2023 ELECTION CYCLE

Ref No: CF202330392
Date Filed: 6/12/2023
Michael Watson
Secretary of State

Campaign Finance
Secretary of State

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2023 Election

Name of Candidate TANNER NEWMAN

Address 205A CR 1650 City/Zip TUPELO 38804

Telephone (Work) N/A (Home) 662-687-4877 (Fax) N/A

Contact Name AMANDA ANGLE Email Address AANGLE@WUCPAS.COM

Office Sought PUBLIC SERVICE COMMISSIONER, NORTHERN DISTRICT Political Party (if any) REPUBLICAN

☐ **Check here if above is different from previous report**

TYPE OF REPORT

____ **May 10, 2023 Periodic Report** (January 1, 2023 through April 30, 2023) ..... **Mandatory**

X **June 9, 2023 Periodic Report** (May 1, 2023 through May 31, 2023) ..... **Mandatory**

____ **July 10, 2023 Periodic Report** (June 1, 2023 through June 30, 2023) ..... **Mandatory**

____ **August 1, 2023 Primary Pre-Election Report** (July 1, 2023 through July 29, 2023) ..... **Mandatory**

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

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

____ **October 31, 2023 Pre-Election Report** (October 1, 2023 through October 29, 2023) ..... **Mandatory**

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

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

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

IMPORTANT

(1) **All candidates for office shall file periodic reports in the year in which they are to be elected.**

(2) **Periodic Reports are mandatory, even if no expenditures were made during the period. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and/or expenditures during this period. Pre-Election Reports are mandatory if the candidate is opposed.**

(3) **Until a candidate files a Termination Report, annual reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).**

(4) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use"

restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, d thereofrom and contributions earned thereon in the form of interest or dividends.

(5) **The receiving office must be in actual receipt of the required reports by 5:00 p.m. on the deadline falls on a weekend or a holiday, the office must be in actual receipt of the requir on the first working day *before* the deadline.**

Ref No: CF202330392
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***REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED** PRIOR TO JANUARY 1, 2018*

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

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

JAN. 1, 2023 CASH ON HAND BALANCE				$0.00
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	$23,550.00	$9,510.00	$33,060.00,	$103,131.00
TOTAL AMT OF DISBURSEMENTS	$18,230.06	$7,607.17	$25,837.23	$65,704.96
CASH ON HAND BALANCE				$37,426.04

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

Signature of Candidate — **Date** JUNE 9, 2023

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

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

Candidates for Statewide, State District or Legislative Office file this Report with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov.
Candidates for county and/or county district office file this Report with their respective Circuit Clerk's Office.

Ref No: CF202330392
Date Filed: 6/12/2023
Michael Watson
Secretary of State

Name of Candidate or Committee TANNER NEWMAN

Reporting period MAY 1, 2023 through MAY 31, 2023

ITEMIZED RECEIPTS

A. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name BRITTON JONES	05 / 01 / 23	$1,000.00
Mailing Address 1723B UNIVERSITY AVE STE 292	/ /	$
City, State, Zip Code OXFORD, MS 38655	/ /	$
Name of Employer (Required) WINTERS CONSTRUCTION LLC	/ /	$
Occupation (Required) OWNER	Aggregate year-to-date	$1,000.00

B. Source: ◉ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name EDP RENEWABLES NORTH AMERICA LLC	05 / 03 / 23	$3,000.00
Mailing Address 1500 MCKINNEY ST STE 1300	/ /	$
City, State, Zip Code HOUSTON, TX 77010	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) N/A	Aggregate year-to-date	$3,000.00

C. Source: ◉ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name H&M MOTORCYCLE SALES AND SERVICES LLC	05 / 08 / 23	$500.00
Mailing Address 529 DAYBRITE DR	/ /	$
City, State, Zip Code Tupelo, MS 38801	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) N/A	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 LARRY MICHAEL	05 / 08 / 23	$500.00
Mailing Address PO BOX 7006	/ /	$
City, State, Zip Code Tupelo, MS 38802	/ /	$
Name of Employer (Required) TRANSPORT TRAILER SERVICE INC	/ /	$
Occupation (Required) OWNER	Aggregate year-to-date	$500.00

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ITEMIZED RECEIPTS

A. Source: (•) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name WADDLE TRUCKING OF MISSISSIPPI INC	05 / 08 / 23	$ 1,000.00
Mailing Address 2448 McCullough Blvd	/ /	$
City, State, Zip Code Belden, MS 38826	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) N/A	Aggregate year-to-date	$ 1,000.00

B. Source: ( ) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify) NONPROFIT ASSOCIATION	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Home Builders Association of MS	05 / 08 / 23	$ 1,000.00
Mailing Address PO Box 3556	/ /	$
City, State, Zip Code Jackson, MS 39207	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) N/A	Aggregate year-to-date	$ 1,000.00

C. Source: (•) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Affordable Employee Benefits	05 / 09 / 23	$ 1,250.00
Mailing Address 382 Main St	/ /	$
City, State, Zip Code Ecru, MS 38841	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) N/A	Aggregate year-to-date	$ 1,250.00

D. Source: (•) Corporation ( ) PAC ( ) Individual ( ) Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Snelling Staffing Service	05 / 09 / 23	$ 250.00
Mailing Address 108 E Main St Ste B	/ /	$
City, State, Zip Code Tupelo, MS 38804	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) N/A	Aggregate year-to-date	$ 250.00

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ITEMIZED RECEIPTS

A. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JOHNNY & BESSIE CRANE	05 / 09 / 23	$1,000.00
Mailing Address 116 Francis Dr.	/ /	$
City, State, Zip Code Fulton, MS 38843	/ /	$
Name of Employer (Required) FL CRANE & SONS INC	/ /	$
Occupation (Required) OWNER	Aggregate year-to-date	$1,000.00

B. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JAMIE OSBIRN	05 / 10 / 23	$250.00
Mailing Address 2012 Van Street	/ /	$
City, State, Zip Code Tupelo, MS 38804	/ /	$
Name of Employer (Required) BANKFIRST	/ /	$
Occupation (Required) BANKER	Aggregate year-to-date	$250.00

C. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ELIZABETH TIDWELL	05 / 12 / 23	$250.00
Mailing Address 60054 Birchwood Lane	/ /	$
City, State, Zip Code Amory, MS 38821	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) RETIRED	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 J Abbott LLC	05 / 15 / 23	$250.00
Mailing Address PO Box 238	/ /	$
City, State, Zip Code Pontotoc, MS 38863	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) N/A	Aggregate year-to-date	$250.00

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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 JACK & SANDRA SAVELY	05 / 15 / 23	$250.00
Mailing Address 158 Berryhill Cove	/ /	$
City, State, Zip Code Pontotoc, MS 38863	/ /	$
Name of Employer (Required) J ABBOTT LLC	/ /	$
Occupation (Required) OWNER	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 BILL SIMPSON	05 / 15 / 23	$250.00
Mailing Address 532 Heardtown Rd	/ /	$
City, State, Zip Code Tupelo, MS 38804	/ /	$
Name of Employer (Required) OFD INC	/ /	$
Occupation (Required) OWNER	Aggregate year-to-date	$250.00

C. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ALLISON WALLACE	05 / 15 / 23	$500.00
Mailing Address 5491 HWY 178 E	/ /	$
City, State, Zip Code Fulton, MS 38843	/ /	$
Name of Employer (Required) WALLACE FACTORING LLC	/ /	$
Occupation (Required) VP	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 BARRY BRIDGFORTH	05 / 16 / 23	$500.00
Mailing Address 3606 Bridgforth Road	/ /	$
City, State, Zip Code Olive Branch, MS 38654	/ /	$
Name of Employer (Required) BRIDGFORTH & BUNTIN, PLLC	/ /	$
Occupation (Required) ATTORNEY	Aggregate year-to-date	$500.00

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ITEMIZED RECEIPTS

A. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name BRAD MCCULLY	05 / 17 / 23	$250.00
Mailing Address PO BOX 2127	/ /	$
City, State, Zip Code TUPELO, MS 38803	/ /	$
Name of Employer (Required) MCCULLY ENTERPRISES, LLC	/ /	$
Occupation (Required) OWNER	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 VM CLEVELAND	05 / 18 / 23	$1,000.00
Mailing Address 1879 Coley Rd	/ /	$
City, State, Zip Code Tupelo, MS 38801	/ /	$
Name of Employer (Required) TUPELO FURNITURE MARKET	/ /	$
Occupation (Required) OWNER	Aggregate year-to-date	$1,000.00

C. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name DR. MATTHEW WESSON	05 / 18 / 23	$500.00
Mailing Address 2445 Greenwich Park Cr	/ /	$
City, State, Zip Code Tupelo, MS 38804	/ /	$
Name of Employer (Required) WESSON AND MOTHERSHED	/ /	$
Occupation (Required) PHYSICIAN	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 SCOTT EAVES	05 / 18 / 23	$5,000.00
Mailing Address 1720 Pecan Grove	/ /	$
City, State, Zip Code Tupelo, MS 38801	/ /	$
Name of Employer (Required) PLANHOUSE PRINTING AND SIGNS	/ /	$
Occupation (Required) OWNER	Aggregate year-to-date	$5,000.00

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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 ROB HARNESS	05 / 18 / 23	$250.00
Mailing Address PO Box 3848	/ /	$
City, State, Zip Code Tupelo, MS 38804	/ /	$
Name of Employer (Required) HARNESS HOMES	/ /	$
Occupation (Required) OWNER	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 JASON HERRING	05 / 18 / 23	$250.00
Mailing Address PO Box 319	05 / 25 / 23	$250.00
City, State, Zip Code Saltillo, MS 38866	/ /	$
Name of Employer (Required) HERRING CHAPMAN PA	/ /	$
Occupation (Required) ATTORNEY	Aggregate year-to-date	$500.00

C. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name PEGGY HUSSEY	05 / 18 / 23	$500.00
Mailing Address 425 CR 878	/ /	$
City, State, Zip Code Tupelo, MS 38804	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) RETIRED	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 M&N CONSTRUCTION LLC	05 / 18 / 23	$1,000.00
Mailing Address PO Box 392	/ /	$
City, State, Zip Code Tupelo, MS 38802	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) N/A	Aggregate year-to-date	$1,000.00

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ITEMIZED RECEIPTS

A. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MICHAEL & LETTIE MCNEECE	05 / 18 / 23	$250.00
Mailing Address 110 Scenic Cove	/ /	$
City, State, Zip Code Saltillo, MS 38866	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) RETIRED	Aggregate year-to-date	$450.00
B. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name JUDITH NEWMAN	05 / 18 / 23	$250.00
Mailing Address 65 Ray Road	/ /	$
City, State, Zip Code Baldwyn, MS 38824	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) RETIRED	Aggregate year-to-date	$750.00
C. Source: ◉ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)	**Date (Mo., Day, Year)**	**Amount of each receipt this period**
Full name SALTILLO NUTRITION	05 / 18 / 23	$250.00
Mailing Address 131 City Market Dr	/ /	$
City, State, Zip Code Saltillo, MS 38866	/ /	$
Name of Employer (Required) N/A	/ /	$
Occupation (Required) N/A	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 BOB & RHONDA SHUMPERT	05 / 18 / 23	$500.00
Mailing Address 426 Road 1581	/ /	$
City, State, Zip Code Tupelo, MS 38804	/ /	$
Name of Employer (Required) N/A	/ /	$
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 DEBRA STREVEL	05 / 18 / 23	$500.00
Mailing Address 173 CR 1350	/ /	$
City, State, Zip Code Tupelo, MS 38801	/ /	$
Name of Employer (Required) JBS CONSTRUCTION INC	/ /	$
Occupation (Required) MANAGEMENT	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 JOHNNY TIMMONS	05 / 18 / 23	$300.00
Mailing Address 2653 Lakeshire Dr	/ /	$
City, State, Zip Code Tupelo, MS 38804	/ /	$
Name of Employer (Required) CITY OF TUPELO	/ /	$
Occupation (Required) DEPARTMENT HEAD	Aggregate year-to-date	$300.00

C. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name DOUG WRIGHT	05 / 19 / 23	$250.00
Mailing Address 3835 Old Towne Circle	/ /	$
City, State, Zip Code Tupelo, Ms 38804	/ /	$
Name of Employer (Required) COMMUNITY ELDERCARE SERVICES	/ /	$
Occupation (Required) OWNER	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 MATT BLANCHARD	05 / 25 / 23	$250.00
Mailing Address 319 W Jefferson St Ste B	/ /	$
City, State, Zip Code Tupelo, MS 38804	/ /	$
Name of Employer (Required) THE BLANCHARD LAW FIRM	/ /	$
Occupation (Required) ATTORNEY	Aggregate year-to-date	$250.00

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ITEMIZED RECEIPTS

A. Source: ◯ Corporation ◯ PAC ◉ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name CHANDA COSSITT	05 / 16 / 23	$ 250.00
Mailing Address 902 Clayton Ave	__/__/__	$
City, State, Zip Code Tupelo, MS 38804	__/__/__	$
Name of Employer (Required) CHANDA COSSITT REAL ESTATE	__/__/__	$
Occupation (Required) REALTOR	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	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ◯ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ◯ Corporation ◯ PAC ◯ Individual ◯ Loan Other (please specify)_____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

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ITEMIZED DISBURSEMENTS

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

A. Full name MARGIN OF VICTORY PARTNERS, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 196	05 / 17 / 23	$ 3,500.00
City, State, Zip Code COLLIERVILLE, TN 38027	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 10,500.00
B. Full name TERRY HESTER	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1320 CR 1451	05 / 16 / 23	$ 550.00
City, State, Zip Code MOOREVILLE, MS 38857	05 / 26 / 23	$ 450.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,000.00
C. Full name BIG PICTURE MEDIA GROUP LLC	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address PO BOX 755	05 / 10 / 23	$ 1,100.00
City, State, Zip Code TUPELO, MS 38802	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 1,100.00
D. Full name 1VISION	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 2125 TV RD	05 / 20 / 23	$ 3,240.00
City, State, Zip Code JACKSON, MS 39204	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 3,240.00
E. Full name BARNDANCE CREATIVE LLC	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 1030 NORTHPARK DR	05 / 22 / 23	$ 2,405.00
City, State, Zip Code RIDGELAND, MS 39157	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2,405.00
F. Full name TATE REEVES FOR GOVERNOR	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address PO BOX 24355	05 / 09 / 23	$ 250.00
City, State, Zip Code JACKSON, MS 39225	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 250.00

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ITEMIZED DISBURSEMENTS

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

A. Full name ROMIE'S GROCERY	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 804 W JACKSON ST	05 / 22 / 23	$ 2,517.21
City, State, Zip Code TUPELO, MS 38804	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2,517.21

B. Full name HOTEL TUPELO	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 314 E MAIN ST	05 / 30 / 23	$ 217.85
City, State, Zip Code TUPELO, MS 38804	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 217.85

C. Full name JORDAN STARNES	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO BOX 4581	05 / 01 / 23	$ 4,000.00
City, State, Zip Code JACKSON , MS 39296	/ /	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 4,000.00

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

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

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

Ref No: CF202330392
Date Filed: 6/12/2023
Michael Watson
Secretary of State