required) Other (please specify) Date Typelo, MS 38804 Name of Employer (Required) Other (please specify) Description (Required) Aggregate year-to-date (Mo, Day, Year) This period Amount of each receipt fithis period Aggregate year-to-date Other (please specify) Downer Community Spirit Bank Amount of each receipt fithis period Amount of e			
Baldwyn, MS 38824 Name of Employer (Required) Aggregate year-to-date S 1000.00		//	2
Name of Employer (Required)	City, State, Zip Code		
Name of Employer (Required) Occupation (Required) B. Source: Corporation PAC Individual Loan Other (please specify) Date (Mo., Day, Year) Source: Corporation PAC Individual Loan Other (please specify) Date (Mo., Day, Year) Source: S	Baldwyn, MS 38824	, ,	\$
Cocupation (Required) Aggregate year-to-date S 1000.00			
Occupation (Required) B. Source: Corporation PAC Individual Loan Other (please specify) Full name David & Shawn Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804 Name of Employer (Required) Other (please specify) Source: Orporation PAC Individual Loan Other (please specify) Source: Orporation PAC Individual Loan Other (please specify) Source: Orporation PAC Individual Loan Other (please specify) Source: Source: Source: Source: Source: Source: Orporation PAC Individual Loan Other (please specify) Source: Orporation PAC Individual Loan Other (please specify) Source: Sou	1 , (, ,	S
B. Source: Corporation PAC Individual Loan Other (please specify) Full name David & Shawn Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Community Spirit Bank Aliling Address 200 4th Ave SW City, State, Zip Code Red Bay, AL 35582 Ame of Employer (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Community Spirit Bank Bay, AL 35582 Ame of Employer (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Cocupation Community Spirit Bank Bay, AL 35582 Ame of Employer (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Cocupation (Required) Cocupation Cocupation Cocupation Cocupation (Required) Cocupation Coc	Occupation (Required)		
B. Source: Corporation PAC Individual Loan Other (please specify) Full name David & Shawn Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804 Name of Employer (Required) Owner Other (please specify) Toul name Other (please specify) Community Spirit Bank Aliling Address Red Bay, AL 35582 Ame of Employer (Required) Other (please specify) Coupation (Required) Coupation (Required) Aggregate year-to-date (Mo., Day, Year) Amount of each receipt this period Amount of each receipt this period Amount of each receipt this period Amount of each receipt (Mo., Day, Year) Source: Corporation PAC Individual OLoan Other (please specify) PLLC Coupation (Required) Coupation (Required) Amount of each receipt (Mo., Day, Year) Source: Corporation PAC Individual OLoan Other (please specify) PLLC Amount of each receipt (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) Source: Corporation PAC Individual OLoan Other (Please specify) PLLC Source: Source: Source: Source (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) Source: Source: Source (Mo., Day, Year) Amount of each receipt (Mo., Day, Year) Source: Source: Source (Mo., Day, Year) Source (Mo., Day	- F (Aggregate	\$ 1000.00
Amount of each receipt this period Date (Mo., Day, Year) Full name David & Shawn Brevard 8. / 10 / 22 \$ 1000.00 Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804 Name of Employer (Required) B&B Concrete Occupation (Required) Other (please specify) Tull name Community Spirit Bank 8 / 10 / 22 \$ 500.00 Auggregate year-to-date (Mo., Day, Year) Tupelo, MS 38804 Amount of each receipt this period Aggregate year-to-date Source: Corporation PAC Individual Loan Other (please specify) PLLC Other (please specify) PLLC Amount of each receipt this period M Law Firm PLLC DBA Mama Justice Alling Address 2005 West Main Street Vey, State, Zip Code Tupelo, MS 38801 me of Employer (Required) Cupation (Required) Amount of each receipt this period	P. S		1000.00
Other (please specify) Full name Dovid & Shawn Brevard Mailing Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804 Name of Employer (Required) B&B Concrete Occupation (Required) Owner Community Spirit Bank Alling Address 200 4th Ave SW Sity, State, Zip Code Red Bay, AL 35582 anne of Employer (Required) Compation (Required) Compation (Required) Community Spirit Bank Alling Address Composition (Required) Composition (Requir	B. Source: Corporation PAC Individual Loan		Amount of and
Full name David & Shawn Brevard S	Other (places and is		
David & Shawn Brevard	Other (please specify)	(Mo., Day, Year)	
Mailing Address 805 Oak Grove Rd	David & Shown Drown		
Maling Address 805 Oak Grove Rd City, State, Zip Code Tupelo, MS 38804 Name of Employer (Required) B&B Concrete Cocupation (Required) Cother (please specify) Community Spirit Bank Address 200 4th Ave SW City, State, Zip Code Red Bay, AL 35582 Ame of Employer (Required) Community (Required) Community (Required) Community (Required) City (Required) Community Spirit Bank Aggregate Red Bay, AL 35582 Aggregate Red Bay, AL 35582 Aggregate Red Bay, AL 35582 Aggregate Cocupation (Required) Composition (Required) Composition (Required) Coupation (Required) Coupation (Required) Aggregate Vear-to-date (Mo., Day, Year) Aggregate (Mo., Day, Year) Source: Corporation PAC Individual Cloan Other (please specify) PLLC Amount of each receipt this period Coupation (Required) Coupation (Required) Amount of each receipt this period Amount of each receipt this period Amount of each receipt this period Coupation (Required) Coupation (Required) Coupation (Required) Source: Corporation PAC Coupation Outper (Required) Coupation (Required) Source: Corporation Outper (Required) Source: Corpora		_8_/_10/ 22	3 1000 00
City, State, Zip Code Tupelo, MS 38804 Tupelo, MS 38804 Tupelo, MS 38804 Name of Employer (Required) B&B Concrete Occupation (Required) Owner Community Spirit Bank Amount of each receipt this period City, State, Zip Code Red Bay, AL 35582 Image of Employer (Required) Composition (PAC Olindividual Oloan Olindividual Olindivid			
City, State, Zip Code Tupelo, MS 38804 Tupelo, MS 38804 Name of Employer (Required) B&B Concrete Occupation (Required) Owner C. Source: Other (please specify) Tull name Community Spirit Bank Audiling Address 200 4th Ave SW Text Bay, AL 35582 Ame of Employer (Required) Comporation OPAC OIndividual OLoan Amount of each receipt this period Comporation OPAC OINDIVIDENT OF COMMUNITY OF C	805 Oak Grove Rd	, ,	\$
Tupelo, MS 38804 Name of Employer (Required) B&B Concrete Occupation (Required) Owner C. Source: orporation OPAC Individual OLoan Other (please specify) Outher (please	City, State, Zin Code		
Name of Employer (Required) B&B Concrete Occupation (Required) Other (please specify) Full name Community Spirit Bank Aggregate Red Bay, AL 35582 ame of Employer (Required) Other (please specify) Comporation PAC Individual Loan Date (Mo, Day, Year) Amount of each receipt this period Aggregate year-to-date Source: Corporation PAC Individual Loan Other (please specify) PLLC W Law Firm PLLC DBA Mama Justice Tupelo, MS 38801 Me of Employer (Required) Aggregate year-to-date 12 / 30 / 22 \$500.00 ME of Employer (Required) Amount of each receipt this period Tupelo, MS 38801 Amount of each receipt this period Tupelo, MS 38801 Amount of each receipt this period Tupelo, MS 38801 Amount of each receipt this period Tupelo, MS 38801 Amount of each receipt this period Tupelo, MS 38801 Amount of each receipt this period Source: Corporation PAC Individual Loan Other (Required) Source: Sour			S
B&B Concrete Occupation (Required) Owner Occupation (Required) Owner C. Source: Origination OPAC Individual OLoan Other (please specify) Occupation (Required) Other (please specify) Source: Origination OPAC Olindividual OLoan Other (please specify) Owner Source: Origination OPAC Olindividual OLoan Other (please specify) Other (Required) Other (please specify) Ot		l —'—'—	"
Occupation (Required) Owner C. Source: Orporation OPAC Individual OLoan Other (please specify) Community Spirit Bank Amount of each receipt this period Mailing Address 200 4th Ave SW City, State, Zip Code Red Bay, AL 35582 Amount of each receipt this period Aggregate year-to-date Source: Orporation OPAC Individual OLoan Other (please specify) PLLC Amount of each receipt this period Amount of each receipt this per			
Owner C. Source: Orporation OPAC Individual Loan Other (please specify) Community Spirit Bank Auditing Address 200 4th Ave SW City, State, Zip Code Red Bay, AL 35582 Amount of each receipt this period Composition OPAC Individual OLoan Other (please specify) Coupation (Required) Composition OPAC Individual OLoan Other (please specify) PLLC Composition OPAC Individual OLoan Other (please specify) PLLC Composition OPAC Other (please specify) PLC Composition OPAC Other (please speci	B&B Concrete	//	\$
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)			
Other (please specify) Other (please specify) Community Spirit Bank Amount of each receipt this period Sill name Community Spirit Bank Amount of each receipt this period Sill name 200 4th Ave SW City, State, Zip Code Red Bay, AL 35582 Amount of each receipt this period Aggregate year-to-date (Mo., Day, Year) Amount of each receipt this period	Owner		\$ 1000.00
Other (please specify) Date (Mo., Day, Year) This period Solution of each receipt this period Solution (Mo., Day, Year) Solution (Required) Soluti	C. Source: Corporation OPAC OIndividual Or	year-to-date	1000.00
Other (please specify)	Orac Omdividual OLoan	Data	Amount of each
Full name Community Spirit Bank 8 / 10 / 22 \$ 500.00 Asiling Address 200 4th Ave SW Sty, State, Zip Code Red Bay, AL 35582 ame of Employer (Required) Secupation (Required) Couporation PAC Individual Loan Other (please specify) PLLC Ull name W Law Firm PLLC DBA Mama Justice alling Address 2005 West Main Street ty, State, Zip Code Tupelo, MS 38801 me of Employer (Required) Source: Source: 12 / 30 / 22 \$ 5000.00 Tupelo, MS 38801 me of Employer (Required) Substituting period this period this period this period Aggregate year-to-date (Mo., Day, Year) this period \$ 2500.00 \$ 2500.00 \$ 2500.00 \$ 2500.00 \$ 2500.00 Tupelo, MS 38801	Other (please specify)		receipt
Additing Address 200 4th Ave SW -/_/_ \$ Sity, State, Zip Code Red Bay, AL 35582 -/_/_ \$ ame of Employer (Required)	Full name	(****, 2 %), 1 6 %,	this period
Additing Address 200 4th Ave SW -/_/_ \$ Sity, State, Zip Code Red Bay, AL 35582 -/_/_ \$ ame of Employer (Required)	Community Spirit Bank	8 / 10 / 22	\$ 500.00
200 4th Ave SW Sity, State, Zip Code Red Bay, AL 35582 Same of Employer (Required) Secupation (Required) Source: Corporation PAC Individual Loan Other (please specify) PLLC W Law Firm PLLC DBA Mama Justice W Law Firm PLLC DBA Mama Justice 2005 West Main Street Sty, State, Zip Code Tupelo, MS 38801	Mailing Address	<u>8/10/22</u>	* 500.00
Sity, State, Zip Code Red Bay, AL 35582 ame of Employer (Required) Cocupation (Required)			\$
Red Bay, AL 35582 Jame of Employer (Required) Aggregate year-to-date Other (please specify) PLLC W Law Firm PLLC DBA Mama Justice alling Address 2005 West Main Street ty, State, Zip Code Tupelo, MS 38801 me of Employer (Required) Tupelo, MS 38801 me of Employer (Required) Saggregate year-to-date (Mo., Day, Year) Amount of each receipt this period Amount of each receipt this period 12 / 30 / 22 \$ 5000.00			Ψ
ame of Employer (Required)			•
Aggregate year-to-date Source: Ocorporation OPAC OIndividual OLoan Other (please specify) PLLC W Law Firm PLLC DBA Mama Justice alling Address 2005 West Main Street ty, State, Zip Code Tupelo, MS 38801 me of Employer (Required) Tupelo, MS 38801 cupation (Required) Source: Ocorporation OPAC OIndividual OLoan Date (Mo., Day, Year) Amount of each receipt this period **Tupelo, MS 38801		////	.
Aggregate year-to-date Source: Ocorporation OPAC OIndividual OLoan Other (please specify) PLLC W Law Firm PLLC DBA Mama Justice alling Address 2005 West Main Street ty, State, Zip Code Tupelo, MS 38801 me of Employer (Required) Amount of each receipt this period **Source: Ocorporation OPAC OIndividual OLoan Date (Mo., Day, Year) **Source: Ocorporation OPAC OIndividual OLoan **Date (Mo., Day, Year) **Source: Ocorporation OPAC OIndividual OLoan **Date (Mo., Day, Year) **Source: Ocorporation OPAC OIndividual OLoan **Date (Mo., Day, Year) **Source: Ocorporation OPAC OIndividual OLoan **Date (Mo., Day, Year) **Source: Ocorporation OPAC OIndividual OLoan **Date (Mo., Day, Year) **Source: Ocorporation OPAC OINdividual OLoan **Date (Mo., Day, Year) **Source: Ocorporation OPAC OINdividual OLoan **Date (Mo., Day, Year) **Source: Ocorporation OPAC OINdividual OLoan **Date (Mo., Day, Year) **Source: Ocorporation OPAC OINdividual OLoan **Date (Mo., Day, Year) **Source: Ocorporation OPAC OINdividual OLoan **Date (Mo., Day, Year) **Source: Ocorporation OPAC OINdividual OLoan **Date (Mo., Day, Year) **Source: Ocorporation OPAC OINdividual OLoan **Source: Ocorporatio	ame of Employer (Required)		
Aggregate year-to-date \$500.00 Source: Orporation OPAC OIndividual OLoan Date (Mo., Day, Year) Other (please specify) PLLC Ill name W Law Firm PLLC DBA Mama Justice alling Address 2005 West Main Street ty, State, Zip Code Tupelo, MS 38801 me of Employer (Required) Amount of each receipt this period \$2500.00 \$2500.00 \$5000.00		1 1	\$
Source: Corporation PAC Individual Loan Other (please specify) PLLC Ill name W Law Firm PLLC DBA Mama Justice alling Address 2005 West Main Street ty, State, Zip Code Tupelo, MS 38801 me of Employer (Required) Tupelo, MS 38801 cupation (Required) Tupelo, MS 38801 cupation (Required) Samount of each receipt this period Amount of each receipt this period 12 / 30 / 22 \$ 2500.00 \$ 5000.00	Occupation (Required)		
Other (please specify) PLLC Other (please specify) PLLC Ill name W Law Firm PLLC DBA Mama Justice alling Address 2005 West Main Street ty, State, Zip Code Tupelo, MS 38801 me of Employer (Required) Amount of each receipt this period \$ 2500.00 \$ 2500.00 \$ 5000.00			\$ 500.00
Other (please specify) PLLC Ill name W Law Firm PLLC DBA Mama Justice ailing Address 2005 West Main Street ty, State, Zip Code Tupelo, MS 38801 me of Employer (Required) Tupelo, MS (Required) Tupelo, MS (Required) Tupelo, MS (Required) Amount of each receipt this period \$ 2500.00 \$ 2500.00	Source: OCorporation OPAC Ornativity 1 Ov	year-to-date	500.00
Other (please specify) PLLC Ill name W Law Firm PLLC DBA Mama Justice ailing Address 2005 West Main Street ty, State, Zip Code Tupelo, MS 38801 me of Employer (Required) Tupelo, (Required) Tupelo, (Required) Tupelo, (Required) Tupelo, (Required)	Ocorporation OFAC Oindividual OLoan	Data	Amount of each
### this period ### W Law Firm PLLC DBA Mama Justice #### all name ### W Law Firm PLLC DBA Mama Justice #### all name ### W Law Firm PLLC DBA Mama Justice #### all name ### 2500.00 #	Other (please specify) PLIC		
2005 West Main Street 12 / 30 / 22 \$ 5000.00	ull name	(Wio., Day, Teal)	
2005 West Main Street 12 / 30 / 22 \$ 5000.00	W Law Firm PLIC DRA Mama Justica	0 / 11 / 22	- 0500 00
2005 West Main Street 12 / 30 / 22 \$ 5000.00 ty, State, Zip Code // \$ Tupelo, MS 38801 // \$ me of Employer (Required) // \$ cupation (Required) // \$	ailing Address	8/11/22	\$ 2500.00
ty, State, Zip Code Tupelo, MS 38801 me of Employer (Required) cupation (Required) Typelo, MS 38801 -/_/_ \$		12	
Tupelo, MS 38801// \$ me of Employer (Required)// \$ cupation (Required)	the State 7 to Code	12/ <u>30/22</u>	\$ 5000.00
cupation (Required)			
me of Employer (Required) // cupation (Required)	Tupeto, IVIS 38801		\$
cupation (Required)	ine of Employer (Required)		
cupation (Required)		//	\$
Aggregate \$7500.00	cupation (Required)		
		Again	

through December 31, 2022

. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) ull_name Danny & Sheila Franklin	8 / 11 / 22	\$ 1000.00
Tailing Address		\$
4856 Braeburn Lane City, State, Zip Code	11_	\$
Tupelo, MS 38826 Name of Employer (Required)		\$
Franklin Collection	Aggregate	\$ 1000.00
Occupation (Required) Owner	year-to-date	Amount of each
3. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	receipt this period
Other (please specify)Full name Home Stretch Inc.	_8_/_11/22	\$ 1000.00
Mailing Address		\$
46 Furniture Dr, P.O. Box 379 City, State, Zip Code		\$
Nettleton, MS 38858 Name of Employer (Required)	//	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: OCorporation OPAC Individual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name	8 / 11 / 22	\$ 1000.00
Mary Childs Mailing Address		\$
898 S Main St City, State, Zip Code		\$
Ripley, MS 38663 Name of Employer (Required)		\$
The Peoples Bank in Ripley Occupation (Required)	Aggregate year-to-date	\$ 1000.00
D. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name	8 / 11 / 22	\$ 1000.00
Transport Trailer Service, Inc Mailing Address		\$
P.O. Box 7006 City, State, Zip Code		\$
Tupelo, MS 38802 Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00

Reporting period January 1, 2022 through December 31, 2022

Date (Mo., Day, Year)	Amount of each receipt this period
8 / 12 / 22	\$ 10000.00
	\$
1_1_	\$
i—'—'	\$
Aggregate year–to-date	\$ 10000.00
Date (Mo., Day, Year)	Amount of each receipt this period
8/12/22	\$ 2500.00
	\$
	\$
[/	\$
Aggregate year–to-date	\$ 2500.00
Date (Mo., Day, Year)	Amount of each receipt this period
8/12/22	\$ 1000.00
ı	\$
	\$
·	\$
Aggregate year-to-date	\$ 1000.00
Date (Mo., Day, Year)	Amount of each receipt this period
8/12/22	\$ 1000.00
	\$
	\$
	\$
	(Mo., Day, Year) 8 / 12 / 22

Reporting period January 1, 2022

_through <u>December 31, 2022</u>

TILIMIZED RECEIT	10	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mississippi Realtors PAC	8 / 12 / 22	\$ 1000.00
Mailing Address P.O. Box 321000		\$
City, State, Zip Code Flowood, MS 39232	/_/_	\$
Name of Employer (Required)	· / / /	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name BNA Bank	_8_/_15/_22	\$ 1000.00
Mailing Address 133 E Bankhead St		\$
City, State, Zip Code New Albany, MS 38652	1.—	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name David & Betty Cole	8 / 15 / 22	\$ 1000.00
Mailing Address 3337 Mossey Cup Dr		\$
City, State, Zip Code Saltillo, MS 38866	_'_'	\$
Name of Employer (Required) Retired Educator		\$
Occupation (Required) Retired Educator	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Johnny & Bessie Crane	8 / 15 / 22	\$ 1000.00
Mailing Address 116 Francis Dr	·	\$
City, State, Zip Code Fulton, MS 38843	_/_/_	\$
Name of Employer (Required) FL Crane and Sons		\$
Occupation (Required) Owner	Aggregate yearto-date	\$ 1000.00

Reporting powing Lawrence Brandon Presley			
a substitution of the subs		1	Page of
- Ulffilligh Floor	mber 21	2000	
A. Source: Ocorporation OPAC OIndividual Open	midel 31	, 2022	
A. Source: Ocorporation OPAC OLAR	CEI	PTC	
Corporation OPAC Individual OLoan		10	
Othor (-1			
		Date (Mo. D.	Amount of each
Michael & Melinda Dees Mailing Address		(Mo., Day, Ye	ar) receipt
140 Windridge D		8/15/2	this period
140 Windridge Drive, P.O. Box 98		1 3 / 2	2 \$ 1000.00
by - rate, Sip Code		, ,	\$
Ripley, MS 38663			-
(vame of Employer (Required)		1	S
Lees Oil			-
Occupation (Required)		1	\$
Owner		//_	• •
B. Source: Ocorporation OPAC Individual O	- 1	Aggregate	\$100
Individual () Lean		year-to-date	\$ 1000.00
Full name	1	Date	Amount of each
Robert & Nancy McDade Jr		(Mo., Day, Year)	receipt
Mailing Address	-	, - Jai')	this period
	N.	8/15/22	S
4418 Woodview Dr		111/1/2	1000.00
City, State, Zip Code	- 1	1 1	\$
Belden, MS 38826			1
ame of Employer (Required)	1	/ /	s
Self		_''-	
ccupation (Required)	- 1	/ /	\$
Attorney		_''	J
Source: Ocorporation OPAC Individual Or		Aggregate	\$
Individual ()Loan		year-to-date	1000.00
Other (please specify)		Date	
Martha Dowd Dalrymple	(M	lo., Day, Year)	Amount of each receipt
Amuna Dowd Dalrymple		J, rear)	. ccciht

Martha Dowd Dalrymple

P.O. Box 210

Amory, MS 38821

Member

108 S Spring St, P.O. Box 717

Corporation

The Dalrymple Family Foundation, Inc.

Other (please specify)

McCullar, Long & McCullough, Inc

()PAC

)Individual

Loan

Mailing Address

City, State, Zip Code

Occupation (Required)

D. Source:

Full name

Mailing Address

City, State, Zip Code Tupelo, MS 38804

Occupation (Required)

Name of Employer (Required)

Name of Employer (Required)

this period

\$ 1000.00

1000.00

Amount of each

receipt

this period

\$ 500.00

500.00

\$

\$

\$

\$

\$

\$

1/3/22

Aggregate

year-to-date

Date

(Mo., Day, Year)

8/15/22

Aggregate year-to-date

Tame of Candidate or Committee Brandon Presley through December	31,2022		
Reporting period January 1, 2022 through RECE	IPTS		
TT TVIII		Date ., Day, Year)	Amount of each receipt this period
A. Source: OCorporation O			\$250.00
Other (please specify)		1 <u>15</u> 1 <u>22</u>	\$
Full name James Chrisman		_''	
Mailing Address 2208 Shoreline Dr		_/_/_	\$
City, State, Zip Code Tupelo, MS 38804			\$
Name of Employer (Required) MS Oral Surgery		Aggregate	\$250.00
Occupation (Required)		year-to-date Date	Amount of each receipt
Oral Surgeon B. Source: Ocorporation OPAC Individual OLoan		Mo., Day, Year	this period
Other (please specify)		8/16/22	\$ 1000.00
Full name James Morris		11_	\$
Mailing Address P.O. Box 210			\$
G. do			\$
New Albany, MS 38652 Name of Employer (Required)		Aggregate	\$ 1000.00
Seit		year-to-dat	Amount of each
Occupation (Required) Real Estate PAC Individual OLoan		Date (Mo., Day, Y	receipt
C. Source: Corporation			\$.000.00
Other (please specify)		<u>8</u> 1 <u>16</u> 1	\$
Full name Lisa Hawkins		_'-'	<u> </u>
Mailing Address 2524 Woodgreen Dr			l
City, State, Zip Code Belden, MS 38826			/\\$
Name of Employer (Required) Room to Room		Aggreg year-to-	date
Required)		Dat	e Amount of each
D. Source: Corporation OPAC Individual Loan		(Mo., Day	, Year) this period
Other (please specify)		8/1	<u>6/22</u> \$ 1000.00
Full name Moody Construction Company, Inc			_/\\$
Mailing Address 1741 S Church St, P.O. Box 847			_/_ s
Ti. Code			_/
Louisville, MS 39339 Name of Employer (Required)		Agg	regate \$ 1000.00
Occupation (Required)		year-	to-date 1000.00

Traine of Candidate of Committee Diamoon I restey

Reporting period January 1, 2022

through December 31, 2022

A. Source: Corporation OPAC Individual OLoan	Date	Amount of eac
Other (please specify)	(Mo., Day, Year)	receipt this period
Rupert & Martha Whitaker Jr	<u>8</u> / <u>16</u> / <u>22</u>	\$ 1000.00
Mailing Address 4206 Ridgemont Dr	//	\$
City, State, Zip Code Belden, MS 38826		\$
Name of Employer (Required) Whitaker Sales Inc		\$
Occupation (Required) Owner	Aggregate year-to-date	\$ 1000.00
B. Source: OCorporation OPAC OIndividual OLoan Other (please specify) Trust	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Chuck & Pam Carson Living Trust Mailing Address	_8_/_16/_22	\$ 500.00
1780 Waverly Dr City, State, Zip Code	'	\$
West Point, MS 39773	_'_'_	\$
Name of Employer (Required)	· - / / /	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name Guy & Susan Mitchell III	8 / 16 / 22	\$ 500.00
Mailing Address P.O. Box 7120		\$
City, State, Zip Code Tupelo, MS 38802	//	\$
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 500.00
O. Source: Corporation PAC Individual Loan Other (please specify) Full name	Date (Mo., Day, Year)	Amount of each receipt this period
Wayne & Debbie Moody	<u>8</u> / <u>16</u> / <u>22</u>	\$ 500.00
P.O. Box 847		\$
Louisville, MS 39339		\$
ame of Employer (Required) oody Construction Company		\$
Ccupation (Required) Owner	Aggregate year–to-date	\$ 500.00

Reporting period January 1, 2022 through December 31, 2022

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) LLC		this period
Full name Ecopro LLC	<u>8</u> / <u>16</u> / <u>22</u>	\$250.00
Mailing Address 5208 Magazine St, Ste 197	_/_/_	\$
City, State, Zip Code New Orleans, LA 70115	_'_'_	\$
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	Aggregate year–to-date	\$250.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name Taylor Webb & Catherine Servanti	_8_/_15/_22_	\$ 250.00
Mailing Address 404 Cherokee Dr	_'_'_	\$
City, State, Zip Code Oxford, MS 38655	_'_'_	\$
Name of Employer (Required) Self	_'_'_	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 250.00
C. Source: Ocorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) LLC Full name	8 / 17 / 22	\$ 2500.00
Bauder Family Investments LLC	0 / 1// 22	\$
Mailing Address 2718 University Club Dr	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3
City, State, Zip Code Baton Rouge, LA 70810		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 2500.00
D. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 / 17 / 22	\$ 1000.00
Edward Powell Mailing Address 2620 Northplace Dr	_'_'_	\$
City, State, Zip Code	_'_'_	\$
Tupelo, MS 38804 Name of Employer (Required)		\$
Self Occupation (Required) Attorney	Aggregate year–to-date	\$ 1000.00

Reporting period January 1, 2022

through December 31, 2022

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Friends of Mississippi Hospitals	8 / 17 / 22	\$ 1000.00
Mailing Address 116 Woodgreen Crossing		S
City, State, Zip Code Madison, MS 39110		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify) PA	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Herring Chapman, PA	8/17/22	\$ 1000.00
Mailing Address 342 N Broadway, P.O. Box 842		\$
City, State, Zip Code Tupelo, MS 38804		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mr & Mrs Robinson McGraw	8/17/22	\$ 1000.00
Mailing Address 969 Debeau Dr	_/_/_	\$
City, State, Zip Code Tupelo, MS 38804		\$
Name of Employer (Required) Renasant Bank	_'_'	\$
Occupation (Required) CEO	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Barry & Paula Bertolet	8/17/22	\$ 250.00
Mailing Address 988 Charleston Blvd	//	\$
City, State, Zip Code Tupelo, MS 38801	_'_'	\$
Name of Employer (Required) CA of North Mississippi	-'-'-	\$
Occupation (Required) Interventional Cardiologist	Aggregate year–to-date	\$ 250.00

Name of Candidate or Committee Dianuon Fiesley

Reporting period January 1, 2022 through December 31, 2022

TIENIZED KECEI	1 10	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Angela Robertson	8 / 18 / 22	\$ 1000.00
Mailing Address	//	\$
956 Steele Rd City, State, Zip Code Starkville, MS 39759		\$
Name of Employer (Required) Mississippi State		\$
Occupation (Required) Research Professor	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify) Trust	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dey & Michelle Hutto Living Trust	_1_/_2_/22	\$ 250.00
Mailing Address 1630 Northlake Dr		\$
City, State, Zip Code Tupelo, MS 38804		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Independent Bancshares Inc	8/19/22	\$ 500.00
Mailing Address P.O. Box 449	_/_/_	\$
City, State, Zip Code Red Bay, AL 35582		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jolee Hussey	8/19/22	\$ 250.00
Mailing Address 209 Woodland Hills Dr.		\$
City, State, Zip Code Oxford. MS 38655	_'_'_	\$
Name of Employer (Required) University of Mississippi	_'_'	\$
Occupation (Required) Faculty	Aggregate year–to-date	\$ 250.00

Name of Candidate or Committee Brandon Presl	Name of Candidate or Comm	nittee Brandon Presle
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Reporting period January 1, 2022 through December 31, 2022

Other (please specify) Full name Dennis & Linder Erby	Date (Mo., Day, Y	Amount of eac receipt this period
Mailing Address	8/20/	
191 Ponderosa Dr City, State, Zip Code	1 1	\$
Columbus, MS 39702		
Name of Employer (Required)		\$
Golden Triangle Development Link Occupation (Required)	1 /	\$
Board Member	Aggregate	
B. Source: OCorporation OPAC OIndividual OLoan	year-to-date	\$500.00
Other (please specify) LLC	Date	Amount of each
Full name Walker & Walker Enterprises, LLC	(Mo., Day, Yea	this period
Mailing Address	8/22/22	2 \$10000.00
3891 Forest Hill Irene		\$
City, State, Zip Code	_ - ' - ' -	
Memphis, TN 38125		\$
Name of Employer (Required)		
Occupation (Required)	//_	\$
	Aggregate	\$
C. Source: Ocorporation OPAC Individual OLoan	year-to-date	10000.00
Other (please specify)	Date	Amount of each
Full name	(Mo., Day, Year)	receipt
Douglas Horne		this period
Mailing Address	<u>8/22/22</u>	\$ 2500.00
12 N Cedar Bluff Rd, Ste 205		\$
City, State, Zip Code	//	3
Knoxville, TN 37923		s
Name of Employer (Required)		
Horne Properties Occupation (Required)	//	\$
Owner Source: Ocorporation PAC Or was a	Aggregate	s
. Source: OCorporation PAC OIndividual OLoan	year-to-date	2500.00
Other (please specify)	Date	Amount of each
Cadence Bank PAC	(Mo., Day, Year)	receipt this period
ailing Address	8/22/22	\$ 1000.00
P.O. Box 789		1000.00
ty, State, Zip Code Tupelo, MS 38804	-'-'-	\$
me of Employer (Required)	'	\$
cupation (Required)		\$
No. 2017 A		
	year-to-date	\$

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Reporting period January 1, 2022

through December 31, 2022

I FMIZED KEC		
A. Source: OCorporation OPAC OIndividual OLoan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Campaign Committee	8/2/22	\$ 1000.00
Full name im Hood For Attorney General	1 1	\$
Mailing Address P.O. Box 16647		\$
City, State, Zip Code Jackson, MS 39236		\$
Name of Employer (Required)		\$ 1000.00
Occupation (Required)	Aggregate year–to-date	Amount of each
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt
Other (please specify)	8/22/22	\$ 1000.00
Full name Mississippi Medical PAC- State		\$
Mailing Address P.O. Box 2548		\$
City, State, Zip Code Ridgeland, MS 39157	-'-'-	\$
Name of Employer (Required)	Aggregate	\$ 1000.00
Occupation (Required)	year-to-date	Amount of each
C. Source: Ocorporation OPAC Individual OLoan	Date (Mo., Day, Yea	receipt
Other (please specify)	8/22/2	\$ 1000.00
Full name Robert & Jennifer Tomey		\$
Mailing Address 30415 Little Coontail Rd		\$
City, State, Zip Code Aberdeen, MS 39730		\$
Name of Employer (Required) R. C. Tomey, Inc	Aggregat	* 1000.00
Occupation (Required) Owner	year-to-da	Amount of each
D. Source: Corporation OPAC OIndividual OLoan	Date (Mo., Day, Y	receipt this period
Other (please specify)	8/22/	<u>22</u> \$ 250.00
Full name Tombigbee Tooling, Inc		\$
Mailing Address P.O. Box 280		 \$
City, State, Zip Code Mantachie, MS 38855		/\$
Name of Employer (Required)	Aggreg	ate \$ 250.00
Occupation (Required)	year-to-	250.00

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Reporting period January 1, 2022

through December 31, 2022

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jack Reed Jr	8/23/22	\$ 1000.00
Mailing Address P.O. Box 230		\$
City, State, Zip Code Tupelo, MS 38804	//	\$
Name of Employer (Required) Reeds	//	\$
Occupation (Required) Owner	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Colin Maloney	_8_/_24/22	\$ 1000.00
Mailing Address P.O. Box 1366	s_1_1_1	\$
City, State, Zip Code Tupelo, MS 38802	:// _:	\$
Name of Employer (Required) Century Construction	·	\$
Occupation (Required) President	Aggregate year–to-date	\$ 1000.00
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Franklin Services, Inc	8 / 24 / 22	\$ 1000.00
Mailing Address P.O. Box 3910		\$
City, State, Zip Code Tupelo, MS 38801	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation OPAC Individual Loan Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jason Shelton	8 / 24 / 22	\$ 1000.00
Mailing Address 2113 Brair Ridge Rd		\$
City, State, Zip Code Tupelo, MS 38804		\$
Name of Employer (Required) GSA		\$
Occupation (Required) Director	Aggregate year–to-date	\$ 2000.00

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Reporting period January 1, 2022

_through <u>December 31, 2022</u>

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Samuel & Mary Pace	8/24/22	\$ 1000.00
Mailing Address 2013 N Parc Cir		\$
City, State, Zip Code Tupelo, MS 38804		\$
Name of Employer (Required) NMMC		\$
Occupation (Required) Gastroenterologist	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Travis Childers	8/24/22	\$ 1000.00
Mailing Address 100 Grande View	_'_'_	\$
City, State, Zip Code Booneville, MS 38829	a_1'1'1	\$
Name of Employer (Required) Self	_/_/_	\$
Occupation (Required) Real Estate Broker	Aggregate year–to-date	\$ 1000.00
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name BNSF Railway Company	8/24/22	\$ 750.00
Mailing Address 2500 Lou Menk Dr, Ste AOB-2	_'_'_	\$
City, State, Zip Code Fort Worth, TX 76131		\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year–to-date	\$ 750.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MMHA-PAC	8/24/22	\$ 500.00
Mailing Address 001 Airport Rd, P.O. Box 320369		\$
City, State, Zip Code Flowood, MS 39232		\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00

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Name of Candidate or Committee	Brandon	Preslex	J
Name of Candidate of Committee	Dianaon	I I Cole	1

Reporting period January 1, 2022 through December 31, 2022

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dr. Martha & Johnny Morrow	<u>8</u> / <u>25</u> / <u>22</u>	\$ 5000.00
Mailing Address 166 Bancroft Ave		\$
City, State, Zip Code Starkville, MS 39759	s-1	\$
Name of Employer (Required) Stennis Instutute	_'_'_	\$
Occupation (Required) Project Manager	Aggregate year–to-date	\$ 5000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Leland & Abby Husband	8 / 25 / 22	\$ 1500.00
Mailing Address 1468 Whitmoore Ln	_/_/_	\$
City, State, Zip Code Tupelo, MS 38801	_'_'_	\$
Name of Employer (Required) NMMC		\$
Occupation (Required) Doctor	Aggregate year–to-date	\$ 1500.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Elizabeth Paine & Kenneth Rutherford	8 / 25 / 22	\$ 1000.00
Mailing Address 633 Park Dr	_'_'_	\$
City, State, Zip Code Oxford, MS 38655	_'_'_	\$
Name of Employer (Required) Unviersity of Mississippi	_/_/	\$
Occupation (Required) Professor	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jak Smith	<u>8</u> / <u>25</u> / <u>22</u>	\$ 1000.00
Mailing Address P.O. Box 7213	<u></u> /	\$
City, State, Zip Code Tupelo, MS 38802	_/_//	\$
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 1000.00

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Reporting period January 1, 2022

through December 31, 2022

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each
Other (please specify) Full name		\$ 1000.00
Michael & Lisa Massengill	<u>8</u> / <u>25</u> / <u>22</u>	
Mailing Address 151 County Road 511		\$
City, State, Zip Code Ripley, MS 38663		\$
Name of Employer (Required) Big M Transportation	_'_'	\$
Occupation (Required) Owner	Aggregate year–to-date	\$ 1000.00
B. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Peanut Supply & Equipment Co LLC	_8_/_25/_22	\$ 1000.00
Mailing Address 41155 HWY 45 S	//	\$
City, State, Zip Code Aberdeen, MS 39730		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JS LLC DBA Coldwell Banker Southern Real Estate	08 / 25 / 25	\$ 500.00
Mailing Address 3575 Tom Watson Dr		\$
City, State, Zip Code Saltillo, MS 38804		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of eac receipt this period
Full name James & Brenda Plunkett	8/25/22	\$ 250.00
Mailing Address 138 N Ridge Dr		\$
City, State, Zip Code Saltillo, MS 38866		\$
Name of Employer (Required) Sanctuary Hospice		\$
Occupation (Required) CEO	Aggregate year–to-date	\$ 250.00

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Nama of	Candidate or	Co:4400	Brandon	Presi	61/
name or c	Candidate or	Committee	Dianaon	TIVOI	U V

Reporting period January 1, 2022 through December 31, 2022

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Phillip & Deana Baulch	8/25/22	\$250.00
Mailing Address 425 HWY 6		\$
City, State, Zip Code Nettleton, MS 38858		\$
Name of Employer (Required) City of Nettleton	_'_'_	\$
Occupation (Required) Mayor	Aggregate year–to-date	\$250.00
B. Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name William Blake Properties, LLC	_8_/_25/_22	\$ 250.00
Mailing Address 218 N Gloster St	_'_'_	\$
City, State, Zip Code Tupelo, MS 38804	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate yearto-date	\$ 250.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name David Houston III	8/29/22	\$ 500.00
Mailing Address P.O. Box 72		\$
City, State, Zip Code Aberdeen, MS 39730	_'_'_	\$
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 500.00
D. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name E3 Construction Corp	8/29/22	\$ 250.00
Mailing Address P.O. Box 841	//	\$
City, State, Zip Code Booneville, MS 38829	/	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00

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Reporting period January 1, 2022

_through _December 31, 2022

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bernard Bean	8/30/22	\$500.00
Mailing Address 628 Highland Cir		\$
City, State, Zip Code Tupelo, MS 38801		\$
Name of Employer (Required) Eat With US		\$
Occupation (Required) CEO	Aggregate year–to-date	\$500.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name North American Coal PAC	_8_/_31/_22	\$ 1000.00
Mailing Address 5340 Legacy Dr, BLDG 1, Ste 300	s1	\$
City, State, Zip Code Plano, TX 75024		\$
Name of Employer (Required)	r1r	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Blue Ridge Power, LLC	9/1/22	\$ 5000.00
Mailing Address 130 Roberts St		\$
City, State, Zip Code Asheville, NC 28801		\$
Name of Employer (Required)	<u> </u>	\$
Occupation (Required)	Aggregate year–to-date	\$ 5000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John Bradley Jr	9/2/22	\$ 1000.00
Mailing Address 107 Phillip Rd	,_//	\$
City, State, Zip Code Oxford, MS 38655	r11	\$
Name of Employer (Required) Retired	, / /	\$
Occupation (Required) Retired	Aggregate year-to-date	\$ 1000.00

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Reporting period January 1, 2022

through December 31, 2022

A. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Douglas Wright	9/6/22	\$ 10000.00
Mailing Address 3835 Old Towne Cir	_/_/_	\$
City, State, Zip Code Tupelo, MS 38804	'	\$
Name of Employer (Required) Community Eldercare Services	′′_	\$
Occupation (Required) Owner	Aggregate year–to-date	\$10000.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Baker Services	9/7/22	\$ 1000.00
Mailing Address Springridge Road, P.O. Box 6717		\$
City, State, Zip Code Jackson, MS 39212	//	\$
Name of Employer (Required)	='='=	\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name DeViney Construction	917122	\$ 1000.00
Mailing Address P.O. Box 6717	- I _ I I	\$
City, State, Zip Code Jackson, MS 39282		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WEI Management Co	9 / 7 / 22	\$ 1000.00
Mailing Address 133 S Mound St	//	\$
City, State, Zip Code Grenada, MS 38901	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00

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Reporting period January 1, 2022

_through <u>December 31, 2022</u>

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Melanie Deas	9 / 7 / 22	\$250.00
Mailing Address 634 Walnut St	_'_'	\$
City, State, Zip Code Tupelo, MS 38804	_/_/_	\$
Name of Employer (Required) Link Center		\$
Occupation (Required) Executive Director	Aggregate year–to-date	\$250.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Casey Lott	9/9/22	\$ 10000.00
Mailing Address 100 S Main St	1-1-1	\$
City, State, Zip Code Booneville, MS 38829		\$
Name of Employer (Required) Self	_'_'_	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 10000.00
C. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name DeViney Equipment	9/9/22	\$ 1000.00
Mailing Address P.O. Box 7179	s/	\$
City, State, Zip Code Jackson, MS 39282	·	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Alysson Mills	9/12/22	\$ 2000.00
Mailing Address 1441 Felicity St	a1_11	\$
City, State, Zip Code New Orleans, LA 70130	_'_'_	\$
Name of Employer (Required) Self	_'_'	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 2000.00

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Reporting period January 1, 2022

through December 31, 2022

A. Source: Corporation OPAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name De Viney Brothers, Inc	9/17/22	\$ 1000.00
Mailing Address P.O. Box 6717	_/_/_	\$
City, State, Zip Code Jackson, MS 39282	s/s/s	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation OPAC OIndividual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Linton Services, Inc	9 / 28 / 22	\$ 1000.00
Mailing Address 2809 S Gloster St	a'	\$
City, State, Zip Code Tupelo, MS 38801	s/s	\$
Name of Employer (Required)	ll	\$
Occupation (Required)	Aggregate year-to-date	\$ 1000.00
C. Source: Ocorporation OPAC Individual OLoan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full name		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name Ken Williams Mailing Address	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Ken Williams Mailing Address 132 Afton Dr City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 250.00
Other (please specify) Full name Ken Williams Mailing Address 132 Afton Dr City, State, Zip Code Corinth, MS 38834 Name of Employer (Required)	(Mo., Day, Year) 10 / 4 / 22	receipt this period \$ 250.00 \$
Other (please specify) Full name Ken Williams Mailing Address 132 Afton Dr City, State, Zip Code Corinth, MS 38834 Name of Employer (Required) Cornith Coca-Cola Occupation (Required)	(Mo., Day, Year) 10 / 4 / 22	receipt this period \$ 250.00 \$
Other (please specify) Full name Ken Williams Mailing Address 132 Afton Dr City, State, Zip Code Corinth, MS 38834 Name of Employer (Required) Cornith Coca-Cola Occupation (Required) Director of Sales D. Source: Corporation PAC Individual Loan Other (please specify) Full name EDP Renewables North America LLC PAC	(Mo., Day, Year) 10 / 4 / 22	receipt this period \$ 250.00 \$ \$ \$ Amount of each receipt
Other (please specify) Full name Ken Williams Mailing Address 132 Afton Dr City, State, Zip Code Corinth, MS 38834 Name of Employer (Required) Cornith Coca-Cola Occupation (Required) Director of Sales D. Source: Corporation PAC Individual Loan Other (please specify) Full name	(Mo., Day, Year) 10 / 4 / 22	receipt this period \$ 250.00 \$ \$ \$ \$ 250.00 Amount of each receipt this period
Other (please specify) Full name Ken Williams Mailing Address 132 Afton Dr City, State, Zip Code Corinth, MS 38834 Name of Employer (Required) Cornith Coca-Cola Occupation (Required) Director of Sales D. Source: Corporation PAC Individual Loan Other (please specify) Full name EDP Renewables North America LLC PAC Mailing Address 1500 McKinney St, Ste 1300 City, State, Zip Code	(Mo., Day, Year) 10 / 4 / 22	receipt this period \$ 250.00 \$ \$ \$ 250.00 Amount of each receipt this period \$ 1000.00
Other (please specify) Full name Ken Williams Mailing Address 132 Afton Dr City, State, Zip Code Corinth, MS 38834 Name of Employer (Required) Cornith Coca-Cola Occupation (Required) Director of Sales D. Source: Corporation PAC Individual Loan Other (please specify) Full name EDP Renewables North America LLC PAC Mailing Address 1500 McKinney St, Ste 1300	(Mo., Day, Year) 10 / 4 / 22	receipt this period \$ 250.00 \$ \$ \$ 250.00 Amount of each receipt this period \$ 1000.00
Full name Ken Williams Mailing Address 132 Afton Dr City, State, Zip Code Corinth, MS 38834 Name of Employer (Required) Cornith Coca-Cola Occupation (Required) Director of Sales D. Source: Corporation PAC Individual Loan Other (please specify) Full name EDP Renewables North America LLC PAC Mailing Address 1500 McKinney St, Ste 1300 City, State, Zip Code Houston, TX 77010	(Mo., Day, Year) 10 / 4 / 22	receipt this period \$ 250.00 \$ \$ \$ 250.00 Amount of each receipt this period \$ 1000.00 \$

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Name of Candidate or Committee $\begin{tabular}{ll} \underline{Brandon\ Presley} \end{tabular}$

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On a One One		Amount of each
A. Source: Corporation PAC Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name David & Amy Scruggs	11/2/22	\$ 5000.00
Mailing Address	12 / 31 / 22	\$ 2500.00
506 Fazio Drive Ext	12 / 31/ 22	
City, State, Zip Code Oxford, MS 38655	/	\$
Name of Employer (Required) 2nd Chance Mississippi	'	\$
Occupation (Required) Executive Director	Aggregate year–to-date	\$ 7500.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name		\$ 250.00
Wendy Garrison	11/_2/22	250.00
Mailing Address P.O. Box 2595	//	\$
City, State, Zip Code Oxford, MS 38655		\$
Name of Employer (Required) Self	/	\$
Occupation (Required) Artist	Aggregate year–to-date	\$ 250.00
C. Source: OCorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Cal Mayo Jr	11/3/22	\$ 1000.00
Mailing Address 212 Greenbriar Loop		\$
City, State, Zip Code Oxford, MS 38655	_'_'_	\$
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) Full name	11 / 3 / 22	\$ 500.00
Curtis Wilkie	11/3/22	\$ 500.00
Mailing Address 1016 S 11th St		\$
City, State, Zip Code Oxford, MS 38655		\$
Name of Employer (Required) Retired		\$
Occupation (Required) Retired	Aggregate year–to-date	\$ 500.00

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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name O Ann O'Quin & Kenneth McGraw	11/2/22	\$500.00
Mailing Address 1406 Johnson Ave	s-1/s-1/s-1	\$
City, State, Zip Code Oxford, MS 38655	-'-'-	\$
Name of Employer (Required) University of Mississippi	1_1_1_1	\$
Occupation (Required) Professor	Aggregate year–to-date	\$500.00
B. Source: Corporation PAC Individual Loan Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Brad Morris Law Firm PLLC	11/_3/22	\$ 250.00
Mailing Address 1603 University Ave		\$
City, State, Zip Code Oxford, MS 38655		\$
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	Aggregate year–to-date	\$ 250.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Richard Raspet	11/3/22	\$ 250.00
Mailing Address P.O. Box 2595	_/_/_	\$
City, State, Zip Code Oxford, MS 38655	//	\$
Name of Employer (Required) University of Mississippi	_'_'_	\$
Occupation (Required) Faculty	Aggregate year–to-date	\$ 250.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Grace Gillespie	<u>11 / 9 / 22</u>	\$ 250.00
Mailing Address 1013 S Lamar Blvd		\$
City, State, Zip Code Oxford, MS 38655	_'_'_	\$
Name of Employer (Required)	, ,	\$
Mississippi Votes	-/-/-	Ψ

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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John Herrod	12/20/22	\$ 1000.00
Mailing Address 227 W Main St	_'_'_	\$
City, State, Zip Code Okolona, MS 38860		\$
Name of Employer (Required) Bank of Okolona	_/_/_	\$
Occupation (Required) President	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Danny Cupit	12/27/22	\$10000.00
Mailing Address P.O. Box 22929	/	\$
City, State, Zip Code Jackson, MS 39225		\$
Name of Employer (Required) Self	-'-'-	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$10000.00
C. Source: Ocorporation OPAC OIndividual OLoan Other (please specify) LLP	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Michael Best & Friedrich LLP	12/28/22	\$10000.00
Mailing Address 790 North Water Street, Suite 2500		\$
City, State, Zip Code Milwaukee, WI 53202		\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year–to-date	\$10000.00
D. Source: OCorporation OPAC OIndividual OLoan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Grays Power Supply	12 / 29 / 22	\$ 5000.00
Mailing Address 7 Vortex Dr.		\$
City, State, Zip Code Oakland, MS 38948	_'_'_	\$
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	Aggregate year–to-date	\$ 5000.00

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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Crymes Pittman	12 / 28 / 22	\$ 10000.00
Mailing Address 410 S President St		\$
City, State, Zip Code Jackson, MS 39201		\$
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$10000.00
B. Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Friendship Medical Clinic, LLC	12/29/22	\$ 2500.00
Mailing Address P.O. Box 46		\$
City, State, Zip Code Ecru, MS 38841	r	\$
Name of Employer (Required)	_'_'_	\$
Occupation (Required)	Aggregate year–to-date	\$ 2500.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Claude Clayton	12 / 15 / 22	\$ 1000.00
Mailing Address PO Box 755		\$
City, State, Zip Code Tupelo MS, 30802	·/	\$
Name of Employer (Required) Clayton O'Donnell PLLC	_'_'	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name William Booth	12/22/22	\$ 5000.00
Mailing Address 1121 Cherry point rd	//	\$
City, State, Zip Code West River MD, 20778	-'-'-	\$
Name of Employer (Required) Michael Best	-'-'-	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 5000.00

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A. Source: Corporation PAC Individual Loan		Amount of each
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	receipt
Other (please specify)	(Mu, Day, Tear)	this period
Full name Gary C. Bailey	12/22/22	\$ 5000.00
Mailing Address	, ,	\$
78 Grandview cir		
City, State, Zip Code Brandon MS, 39047		\$
Name of Employer (Required)	, ,	\$
Bailey architecture		
Occupation (Required) Architect	Aggregate year–to-date	\$ 5000.00
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) Full name		this period
John Cocke	12/22/22	5000.00
Mailing Address 351 N 15th St	1—1 ₁ —1 ₁ —1	\$
City, State, Zip Code Clarksdale MS, 38614		\$
Name of Employer (Required) Merkel & Cocke, PA		\$
Occupation (Required) Attorney	Aggregate year-to-date	\$ 5000.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ivy Whitlatch	12 / 22 / 22	\$2500.00
Mailing Address 1117 Prince Street	//	\$
City, State, Zip Code		\$
Alexandria VA, 22314	/	
Name of Employer (Required) Retired		\$
Occupation (Required) Retired	Aggregate year–to-date	\$ 2500.00
D. Source: Corporation PAC Individual Loan	- T-	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name ROBERT G MCINNIS	12/22/22	\$ 1000.00
Mailing Address 2730 Clinton-Tinnin Road	- I - I - I - I - I - I - I - I - I - I	\$
City, State, Zip Code Clinton MS, 39056		\$
Name of Employer (Required) MCINNIS ELECTRIC		\$
Occupation (Required) CONTRACTOR	Aggregate year–to-date	\$ 1000.00

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A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of eac receipt
Other (please specify) Full name Glade McInnis		\$ 1000 00
	12/22/22	1000.00
Mailing Address P. O. BOX 720790	//	\$
City, State, Zip Code BYRAM MS, 39272		\$
Name of Employer (Required) MCINNIS ELECTRIC		\$
Occupation (Required) CONTRACTOR	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of eac receipt this period
Full name Marc Jones	12/30/22	\$10000.00
Mailing Address 529 Twin River Dr.	_/_/_	\$
City, State, Zip Code Covington LA, 70433	_/_/_	\$
Name of Employer (Required) SunPro		\$
Occupation (Required) Owner	Aggregate year–to-date	\$10000.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of eac receipt this period
Full name Lane Sisung	12/30/22	\$ 2500.00
Mailing Address Saint Charles Avenue, Suite 4240	/	\$
City, State, Zip Code New Orleans LA, 70170		\$
Name of Employer (Required) UPC	/	\$
Occupation (Required) Consultant	Aggregate year–to-date	\$ 2500.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of eac receipt this period
Full name Richard Scruggs	11/_3/_22	\$ 5000.00
Mailing Address 700 Faulkner Woods Pl	12/30/22	\$ 5000.00
City, State, Zip Code Oxford MS, 38655	//	\$
Name of Employer (Required) 2nd Chance Mississippi		\$
Occupation (Required) Board Member	Aggregate year–to-date	\$ 10000.000

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A. Source: Corporation PAC Individual Loan	T	Amount of each
0.00	Date (Mo., Day, Year)	receipt
Other (please specify)	(Wio., Day, Tear)	this period
Full name Dan Webb	<u>12/_30/_22</u>	\$ 1000.00
Mailing Address Box 496	1	\$
City, State, Zip Code Tupelo MS, 38802-0496		\$
Name of Employer (Required) Self		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Francisco J. Sierra	12/30/22	\$3000.00
Mailing Address 425 Locust lane		\$
City, State, Zip Code Tupelo MS, 38801	'	\$
Name of Employer (Required) Independent contractor	/	\$
Occupation (Required) Physician	Aggregate yearto-date	\$ 3000.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Jason Lee Shelton	12/30/22	\$ 1000.00
Mailing Address 1317 Wilson St.		\$
City, State, Zip Code Tupelo MS, 38804		\$
Name of Employer (Required) GSA		\$
Occupation (Required) Regional Administrator	Aggregate year–to-date	\$ 2000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tom Fowlkes	12/30/22	\$ 1000.00
Mailing Address P.O. Box 1955		\$
City, State, Zip Code Oxford MS, 38655		\$
Name of Employer (Required) Self		\$
Occupation (Required) Physician	Aggregate year–to-date	\$ 1000.00

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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
Full name Gary Ervin	12 / 30 / 22	\$1000.00
Mailing Address 2050 state Rt 2153		\$
City, State, Zip Code Morganfield KY, 42437		\$
Name of Employer (Required) Ervin Cable Construction		\$
Occupation (Required) Telecom	Aggregate year-to-date	\$1000.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Rachel Pierce Waide	12/30/22	\$ 1000.00
Mailing Address 1110 Belledeer Drive	· · · · · · · · · · · · · · · · · · ·	\$
City, State, Zip Code Tupelo MS, 38804		\$
Name of Employer (Required) Waide and Associates, PA		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 2000.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name George Jordan	12/30/22	\$ 1000.00
Mailing Address 1087 Augusta Dr	r//	\$
City, State, Zip Code Oxford MS, 38655	s/s/	\$
Name of Employer (Required) Self Employed	_'_'_	\$
Occupation (Required) Teacher	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Don Medley	12 / 31 / 22	\$ 1500.00
Mailing Address 902 W Pine St	_/_/_	\$
City, State, Zip Code Hattiesburg MS, 39401	-'-'-	\$
Name of Employer (Required) Self	_'_'_	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 1500.00

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A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Robert Willis	12 / 31 / 22	\$ 2500.00
Mailing Address		\$
133 South Mound	_/_/_	
City, State, Zip Code		\$
Grenada MS, 38901		
Name of Employer (Required) Willis engineering		\$
Occupation (Required) Engineer	Aggregate year-to-date	\$ 2500.00
B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name		
Paul Benton	12/31/22	\$ 2500.00
Mailing Address		\$
181 Main St	——————————————————————————————————————	
City, State, Zip Code		\$
Biloxi MS, 39530		
Name of Employer (Required)	, ,	\$
Retired		
Occupation (Required)	Aggregate	\$ 2500.00
Retired	year-to-date	2500.00
C. Source: OCorporation OPAC Individual OLoan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Lydia Quarles	3/16/22	\$ 250.00
Mailing Address		\$
1016 Louisville Street, Suite F	//_	
City, State, Zip Code		\$
Starkville MS, 39759		
Name of Employer (Required)	, ,	\$
MozingolQuarles PLLC		
Occupation (Required) attorney	Aggregate year–to-date	\$ 250.00
D. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	02 / 24 / 22	£25000 00
Richard B. Wax	03 / 24 / 22	\$25000.00
Mailing Address	1 1	\$
P. O. Box 60		
City, State, Zip Code		\$
Amory MS , 38821 Name of Employer (Required)		
The Wax Company	_'_'_	\$
Occupation (Required)	Aggregate	\$2,5000.00
CEO	year-to-date	\$25000.00

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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Austin Vollor	4/5/22	\$250.00
Mailing Address Post Office Box 80120		\$
City, State, Zip Code Starkville MS, 39759	_/_/_	\$
Name of Employer (Required) Vollor Law Firm, P.A.		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$250.00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Eric Sapirstein	_4_/_18/22	\$ 500.00
Mailing Address 3305 wessynton way	_/_/_	\$
City, State, Zip Code Alexandria VA, 22309	, / /	\$
Name of Employer (Required) ENS Resources, inc.	_'_'	\$
Occupation (Required) Consultant	Aggregate year–to-date	\$ 500.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name John Raffaelli	4 / 19 / 22	\$ 1000.00
Mailing Address 700 13th Street, NW		\$
City, State, Zip Code Washington DC, 20005		\$
Name of Employer (Required) Capitol Counsel LLC	· / / ·	\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Christopher Walters	5/30/22	\$ 250.00
Mailing Address 123 Pinnacle Circle		\$
City, State, Zip Code Brandon MS, 39047-8346	_'_'_	\$
Name of Employer (Required) The William Morris Group	_'_'	\$
Occupation (Required) Insurance Executive	Aggregate year–to-date	\$ 250.00

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A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each
Other (please specify) Full name Bryan Bruich	8 / 23 / 22	\$ 2500.00
	0 1 23 1 22	
Mailing Address 400 savannah park circle		\$
City, State, Zip Code		\$
conway AR, 72034	//	
Name of Employer (Required)	1 1	\$
abholz Construction Corporation		
Occupation (Required) CFO	Aggregate year–to-date	\$ 2500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of eacl
	(Mo., Day, Year)	receipt
Other (please specify) Full name		\$ 1000 00
Brandon Smithwood	<u>8/23/22</u>	1000.00
Mailing Address	, ,	\$
11 Mass Ave		
City, State, Zip Code Harvard MA, 1451		\$
Name of Employer (Required) Dimension Renewable Energy	_/_/	\$
Occupation (Required) Policy director	Aggregate year–to-date	\$ 1000.00
C. Source: Ocorporation OPAC Individual OLoan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tony Farese	8 / 25 / 22	\$ 1000.00
Mailing Address PO Box 98	_/_/_	\$
City, State, Zip Code Ashland MS, 38603		\$
Name of Employer (Required) Farese, Farese & Farese	//	\$
Occupation (Required) Lawyer	Aggregate year–to-date	\$ 1000.00
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of eac receipt this period
Full name Charles J. Williams	10/31/22	\$ 500.00
Mailing Address P.O. Box 69	_/_/_	\$
City, State, Zip Code Taylor MS, 38673	-/-/-	\$
Name of Employer (Required)	1 1	\$
University of Mississippi		
Occupation (Required) Teacher	Aggregate year–to-date	\$ 500.00

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Disbursements from contributions accumulated Prior	to January 1, 2018 or On or After Ja	anuary 1, 2018
A. Full name American Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
P.O. Box 619616	04_/05_/22_	660.20
City, State, Zip Code		\$
DFW Airport, TX 75261		
Purpose of Disbursement (Optional) Travel	Aggregate Year-to-date	\$ 1117.30
B. Full name ARISTOTLE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	02 / 17 / 22	\$ 500.00
5 Pennsylvania Ave, SE	03/17/22	500.00
City, State, Zip Code	04 / 19 / 22	\$ 500.00
/ashington, D.C. 20003	04/18/22	500.00
Purpose of Disbursement (Optional)	Aggregate	\$
Software	Year-to-date	
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	05/17/22	\$ 500.00
City, State, Zip Code	02/22/22	\$ 1000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>07 / 18 / 22</u>	\$ 500.00
City, State, Zip Code	08/17/22	\$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>09/19/22</u>	\$ 500.00
City, State, Zip Code	10/17/22	\$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_11/17/22	\$ 500.00
City, State, Zip Code	12/19/22	\$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ \$5500.00

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Disbursements from contributions accumulated Prior A. Full name		ľ
ActBlue	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 366 Summer Street	1/30/22	\$ 0.40
City, State, Zip Code Somerville , MA 02144	3/2/22	\$ 11.86
Purpose of Disbursement (Optional) Fees	Aggregate Year-to-date	\$ 1471.81
B. Full name Allmond Printing Co,	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 603 W Commerce St	1/20/22	\$ 909.5
City, State, Zip Code Aberdeen, MS 39730	6/29/22	\$ 2,187.08
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/21/22	\$ 802.98
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3899.56
D. Full name Amazon	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 10 Terry Ave N	_2./_18/_22	\$ \$27.80
City, State, Zip Code Seattle 98109, WA	2/23/22	\$ 1,817.93
Purpose of Disbursement (Optional) Office Supplies	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2</u> / <u>28</u> / <u>22</u>	\$ 31.79
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,877.52
F. Full name American Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 619616	04/05/22	\$ 51.91
City, State, Zip Code DFW Airport, TX 75261	2/28/22	\$ 405.19
Purpose of Disbursement (Optional) Travel	Aggregate Year-to-date	\$ 1117.30

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Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	anuary 1, 2018
A. Full name Bennie G. Thompson Campaign	Date	Amount of each
Mailing Address	(Mo., Day, Year)	disbursement this period
105 West Madison St	10_/26_/22_	\$ 1000.00
City, State, Zip Code	.	\$
Bolton, MS 39041	//	
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 1000.00
B. Full name		
Brandon Presley	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 182 Verona Ave	11/4/22	\$ 4,807.88
City, State, Zip Code Nettleton, MS 38858		\$
Purpose of Disbursement (Optional) Reimbursement 11/27/21-11-4-22	Aggregate	\$ 4,807.88
C. Full name	Year-to-date	
Busylad Rent-All Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
818 McCullough Blvd	08/24/22	279.28
City, State, Zip Code Tupelo, MS 38801		\$
Purpose of Disbursement (Optional)	Aggregate	\$ 270.29
Rental	Year-to-date	279.28
D. Full name Christy Minich	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 157 Verona Avenue	<u>12 / 9 / 22</u>	\$ 500.00
City, State, Zip Code Nettleton, MS 38858	<u>12/21/22</u>	s 100.00
Purpose of Disbursement (Optional)	Aggregate	\$ 600.00
Donor Gifts	Year-to-date	000.00
E. Full name Clay Busters Classics	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 41155 US-45	<u>09 / 12 / 22</u>	\$ 500.00
City, State, Zip Code Aberdeen, MS 39730	- / _ /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
F. Full name	Date	Amount of each
Courtyard By Marriott	(Mo., Day, Year)	disbursement this period
Mailing Address 1325 2nd St NE	4/18/22	\$ 242.55
City, State, Zip Code Washington, DC 20002	4/18/22	\$ 242.55
Purpose of Disbursement (Optional) Travel	Aggregate Year-to-date	\$ 485.10

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Disbursements from contributions accumulated Prior to	January 1, 2018 or On or After Ja	nuary 1, 2018
A. Full name	Date	Amount of each
Courtyard Marriott	(Mo., Day, Year)	disbursement this period
Mailing Address 124 St Charles Ave	11_/17_/22_	\$ 531.00
City, State, Zip Code	, ,	\$
New Orleans, LA 70130		
Purpose of Disbursement (Optional) Travel	Aggregate Year-to-date	\$ 531.00
B. Full name Delta	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 20706	<u>2 / 22 / 22</u>	\$ 98.00
City, State, Zip Code Atlanta, GA 30320	_2 / 22 / 22	\$ 282.78
Purpose of Disbursement (Optional) Travel	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>2</u> 122122	\$ 671.20
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1051.98
D. Full name Elvis Presley Birthplace	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 306 Elvis Presley Dr	8/25/22	\$ 500.00
City, State, Zip Code Tupelo, MS 38801	_'_'_	\$
Purpose of Disbursement (Optional) Rental	Aggregate Year-to-date	\$ 500.00
E. Full name Google	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1600 Amphitheatre Parkway	1/2/22	\$ 18.00
City, State, Zip Code Mountain View, CA 94043	<u>2/3/22</u>	\$ 18.00
Purpose of Disbursement (Optional) GSuite	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3/2/22	\$ 18.00
City, State, Zip Code	4/2/22	\$ 18.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name Google	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1600 Amphitheatre Parkway	<u>5/3/22</u>	\$ 18.00
City, State, Zip Code Mountain View, CA 94043	6/2/22	\$ 18.00
Purpose of Disbursement (Optional) GSuite	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7/5/22	\$ 18.00
City, State, Zip Code	8/1/22	\$ 17.99
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9/2/22	\$ 18.00
City, State, Zip Code	_10/_3_/22_	\$ 18.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>11/1/22</u>	\$ 18.00
City, State, Zip Code	<u>12/2/22</u>	\$ 18.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 215.99
E. Full name IRON HORSE RESTAURANT	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 320 W Pearl St	3/25/22	\$ 2,214.91
City, State, Zip Code Jackson, MS 3920		\$
Purpose of Disbursement (Optional) Catering	Aggregate Year-to-date	\$ 2,214.91
F. Full name JC Media	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 107 E. Spring St	<u>3/25/22</u>	\$ 3780.00
City, State, Zip Code Ripley, MS	<u>4/26/22</u>	\$ 4280.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 8060.00

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Disbursements from contributions accumulated Prior to January 1, 2018	or On or After Ja	nuary 1, 2018
A. Full name	Date	Amount of each
Johnny Dupree Campaign	(Mo., Day, Year)	disbursement this period
Mailing Address	01 / 10 / 22	\$ 500.00
P.O. Box 574		
City, State, Zip Code	10 / 3 / 22	\$ 250.00
Hattiesburg, Mississippi 39403 Purpose of Disbursement (Optional)		
	Aggregate Year-to-date	\$ 750.00
Donation B. Full name		
KEP Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	(Wo., Day, Tear)	\$
1 Potomac Ave. SE #1206	11 /14 / 22	4250.00
City, State, Zip Code		\$ 5500.00
A473 8 9	12/5/22	3 7500.00
Washington, DC 20003 Purpose of Disbursement (Optional)	A	\$
Professional Services	Aggregate Year-to-date	11750.00
C. Full name		A a t of a a a b
KMM Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		•
8424 Birch ST	11/14/22	4250.00
City, State, Zip Code	10 5 00	\$ 7500.00
New Orleans LA 70118	<u>12/5/22</u>	³ 7500.00
Purpose of Disbursement (Optional)	Aggregate	\$ 11750.00
Professional Services	Year-to-date	11750.00
D. Full name	Date	Amount of each
Kitchen 107	(Mo., Day, Year)	disbursement this period
Mailing Address	1 11 7 1 2 2	\$ 550.00
107 Pecan Street	1_/15_/22	550.00
City, State, Zip Code	9 20 (22	\$ 1,665,00
Nettleton, MS 38858	8 /30 / 22	3 1,665.00
Purpose of Disbursement (Optional)	Aggregate	\$
Catering	Year-to-date	
E. Full name	Date	Amount of each
Lee County NAACP	(Mo., Day, Year)	disbursement this period
Mailing Address	11/2/22	\$
Best Effort	11/_3_/_22	\$1000.00
City, State, Zip Code	, ,	\$
Tupelo, MS 38804		
Purpose of Disbursement (Optional)	Aggregate	\$ #1000.00
Donation	Year-to-date	\$1000.00
F. Full name	Date	Amount of each
Leland Publishing	(Mo., Day, Year)	disbursement this period
Mailing Address	2 /15 / 22	\$ 500.00
119 East Third Street	_2_/15/_22	500.00
City, State, Zip Code	, ,	\$
Leland, MS 38756		
Purpose of Disbursement (Optional)	Aggregate	\$ 500.00
Advertising	Year-to-date	300.00

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Disbursements from contributions accumulated Prior to J	January 1, 2018 on On Or After Ja	On or After January 1, 2018	
A. Full name March Magnolia Music	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address PO Box 5545	3/1/22	\$ 1,000.00	
City, State, Zip Code VANCLEAVE, MS 39565	//	\$	
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 1,000.00	
B. Full name Mississippi Sports Network	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 120 Front Street PO BOX 70,	9/23/22	\$ 1400.00	
City, State, Zip Code Iuka, MS	_/_/_	\$	
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 1400.00	
MS Democratic Party	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 811 E River Pl	<u>12 / 28 / 22</u>	\$ 240.00	
City, State, Zip Code Jackson, MS 39215		\$	
Purpose of Disbursement (Optional) Dues	Aggregate Year-to-date	\$ 240.00	
D. Full name MS Peanut Supply	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 41155 US-45	<u>8</u> / <u>26</u> / <u>22</u>	\$ 100.00	
City, State, Zip Code Aberdeen, MS 39730	12/9/22	\$ 300.00	
Purpose of Disbursement (Optional) Gifts	Aggregate Year-to-date	\$ 400.00	
E. Full name NE Daily Journal	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 1242 S Green St	1/5/22	\$ 1522.50	
City, State, Zip Code Tupelo, MS 38804	1/5/22	\$ 230.40	
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$	
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address	1_/_5/22	\$ \$250.00	
City, State, Zip Code		\$	
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ \$2002.90	

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Disbursements from contributions accumulated Prior to January 1, 2018		
A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Nettleton High School Football Boosters Mailing Address		6
165 Mullen Ave	8/30/22	500.00
City, State, Zip Code	, ,	\$
Nettleton, MS 38858		
Purpose of Disbursement (Optional) Donation	Aggregate Year-to-date	\$ 500.00
B. Full name	Date	Amount of each
Nettleton Main Street Assocation	(Mo., Day, Year)	disbursement this period
Mailing Address	8 /30 / 22	\$ 500.00
124 Short Ave	0,50,722	
City, State, Zip Code Nettleton, MS 38858	//	\$
Purpose of Disbursement (Optional)	Aggregate	\$
Donation	Aggregate Year-to-date	500.00
C. Full name	Date	Amount of each
Numero	(Mo., Day, Year)	disbursement this period
Mailing Address 695 Town Center Drive Suite 580	11/21/22	\$ 1000.00
City, State, Zip Code	10 . 0 . 22	\$ 222.00
Costa Mesa, CA 92626	12/2/22	323.00
Purpose of Disbursement (Optional)	Aggregate	\$
Software/Fees	Year-to-date	
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1/26/22	\$ 2001.30
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3324.30
E. Full name Pinegate Renewables	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 130 Roberts St.	1/26/22	\$ 10,000.00
City, State, Zip Code		\$
Asheville, NC 28801	'	
Purpose of Disbursement (Optional) Chargeback	Aggregate Year-to-date	\$ 10,000.00
F. Full name	Date	Amount of each
RESIDENCE INN	(Mo., Day, Year)	disbursement this period
Mailing Address	_8/_11/_22	\$ 145.15
108 Riverwind Dr	-0:-11:-22	
City, State, Zip Code Pearl, MS 39208	_12/_15/_22	\$ 141.00
Purpose of Disbursement (Optional) Travel	Aggregate Year-to-date	\$ 286.15
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Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name	Date	Amount of each
Sollie Norwood Campaign	(Mo., Day, Year)	disbursement this period
Mailing Address D. O. Doy, 20102	10/24/22	\$ 500.00
P. O. Box 20192	10,11,12	
City, State, Zip Code Lookson, MS, 20280		\$
Jackson, MS 39289 Purpose of Disbursement (Optional)		
Donation	Aggregate Year-to-date	\$ 500.00
B. Full name		
Southwest Airlines	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		•
2702 Love Field Drive	5/9/22	421.95
City, State, Zip Code		\$
Dallas, TX 75235	/	
Purpose of Disbursement (Optional)	Aggregate	\$ 421.05
	Year-to-date	421.95
C. Full name	Date	Amount of each
TASTE IN TASTE	(Mo., Day, Year)	disbursement this period
Mailing Address	5 / 0 / 22	\$ 1.055.27
5701-F, General Washington Dr	<u>5</u> / <u>9</u> / <u>22</u>	1,955.37
City, State, Zip Code	, ,	\$
Alexandria, VA 22312		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,955.37
D. Full name		A-rount of cook
The Isom Place	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
1003 Jefferson Ave	<u>10/18/22</u>	1,250.00
City, State, Zip Code		\$
Oxford, MS 38655	//_	
Purpose of Disbursement (Optional)	Aggregate	\$ 1.250.00
Rental	Year-to-date	1,250.00
E. Full name	Date	Amount of each
Tupelo Womens Club	(Mo., Day, Year)	disbursement this period
Mailing Address	10 / 0 / 22	\$ 250.00
PO Box 3471	10/9/22	250.00
City, State, Zip Code	, ,	\$
Tupelo, MS 38803		
Purpose of Disbursement (Optional)	Aggregate	\$ 250.00
Donation	Year-to-date	250.00
F. Full name USPS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10 /17 /22	\$ 150.00
4540 Union Ave	10/17/22	150.00
City, State, Zip Code Nettleton, MS 38858	10/21/22	\$ 56.84
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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A. Full name USPS	Date	Amount of each
	(Mo., Day, Year)	disbursement this period
Mailing Address 4540 Union Ave	12/8/22	\$ 74.00
City, State, Zip Code Nettleton, MS 38858	12/8/22	\$ 180.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 460.84
B. Full name The Westin	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 407 S Congress St	3/24/22	\$ 312.00
City, State, Zip Code Jackson, MS 39201	3/24/22	\$ 624.00
Purpose of Disbursement (Optional) Travel	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	3/24/22	\$ 420.36
City, State, Zip Code	· / /	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1356.00
D. Full name WFCA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 40 Mecklin Ave	1/30/22	\$ 4,368.00
City, State, Zip Code rench Camp, MS 38745		\$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	\$ 4,368.00
E. Full name Will Godfrey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 507 Washington Str	3/2/22	\$ 4000.00
City, State, Zip Code Natchez, MS 39120	4/6/22	\$ 4000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	5/6/22	\$ 4000.00
City, State, Zip Code	5_/8_/22	\$ 4000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 16000.00

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Disbursements from contributions accumulated Prior to January 1, 2018 or	On or After Ja	nuary 1, 2018
A. Full name Woodmont Public Strategies	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2018 Medical Center Pwky, Suite B #417	1/1/22	\$ 3368.75
City, State, Zip Code Murfreesboro, TN 37129	1 / 24 / 22	\$ 3,300.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1/31/22	\$ 3,906.38
City, State, Zip Code	3/2/22	\$ 3,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4/6/22	\$ 3,332.87
City, State, Zip Code	5/18/22	\$ 3,030.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5</u> / <u>25</u> / <u>22</u>	\$ 3,000.00
City, State, Zip Code	6/29/22	\$ 3,000.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>_7 / 27 / 22</u>	\$ 3,000.00
City, State, Zip Code	9/1/22	\$ 6,380.74
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10/11/22	\$ 3,371.56
City, State, Zip Code	11/7/22	\$ 3,305.46
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Disbursements from contributions accumulated Prior to January 1, 2018	or On or After Ja	On or After January 1, 2018		
A. Full name	Date (Man Para Vacan)	Amount of each		
Woodmont Public Strategies Mailing Address	(Mo., Day, Year)	disbursement this period		
2018 Medical Center Pwky, Suite B #417	<u>12/2/22</u>	\$ 4,228.90		
City, State, Zip Code	, ,	\$		
Murfreesboro, TN 37129				
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 46,224.66		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period		
Jason McKinnley Mailing Address	(Wio., Day, Tear)	\$ 500.00		
4215 Highway 6	1/25/22	500.00		
City, State, Zip Code		\$		
Planstersville, MS 38862	-/-/-			
Purpose of Disbursement (Optional)	Aggregate	\$ 500.00		
Sponsorship	Year-to-date	500.00		
C. Full name	Date	Amount of each		
ActBlue	(Mo., Day, Year)	disbursement this period		
Mailing Address	2 07 02	\$ 987.50		
366 Summer Street	3_/27_/22_			
City, State, Zip Code	4 /10 / 22	\$ 11.86		
Somerville, MA 02144				
Purpose of Disbursement (Optional) Fees	Aggregate Year-to-date	\$		
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address	4_/17_/22_	\$ 0.99		
City, State, Zip Code	4/17/22	\$ 59.25		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$		
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address	6/5/22	\$ 9.88		
City, State, Zip Code	<u>8/25/22</u>	\$ 177.75		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$		
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period		
Mailing Address	9/25/22	\$ 0.99		
City, State, Zip Code	11./26./_22	\$ 207.38		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1471.81		

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*		G221 G2	USES 100
Name of Candidate or Committee	Brandon	Preslev	Campaign

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Disbursements from contributions accumulated	Prior to January 1, 2018 or	y 1, 2018 or On or After January 1, 2018		
A. Full name ActBlue		Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address 366 Summer Street		12/25/22	\$ 3.95	
City, State, Zip Code Somerville, MA 02144		//	\$	
Purpose of Disbursement (Optional) Fees		Aggregate Year-to-date	\$ 1471.81	
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address			\$	
City, State, Zip Code		///	\$	
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$	
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		//	\$	
City, State, Zip Code		/	\$	
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$	
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address		//	\$	
City, State, Zip Code			\$	
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$	
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address			\$	
City, State, Zip Code		z/z/	\$	
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$	
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period	
Mailing Address			\$	
City, State, Zip Code			\$	
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$	