

Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2023 Election

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

**R**

Campaign Finance  
 Secretary of State

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
- 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, if therefrom and contributions earned thereon in the form of interest or dividends.

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

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

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

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

JAN. 1, 2023 CASH ON HAND BALANCE				\$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

JUNE 9, 2023

Date

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

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

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

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

Name of Candidate or Committee TANNER NEWMAN  
 Reporting period MAY 1, 2023 through MAY 31, 2023

Ref No: CF202330392

Date Filed: 6/12/2023

**Michael Watson**  
 Secretary of State

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	receipt this period
Full name <u>BRITTON JONES</u>	<u>05 / 01 / 23</u>	\$ <u>1,000.00</u>
Mailing Address <u>1723B UNIVERSITY AVE STE 292</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>OXFORD, MS 38655</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>WINTERS CONSTRUCTION LLC</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>EDP RENEWABLES NORTH AMERICA LLC</u>	<u>05 / 03 / 23</u>	\$ <u>3,000.00</u>
Mailing Address <u>1500 MCKINNEY ST STE 1300</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>HOUSTON, TX 77010</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>N/A</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>3,000.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>H&amp;M MOTORCYCLE SALES AND SERVICES LLC</u>	<u>05 / 08 / 23</u>	\$ <u>500.00</u>
Mailing Address <u>529 DAYBRITE DR</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Tupelo, MS 38801</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>N/A</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>LARRY MICHAEL</u>	<u>05 / 08 / 23</u>	\$ <u>500.00</u>
Mailing Address <u>PO BOX 7006</u>	<u>  /  /  </u>	\$
City, State, Zip Code <u>Tupelo, MS 38802</u>	<u>  /  /  </u>	\$
Name of Employer (Required) <u>TRANSPORT TRAILER SERVICE INC</u>	<u>  /  /  </u>	\$
Occupation (Required) <u>OWNER</u>	Aggregate year-to-date	\$ <u>500.00</u>

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A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	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: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name 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: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name 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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A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	receipt this period
Full name <b>JOHNNY &amp; BESSIE CRANE</b>	05 / 09 / 23	\$ 1,000.00
Mailing Address <b>116 Francis Dr.</b>	__ / __ / __	\$
City, State, Zip Code <b>Fulton, MS 38843</b>	__ / __ / __	\$
Name of Employer (Required) <b>FL CRANE &amp; SONS INC</b>	__ / __ / __	\$
Occupation (Required) <b>OWNER</b>	Aggregate year-to-date	\$ 1,000.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <b>JAMIE OSBIRN</b>	05 / 10 / 23	\$ 250.00
Mailing Address <b>2012 Van Street</b>	__ / __ / __	\$
City, State, Zip Code <b>Tupelo, MS 38804</b>	__ / __ / __	\$
Name of Employer (Required) <b>BANKFIRST</b>	__ / __ / __	\$
Occupation (Required) <b>BANKER</b>	Aggregate year-to-date	\$ 250.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <b>ELIZABETH TIDWELL</b>	05 / 12 / 23	\$ 250.00
Mailing Address <b>60054 Birchwood Lane</b>	__ / __ / __	\$
City, State, Zip Code <b>Amory, MS 38821</b>	__ / __ / __	\$
Name of Employer (Required) <b>N/A</b>	__ / __ / __	\$
Occupation (Required) <b>RETIRED</b>	Aggregate year-to-date	\$ 250.00
D. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <b>J Abbott LLC</b>	05 / 15 / 23	\$ 250.00
Mailing Address <b>PO Box 238</b>	__ / __ / __	\$
City, State, Zip Code <b>Pontotoc, MS 38863</b>	__ / __ / __	\$
Name of Employer (Required) <b>N/A</b>	__ / __ / __	\$
Occupation (Required) <b>N/A</b>	Aggregate year-to-date	\$ 250.00

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A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	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: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name BILL 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: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name 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: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name 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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A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	receipt this period
Full name <u>BRAD MCCULLY</u>		<u>05 / 17 / 23</u>	\$ <u>250.00</u>
Mailing Address <u>PO BOX 2127</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>TUPELO, MS 38803</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>MCCULLY ENTERPRISES, LLC</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>VM CLEVELAND</u>		<u>05 / 18 / 23</u>	\$ <u>1,000.00</u>
Mailing Address <u>1879 Coley Rd</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Tupelo, MS 38801</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>TUPELO FURNITURE MARKET</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DR. MATTHEW WESSON</u>		<u>05 / 18 / 23</u>	\$ <u>500.00</u>
Mailing Address <u>2445 Greenwich Park Cr</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Tupelo, MS 38804</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>WESSON AND MOTHERSHED</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>PHYSICIAN</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SCOTT EAVES</u>		<u>05 / 18 / 23</u>	\$ <u>5,000.00</u>
Mailing Address <u>1720 Pecan Grove</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Tupelo, MS 38801</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>PLANHOUSE PRINTING AND SIGNS</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>OWNER</u>		Aggregate year-to-date	\$ <u>5,000.00</u>

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A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name 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: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name JASON 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: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name 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: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name 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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A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	receipt this period
Full name <u>MICHAEL &amp; LETTIE MCNEECE</u>		<u>05 / 18 / 23</u>	\$ <u>250.00</u>
Mailing Address <u>110 Scenic Cove</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Saltillo, MS 38866</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>RETIRED</u>		Aggregate year-to-date	\$ <u>450.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JUDITH NEWMAN</u>		<u>05 / 18 / 23</u>	\$ <u>250.00</u>
Mailing Address <u>65 Ray Road</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Baldwyn, MS 38824</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>RETIRED</u>		Aggregate year-to-date	\$ <u>750.00</u>
C. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SALTILLO NUTRITION</u>		<u>05 / 18 / 23</u>	\$ <u>250.00</u>
Mailing Address <u>131 City Market Dr</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Saltillo, MS 38866</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>N/A</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BOB &amp; RHONDA SHUMPERT</u>		<u>05 / 18 / 23</u>	\$ <u>500.00</u>
Mailing Address <u>426 Road 1581</u>		<u>  /  /  </u>	\$
City, State, Zip Code <u>Tupelo, MS 38804</u>		<u>  /  /  </u>	\$
Name of Employer (Required) <u>N/A</u>		<u>  /  /  </u>	\$
Occupation (Required) <u>RETIRED</u>		Aggregate year-to-date	\$ <u>500.00</u>

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A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <b>DEBRA STREVEL</b>	05 / 18 / 23	\$ 500.00
Mailing Address <b>173 CR 1350</b>	_ / _ / _	\$
City, State, Zip Code <b>Tupelo, MS 38801</b>	_ / _ / _	\$
Name of Employer (Required) <b>JBS CONSTRUCTION INC</b>	_ / _ / _	\$
Occupation (Required) <b>MANAGEMENT</b>	Aggregate year-to-date	\$ 500.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <b>JOHNNY TIMMONS</b>	05 / 18 / 23	\$ 300.00
Mailing Address <b>2653 Lakeshire Dr</b>	_ / _ / _	\$
City, State, Zip Code <b>Tupelo, MS 38804</b>	_ / _ / _	\$
Name of Employer (Required) <b>CITY OF TUPELO</b>	_ / _ / _	\$
Occupation (Required) <b>DEPARTMENT HEAD</b>	Aggregate year-to-date	\$ 300.00
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <b>DOUG WRIGHT</b>	05 / 19 / 23	\$ 250.00
Mailing Address <b>3835 Old Towne Circle</b>	_ / _ / _	\$
City, State, Zip Code <b>Tupelo, Ms 38804</b>	_ / _ / _	\$
Name of Employer (Required) <b>COMMUNITY ELDERCARE SERVICES</b>	_ / _ / _	\$
Occupation (Required) <b>OWNER</b>	Aggregate year-to-date	\$ 250.00
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name <b>MATT BLANCHARD</b>	05 / 25 / 23	\$ 250.00
Mailing Address <b>319 W Jefferson St Ste B</b>	_ / _ / _	\$
City, State, Zip Code <b>Tupelo, MS 38804</b>	_ / _ / _	\$
Name of Employer (Required) <b>THE BLANCHARD LAW FIRM</b>	_ / _ / _	\$
Occupation (Required) <b>ATTORNEY</b>	Aggregate year-to-date	\$ 250.00

Name of Candidate or Committee TANNER NEWMAN  
 Reporting period MAY 1, 2023 through MAY 31, 2023

Ref No: CF202330392  
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## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	receipt this period
Full name <b>CHANDA COSSITT</b>	05 / 16 / 23	\$ 250.00
Mailing Address <b>902 Clayton Ave</b>	__ / __ / __	\$
City, State, Zip Code <b>Tupelo, MS 38804</b>	__ / __ / __	\$
Name of Employer (Required) <b>CHANDA COSSITT REAL ESTATE</b>	__ / __ / __	\$
Occupation (Required) <b>REALTOR</b>	Aggregate year-to-date	\$ 250.00
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	__ / __ / __	\$
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	__ / __ / __	\$
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		
Full name	__ / __ / __	\$
Mailing Address	__ / __ / __	\$
City, State, Zip Code	__ / __ / __	\$
Name of Employer (Required)	__ / __ / __	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee TANNER NEWMAN  
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## ITEMIZED DISBURSEMENTS

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

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
MARGIN OF VICTORY PARTNERS, LLC	05 / 17 / 23	\$ 3,500.00
Mailing Address PO BOX 196		
City, State, Zip Code COLLIERVILLE, TN 38027	_ / _ / _	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 10,500.00
<b>B. Full name</b> TERRY HESTER	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
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
<b>C. Full name</b> BIG PICTURE MEDIA GROUP LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
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
<b>D. Full name</b> 1VISION	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
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
<b>E. Full name</b> BARNDANCE CREATIVE LLC	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
Mailing Address 1030 NORTH PARK 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
<b>F. Full name</b> TATE REEVES FOR GOVERNOR	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
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

Name of Candidate or Committee **TANNER NEWMAN**  
 Reporting period **MAY 1, 2023** through **MAY 31, 2023**

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**Secretary of State**

# ITEMIZED DISBURSEMENTS

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

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>ROMIE'S GROCERY</b>	<u>05</u> / <u>22</u> / <u>23</u>	\$ 2,517.21
Mailing Address <b>804 W JACKSON ST</b>		\$
City, State, Zip Code <b>TUPELO, MS 38804</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2,517.21
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>HOTEL TUPELO</b>	<u>05</u> / <u>30</u> / <u>23</u>	\$ 217.85
Mailing Address <b>314 E MAIN ST</b>		\$
City, State, Zip Code <b>TUPELO, MS 38804</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 217.85
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<b>JORDAN STARNES</b>	<u>05</u> / <u>01</u> / <u>23</u>	\$ 4,000.00
Mailing Address <b>PO BOX 4581</b>		\$
City, State, Zip Code <b>JACKSON, MS 39296</b>	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4,000.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address		\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address		\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address		\$
City, State, Zip Code	<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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