# Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2017 Special Election House of Representatives District 102



Nan	ne of Committee Committee to Elect Cory Fer	raez		
	P.O. Box 17934 County Forrest			
	ephone 601-450-1715	Fax N/A		
	Andrew Dews Email Address comments@coryferraez.com			
	Check here if above is different from previous rep	ort PE OF REPORT		
<u>X</u>	_Tuesday, September 5, 2017 (January 1, 2017 through	September 2, 2017)Pre-Election Report		
	_Tuesday, September 26, 2017 (September 3, 2017 three	ough September 23, 2017)Pre-Runoff Election Report		
	Wednesday, January 31, 2018 (January 1, 2017 throu	gh December 31, 2017)Annual Report		
	Termination Report (Committee will no longer accep expenditures, has no outstandir hand balance.)	t contributions, make campaign  ng campaign debt obligation and zero cash on  Required to terminate reporting obligations		
(1)	Pre-Election Reports are mandatory even if the committee opposition to, a 2017 special election candidate.	<u>IMPORTANT</u> has received any contributions or made any expenditures in support of, or in		
	2) Annual Reports are mandatory if the committee has received contributions or made expenditures in support of, or opposition to, a 2017 special election candidate.			
(3)	Until a committee files a Termination Report, annual and p 807 (b) (ii) and (iii).	re-election reports must be filed in accordance with Miss. Code Ann. § 23-15-		
	a holiday, the office must be in actual receipt of the require	ired reports by 5:00 p.m. on the deadline. If the deadline falls on a weekend or d reports by 5:00 p.m. on the first working day <i>before</i> the deadline. Reports AS; mailed to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2545; or		

Itemized	+ Non-Itemized	This Period	Calendar year-to-date
Total amount of contributions \$ 38,030.20	+ \$ 2,962.34	\$ 40,992.54	\$ 40,992.54
Total amount of disbursements \$ 32,675.88	+\$ 1,637.61	\$ 34,313.49	\$ 34,313.49
Total amount of cash on hand		\$6,679.05	

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

Signature of Director or Treasurer

September 2, 2017

Date

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

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Name of Candidate or Committee	Committee to Elect Cory Ferraez	
Reporting period Hanuary 1, 2017	through September 2, 2017	

		Amount of each
A. Source: Corporation PAC V Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	6 / 115 / 117	\$ 1000.00
Sam McHard		+ processor
Mailing Address	$-\Box : I \Box :$	\$
116 Longwood Dr.		· !
Clty, State, Zip Code		\$ [
Hattiesburg MS 39402		· I
Name of Employer (Required)		\$
McHard, McHard, Anderson, PLLC Occupation (Regulred)	Amanagata	· · · · · · · · · · · · · · · · · · ·
Attorney	Aggregate year–to-date	\$ 1000.00
B. Source: Corporation PAC V Individual Loan	year to anto	Amount of each
B. Source.   Corporation   FAC   Individual   Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	8 / 15 / 17	\$ 1000.00
Charlie Southerland		Ψ [1000.00
Mailing Address		\$
14 Drumlin Dr,	· · · · · · · · · · · · · · · · · · ·	7
City, State, Zip Code		\$
Hattlesburg MS 39402	· · · · · · · · · · · · · · · · · · ·	Ψ Ι
Name of Employer (Required) L&A Construction		\$
Occupation (Required)	Aggregate	
Owner/Contractor	yearto-date	\$ 1000.00
C. Source Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name Robert Cornett	6 / 15 / 17	\$ 300.00
Mailing Address		
115 Stellman Road		\$
City, State, Zip Code		<b>.</b>
Purvis, MS 39475	<u> </u>	\$
Name of Employer (Required)	T, T, T	\$
Cornett Group, Inc.	<u> </u>	Ψ
Occupation (Required)	Aggregate	\$ (300.00
Owner/Insurance Agent	year-to-date	
D. Source: Corporation PAC V Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Teal)	this period
Full name	6 / 23 / 17	\$ 500
P Manion Anderson		. 1222
Mailing Address 108 Shadow LAke Drive	7 / 18 / 17	\$ 100
City, State, Zip Code	<u> </u>	\$
Hattiesburg MS 39402		
Name of Employer (Required) McHard, McHard, Anderson, PLLC		\$
Occupation (Required)	Aggregate	\$ 600.00
Attorney	year-to-date	
		<del> </del>

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Name of Candidate or Committee	Committee to Elect Cory Ferraez
Reporting period January 1, 2017	through September 2, 2017

E DAOE INSULE Lane		Amount of cook
A. Source: Corporation PAC V Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	6 / 23 / 17	\$ 531.20
Greg and Leigh Ann Underwood		+ J351.20
Mailing Address		\$
805 Adeline Street		
City, State, Zip Code		\$ [
Hattlesburg MS 39401		
Name of Employer (Required) Southern Bone & Joint/Pearl River Community College		\$
Occupation (Required)	Aggregate	
HR Director/Marketing - Professor	year-to-date	\$ 531.20
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	<u> </u>	-
Charles Griffith	6 / 23 / 17	\$ 500.00
Mailing Address		
102 Mamie STreet	<u>                                     </u>	\$
City, State, Zip Code		
Hattlesburg MS 39401		\$ [
Name of Employer (Required) Forrest General		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C, Source Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	6 / 23 / 17 ;	\$ 250,00
William Strong Jr	M 1 123 1 111 ;	\$ 250,00
Mailing Address		\$
100 Fairland Dr.	<u> </u>	Y 1
City, State, Zip Code		\$
HA(tlesburg MS 39402		
Name of Employer (Required) Hattiesburg Clinic		\$
Occupation (Required) Doctor	Aggregate year–to-date	\$ 250.00
D. Source: Corporation PAC V Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	6 / 23 / 17	
May Dayne Gregg	b 1 les 1 liv	\$ 250.00
Mailing Address 3100 Jameston Road		\$
City, State, Zip Code		
Hattlesburg MS 39402		\$ [
Name of Employer (Required) Retired		\$ [
Occupation (Required) Retired	Aggregate year–to-date	\$ 250,00

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Name of Candidate or Committee	Committee to Elect Cory Ferraez	
Reporting period January 1, 2017	through September 2, 2017	

A. Source: Corporation PAC I Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 23 / 17	\$ 500.00
Tammy Martin	<u> </u>	<b>4</b>  200.00
Mailing Address		\$
7 Marias Ridge		
City, State, Zip Code		\$
Hattiesburg MS 39402		
Name of Employer (Required) N/A		\$
Occupation (Required)	Aggregate	<b>*</b>
N/A	year-to-date	\$ 500.00
B. Source:	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	6 / 23 / 17	\$ 500.00
Kerri Davis		¥  500.00
Mailing Address		\$
27 Chestnut Point		· 1
City, State, Zip Code		\$
Hattlesburg MS 39402		*
Name of Employer (Required) N/A		\$
Occupation (Required) N/A	Aggregate year–to-date	\$ 500.00
C. Source Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Anna Rush	6 / 23 / 17	\$ 250.00
Mailing Address		<b>6</b> P
P.O. Box 105	<u> </u>	\$
City, State, Zip Code		\$
Hattiesburg MS 39403	//	Ψ
Name of Employer (Required) Stewart Law Firm		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 250.00
D. Source: Corporation PAC I Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 23 / 17	\$ 500.00
Edmund Bagingito		<u> </u>
Mailing Address 102 Canebrake Blvd	1	\$
City, State, Zip Code Hattlesburg MS 39402		\$
ਸਿਰਧਾਇਤਸਪਾਰ ਅਤੇ ਤੇਸ਼ਬਹੁਟ Name of Employer (Required)	<del>    -   -   -   -   -   -   - </del>	
Name of Employer (Required) Hattlesburg Clinic	<u> </u>	\$
Occupation (Required) Doctor	Aggregate yearto-date	\$ 500.00

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Name of Candidate or Committee	Committee to Elect Cory Ferraez
Reporting period January 1, 2017	through September 2, 2017

A. Source: Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Dayid Ott	6 / 23 / 17	\$ 2500.00
Malling Address 310 S 22nd Avenue		\$
City, State, Zip Code Hattlesburg M5 39401		\$
Name of Employer (Required) Bryan Nelson		\$
Occupation (Regulred) Attorney	Aggregate year–to-date	\$ 2500,00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Browns Home Furnishings	6 / 23 / 17	\$ 500,00
Mailing Address 6062 U.S. Hwy 98		\$
City, State, Zip Code Hattiesburg MS 39402		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 500.00
C. Source Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Don Hinton	6 / 23 / 17	\$ 250,00
Mailing Address 810 Adeline Street		\$
City, State, Zip Code Hattiesburg MS 39401		\$
Name of Employer (Required) Cooperative Energy	匚,匚,匚	\$
Occupation (Required) Attorney	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 Hank Mazaleski/Kate SMith	6 / 23 / 17	\$ 500.00
Mailing Address 1010 Adeline Street		\$
City, State, Zip Code Hattiesburg MS 39401		\$
Name of Employer (Required) Self-employed/N/A		\$
Occupation (Required) Attorney/Paralegal	Aggregate year–to-date	\$ 500.00

Name of Candidate or Committee	Committee to Elect Cory Ferraez
Reporting period January 1, 2017	through September 2, 2017

Full name	A. Source: Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Full name	6 / 23 / 17	\$ 500.00
	I and the second	,	
City, State, Zip Code Hottlesburg MS 39401  Aggregate year-to-date  Creupation Required)  Particlesburg MS 39401  Name of Employer (Required)  Particlesburg Clinic  Other (please specify)  Name of Employer (Required)  Particlesburg MS 39401  Name of Employer (Required)  Date (Mo., Day, Year)  S 500.00  Aggregate year-to-date  Amount of each this period  And this Avenue  City, State, Zip Code Hottlesburg MS 39401  Name of Employer (Required)  Dermatologist  C. Source Corporation PAC Individual Loan  Other (please specify)  D. Source:  City, State, Zip Code Hottlesburg MS 39402  Amount of each treceipt this period  Amount of each receipt this period  Aggregate year-to-date (Mo., Day, Year)  Amount of each receipt this period  Aggregate year-to-date  City, State, Zip Code Hottlesburg MS 39402  Amount of each receipt this period  Aggregate year-to-date  S 500.00  Aggregate year-to-date  S 500.00  Aggregate year-to-date  S 500.00  Aggregate year-to-date  S 500.00  Aggregate year-to-date S 500.00  Aggregate year-to-date S 500.00  Aggregate year-to-date S 500.00  Aggregate year-to-date S 500.00  Aggregate year-to-date S 500.00  Aggregate year-to-date S 500.00  Aggregate year-to-date S 500.00  Aggregate year-to-date S 500.00  Amount of each receipt this period  Loan  Date (Mo., Day, Year)  Amount of each receipt this period  Loan  Date (Mo., Day, Year)  Amount of each receipt this period  Loan  Date (Mo., Day, Year)  Amount of each receipt this period  Loan  Date (Mo., Day, Year)  Amount of each receipt this period  Loan  Date (Mo., Day, Year)  Amount of each receipt this period  Loan  Date (Mo., Day, Year)  Amount of each receipt this period  Loan  Date (Mo., Day, Year)  Amount of each receipt this period  Loan  Date (Mo., Day, Year)  Amount of each receipt this period  Loan  Date (Mo., Day, Year)  Amount of each receipt this period  Loan  Date (Mo., Day, Year)  Amount of each		<u> </u>	\$
Name of Employer (Required)   Pate			
Name of Employer (Required)		<u>                                   </u>	\$
Platitesburg Clinic			¢ [
CRINA   Secret   Corporation   PAC   Individual   Loan   Date   Poulous   Content   Pac   Individual   Loan   Date   Pac   Individual   Loan   Date   Pac	Hattiesburg Clinic		Ψ
B. Source: Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   Receipt this period   PAC   Individual   Loan   Date (Mo., Day, Year)   PAC   PAC			\$ 500,00
Other (please specify)  Other (please specify)  Other (please specify)  Full name  William Waller  Mailing Address  Journal of Employer (Reguired)  Dematology South  Other (please specify)  Other (please specify)  Full name  John Burks  John John John Burks  John John John John John John John John		year-to-date	Amount of each
Full name   Milliam Waller	B. Source:   Corporation   FAC   Individual   Loan		
Milling Address	Other (please specify)	(NIO., Day, rear)	this period
Mailing Address		6 / 23 / 17	\$ 500.00
Add 6th Avenue   Add			, , , , , , , , , , , , , , , , , , , ,
City, State, Zip Code			\$
Hattlesburg M5 39401			
Name of Employer (Required)		<u>                                    </u>	\$
Dermatology South   Aggregate   Sou.00	!		\$
Dematologist  C. Source   Corporation   PAC   Individual   Loan   Date receipt this period    Full name			· 1
C. Source Corporation PAC Individual Loan Date (Mo., Day, Year)  Full name John Burks  Mailing Address 209 Wildwood Trace City, State, Zip Code			\$ 500.00
Full name	C. Source		
John Burks			
City, State, Zip Code	John Burks	<u> 6    23    17 ;</u>	\$  500.00
City, State, Zip Code			\$
Hattiesburg M5 39402  Name of Employer (Required)  ICC  Occupation (Required)  Professor  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name Cory Ferraez  Mailing Address  501 N. Main Street #403  City, State, Zip Code  Samuer (Required)  Aggregate year-to-date  \$ 500.00  Amount of each receipt this period  \$ 1 12 1 17 \$ 2800  \$ 2000		<u> </u>	<u> </u>
Hattiesburg M5 39402			\$
Cocupation (Required)   Aggregate year-to-date   S   500.00			
Occupation (Required) Professor  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)  Full name Cory Ferraez  Mailing Address 501 N. Main Street #403  City, State, Zip Code  Amount of each receipt this period  \$ 1 12 / 17 \$ 2800  \$ 2000			\$ .
Professor  D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year)  Other (please specify)  Full name (Cory Ferraez)  Mailing Address  501 N. Main Street #403  City, State, Zip Code	Occupation (Regulred)		\$ 500.00
Other (please specify)         receipt this period           Full name Cory Ferraez         8 / 12 / 17 \$ 2800           Mailing Address 501 N. Main Street #403         8 / 17 / 17 \$ 2000           City, State, Zip Code         8 / 24 / 17 \$ 1500		year-to-date	
Coty Ferraez			
Coty Ferraez		8 / 12 / 17	\$ [2800
City, State, Zip Code 8 / 24 / 17 \$ 1500	· · · · · · · · · · · · · · · · · · ·		7  -500
City, State, Zip Code 8 / 24 / 17 \$ 1500		<u>                                      </u>	\$ 2000
	City, State, Zip Code	8 / 24 / 17	\$ 1500
		8 , 70 , 17	e 1200
McHard, McHard, Anderson & Associates, PLLC	McHard, McHard, Anderson & Associates, PLLC		
Occupation (Regulred) Automey  Automey  Automey  Aggregate year-to-date			\$ 7500.00

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Name of Candidate or Committee	Committee to Elect Cory Ferraez
Reporting period January 1, 2017	through   September 2, 2017

I (N	Date	Amount of each receipt
Other (please specify)	Mo., Day, Year)	this period
Full name 8	3 / 31 / 17	\$ 1400
Cory Ferraez  Mailing Address		
501 N. Main Street #403	3 / 30 / 17	\$ 2300
City, State, Zip Gode		
Hattiesburg MS 39401	9 / 01 / 17	\$ 2000
Name of Employer (Bourleyed)	3 / 21 / 17	A
McHard, McHard, Anderson & ASsociates, PLLC	, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ 849
Occupation (Required)	Aggregate	\$ 14049.00
	year-to-date	· · · · · · · · · · · · · · · · · · ·
B. Source: Corporation PAC I Individual Loan	Date	Amount of each receipt
Other (please specify) (N	Mo., Day, Year)	this period
Full name 6	5 / 23 / 17	
David Bush	<u></u>	\$ 250.00
Mailing Address	, , , , , , , ,	\$ [
1467 Elks Lake Road	/	Ψ
City, State, Zip Code		\$ [
Hattlesburg MS 39402		Ψ
Name of Employer (Required)  The First, A National Banking Association		\$
Occupation (Required)	Aggregate	\$ 250.00
	year-to-date	
C. Source Corporation PAC Individual V Loan (N	Date Mo., Day, Year)	Amount of each receipt this period
Full name 6	5 / 16 / 17	\$ 2000.00
Cory Ferraez -		<b>V</b> 12000.00
Malling Address		\$
501 N, Main Street #403		*
City, State, Zip Gode Hattiesburg MS 39401		\$
Name of Employer (Required)		
McHard, McHard, Anderson & Associates, PLLC	/!/!	\$
Occupation (Required)	Aggregate	\$ 16,049.00
	yearto-date	
D. Source: Corporation PAC V Individual Loan	Date	Amount of each receipt
Other (please specify) (f	Mo., Day, Year)	this period
Full name 6	6 / 23 / 17	\$ 500.00
Mary Virginia McKenzie		Ψ 1500.00
Mailing Address		\$
9 Bellewood Drive City, State, Zip Code		
Hattiesburg MS 39401	/1/1	\$
Name of Employer (Required) Retired		\$
Occupation (Required) Retired	Aggregate year–to-date	\$ 500.00

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Name of Candidate or Committee	Committee to Elect Cory Ferraez
Reporting period January 1, 2017	through September 2, 2017

A. Source: Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tim Cole	6 / 23 / 17	\$ 250.00
Malling Address		\$
1 Quail Hollow Road		<u>'</u>
City, State, ZIp Code Hattiesburg MS 39402		\$ [
Name of Employer (Required)	F, F, F	e f
Hattlesburg Clinic	<u> </u>	\$ [
Occupation (Regulred)	Aggregate	\$ 250.00
Doctor	year-to-date	
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
John Chain	6 / 23 / 17	\$ 500.00
Malling Address		\$ [
57 Waterford Dr.		4 1
City, State, Zip Code		\$ [
Hattiesburg MS 39402	<u> </u>	4 1
Name of Employer (Required) Chain Electric		\$ [
Occupation (Required) Owner/Operator	Aggregate year–to-date	\$ 500.00
C. Source Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Ful) name Michael Freeman	6 / 23 / 17	\$ 500.00
Mailing Address		e 1
29 Monarch Blvd	<u> </u>	\$
City, State, Zip Code		\$
HAttiesburg MS 39402	<u> </u>	Ψ
Name of Employer (Reguired) Self-employed		\$
Occupation (Required) entrepreneur	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	6 / 23 / 17	\$ 250.00
Daniel Smith		4 1520.00
Mailing Address 318 40th Place		\$
City, State, Zip Code Hattiesburg MS 39402		\$ [
Name of Employer (Regulred)		
Hattiesburg Clinic		\$
Hattiesburg Clinic Decupation (Required)	Aggregate	\$ [250.00

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Name of Candidate or Committee	Committee to Elect Cory Ferraez
Reporting period January 1, 2017	through September 2. 2017

A. Source: Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Travis Boister	6 / 23 / 17	\$ 500.00
Mailing Address		
15 Jubilee Pt	<u>                                    </u>	\$
City, State, Zip Code		
Hattlesburg MS 39402	<u>                                     </u>	\$
Name of Employer (Required)		\$ [
Qdoba/Smoothie King	·//	Ψ [
Occupation (Required)	Aggregate	\$ 500,00
Owner/Operator	year-to-date	Ψ 100,00
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		titis periou
Full name Susan Slaughter	6 / 23 / 17	\$ 250.00
Mailing Address		
1113 Adeline Street	<u> </u>	\$
City, State, Zip Code		
Hattiesburg MS 39401	<u> </u>	\$ [
Name of Employer (Required) Hattiesburg Clinic	匚/匚/匚	\$
Occupation (Reguired) Healthcare Administrator	Aggregate vear–to-date	\$ 250.00
C. Source Corporation PAC V Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 23 / 17	\$ 250.00
Susie Folse		
Mailing Address		\$
3866 Veteran Memorial Drive		
City, State, Zip Gode Hattlesburg MS 39402		\$
Name of Employer (Required)		\$
Southern Bone & Joint		· ;
Occupation (Required)	Aggregate yearto-date	\$ 250.00
D. Source: Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	E 6 6	
Lisa Conn	7 / 3 / 17	\$ 1000
Mailing Address		\$ [
312 Fourth Avenue		Y
City, State, Zip Code Hattlesburg MS 39401		\$ [
Name of Employer (Required) retired		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.00
ICHICH	you to date	<u>L</u>

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Name of Candidate or Committee	Committee to Elect Cory Ferraez
Reporting period January 1, 2017	through September 2, 2017

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		
Full name Christian McQueen	6 / 23 / 17	\$ 500.00
Mailing Address		***************************************
409 Fourth Avenue	<u>                                      </u>	\$
City, State, Zip Code		
Hattiesburg MS 39401	<u> </u>	\$
Name of Employer (Required)		
RIM	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 500,00
Owner/Operator	year-to-date	\$ 500.00
B. Source: Corporation PAC V Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Tour)	this period
Full name	6 / 23 / 17	\$ 250.00
Amanda Winchester	<u> </u>	+ <sub> 2</sub> 50.00
Mailing Address		\$
104 Doverciiff	·	<u> </u>
City, State, Zip Code		\$ [
Hattiesburg MS 39402	<u>'                                  </u>	Ψ ;
Name of Employer (Required)		\$
Inventiv Health	<u> </u>	· 1
Occupation (Required)	Aggregate vear–to-date	\$ 250.00
Pharm sales  C. Source Corporation PAC V Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	E 53	
Julia Starrett	6 / 23 / 17	\$ 250,00
Mailing Address		\$
906 S. 34th St		4 1
City, State, Zip Code		\$
Hattlesburg MS 39402		
Name of Employer (Required)		\$
Hattiesburg Clinic		•
Occupation (Required) Healthcare administrator	Aggregate yearto-date	\$ 250.00
D. Source: Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 / 22 / 17	\$ 500.00
Robyn East		7  200.00
Mailing Address		\$ [
115 Vineyard Blvd		
City, State, Zip Code Brandon MS 39047		\$
Name of Employer (Required) Retired		\$
Occupation (Regulrod) Retired	Aggregate yearto-date	\$ 500,00

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Name of Candidate or Committee	Committee To Elect Cory Ferraez
Reporting period January 1, 2017	through September 2, 2017

A. Source: Corporation PAC V Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	6 / 30 / 17	\$ 500.00
Evan Nicolosi		+ poo.oo
Mailing Address		\$
111 Cumberland Pass		
City, State, Zip Code Hattlesburg MS 39402		\$
Name of Employer (Required)	— . — . <b>—</b>	A p
Trustmark	<u>                                   </u>	\$
Occupation (Regulred)	Aggregate	\$ 500.00
Banker	yearto-date	Ψ βυσου
B. Source: Corporation PAC V Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)		this period
Full name	7 / 1 / 17	\$ 250.00
Richard Taylor		,
Mailing Address 1 convention Center Plaza		\$
City, State, Zip Code		
Hattiesburg MS 39401		\$
Name of Employer (Required)		\$ [
Hattlesburg Tourism and Convention Commission Occupation (Required)	Aggregate	,
Director	year–to-date	\$ 250.00
C. Source Corporation PAC Individual Loan C	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6 / 23 / 17	\$ 500.00
Andrew Dews	15 7 150	Ψ  200.00
Mailing Address		\$
301 i Ainigron Loub		· ·
City, State, Zip Code Hattlesburg MS 39402		\$
Name of Employer (Required)		\$ [
McArthur, Slay and Dews PLLC	//	Ψ
Occupation (Required) Accountant	Aggregate year–to-date	\$ 500.00
D. Source: Corporation PAC V Individual Loan Other (please specify)	Date	Amount of each receipt
	(Mo., Day, Year)	this period
Full name		
Scott Schwartz	(Mo., Day, Year)	this period \$ 500.00
Scott Schwartz Mailing Address 210 6th Avenue City, State, Zip Code		\$ 500.00
Scott Schwartz  Mailing Address 210 6th Avenue  City, State, Zip Code  Hattiesburg MS 39401		\$ 500.00
Scott Schwartz Mailing Address 210 6th Avenue City, State, Zip Code		\$ 500.00
Scott Schwartz  Mailing Address 210 6th Avenue  City, State, Zip Code  Hattiesburg MS 39401  Name of Employer (Required)		\$ [500.00 \$ [

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Name of Candidate or Committee	Committee to Elect Cory Ferraez
Reporting period JAnuary 1, 2017	through September 2, 2017

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	8 / 11 / 17	\$ 1500.00
Oby Rogers	—: — —	<del></del>
Malling Address 311 Main Street	1:11-11-	\$
City, State, Zip Code		_
Collins, MS 39428	//	\$
Name of Employer (Required)		\$
Oby T. Rogers, PLLC	<u> </u>	Ψ
Occupation (Required) Attorney	Aggregate year–to-date	\$ 1500.00
B. Source: Corporation PAC V Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	- In In	
Troy McIntire	7 / 10 / 17	\$ 1000
Mailing Address		A F
406 sixth avenue	<u>                                   </u>	\$
City, State, Zip Code	F F F	¢ [
Hattiesburg MS 39401	1 11 11	\$
Name of Employer (Reguired) Women's Pavilion		\$ [
Occupation (Required) OBGYN	Aggregate year-to-date	\$ 1000.00
C. Source Corporation PAC V Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	6/ / 23 / 17	\$ 250.00
Larry Albert		
Mailing Address 514 Main St.		\$
City, State, Zip Code		<u> </u>
Hattiesburg, MS 39401	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$
Name of Employer (Regulred) Albert & Robinson Architects, PLLC		\$
Occupation (Required) Architect	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		\$ [
Mailing Address		\$ [
City, State, Zip Code		\$
Name of Employer (Required)		
Table of Employer (Codumon)	<u> </u>	\$
Occupation (Required)	Aggregate year–to-date	\$

through September 2, 2017

A. Full name	Date	Amount of each
Stacy Ahua	(Mo., Day, Year)	disbursement this period
Mailing Address		
710 Corinee Street, #9	6 / 26 / 17	\$ 2.500.00
City, State, Zip Code		
Hattiesburg, MS 39401	8 / 16 / 17	\$ 2.500.00
Purpose of Disbursement (Optional)	Aggregate	<b>7</b>
	Year-to-date	<b>\$</b> \$5,000.00
B. Full name	Date	Amount of each
Lamar Outdoor Advertising	(Mo., Day, Year)	disbursement this period
Mailing Address	6 / 23 / 17	<b>\$ 1,845.00</b>
2055 Oak Grove Road		ip 7,039.00
City, State, Zip Code	8 / 12 / 17	\$ 2,800.00
Hattiesburg MS 39402		.p 2,800.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 4645.00
C. Full name	Date	Amount of each
Lamar Outdoor Advertising	(Mo., Day, Year)	disbursement this period
Mailing Address	0 421 447	£ 1400.00
2055 Oak Grove Road	8 / 31 / 17	\$ 1,400.00
City, State, Zip Code		<i>p</i>
Hattiesburg MS 39402	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 6,045.00
D. Full name	Date	Amount of each
Mississippi Power	(Mo., Day, Year)	disbursement this period
Mailing Address		
420 W. Pine St.	$\frac{7}{2} / \frac{12}{12} / \frac{17}{12}$	\$ 300.00
City, State, Zip Code	7 . 35 . 17	
Hattlesburg MS 39401	$\frac{7}{25} / \frac{25}{17}$	<b>\$</b> 37.45
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 337.45
E. Full name	Date	Amount of each
Copy Cats Printing	(Mo., Day, Year)	disbursement this period
Malling Address		
905 Hardy Street #102	7 / 10 / 17	\$ 422,65
City, State, Zip Code		
Hattiesburg MS 39401	$\frac{7}{2} / \frac{17}{11} / \frac{17}{11}$	\$ 83.46
Purpose of Disbursement (Optional)	Aggregate	\$ 506.11
	Year-to-date	
F. Full name	Date	Amount of each
SNG Signs, Inc.	(Mo., Day, Year)	disbursement this period
Mailing Address	7 / 18 / 17	\$ 3,535.00
1510 4th Ave. N		
City, State, Zip Code		8
Bessemer, AL 35020 Purpose of Disbursement (Optional)		

through September 2, 2017

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kate Dearman	(Mo., Day, Tear)	disputsement this period
Mailing Address	6 / 26 / 17	<b>\$</b> 3,500.00
305 S 23rd Avenue		
City, State, Zip Code		\$
Hattiesburg MS 39401		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	<b>\$</b> 3,500.00
B. Full name	Date	Amount of each
Blooms	(Mo., Day, Year)	disbursement this period
Mailing Address	7 / 10 / 17	<b>\$</b> 428.00
127 Buschman St #40	7 / 10 / 17	tp 428.00
City, State, Zip Code	1 1	S
Hattiesburg MS 39401	'	₩
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 428.00
C. Full name	Date	Amount of each
Keg & Barrel	(Mo., Day, Year)	disbursement this period
Mailing Address	7 . 10 . 17	\$ 247,75
1315 Hardy St	7 / 18 / 17	G 247,/5
City, State, Zip Code		\$
Hattiesburg MS 39401	//	, o
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 247.75
D. Full name	Date	Amount of each
STandard Office Supply	(Mo., Day, Year)	disbursement this period
Mailing Address	7 . 10 . 37	
400 W Pine Street	7 / 19 / 17	\$ 200.62
City, State, Zip Code	7 . 26 . 17	
Hattiesburg MS 39403	7 / 26 / 17	\$ 147.12
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 347.74
E. Full name	Date	Amount of each
Mississippi Secretary of State	(Mo., Day, Year)	disbursement this period
Mailing Address		
401 Mississippi Street	7 / 11 / 17	\$ 250.00
City, State, Zip Code		_
Jackson, MS 39201	//	\$
Purpose of Disbursement (Optional)	Aggregate	<b>A</b>
	Aggregate Year-to-date	\$ 250.00
F. Full name	Date	Amount of each
James Peavy d/b/a PV Campaigns	(Mo., Day, Year)	disbursement this period
Mailing Address	7 / 28 / 17	<b>\$</b> 1,250.00
2412 Canty Street		,
City, State, Zip Code	8 /8 / 17	\$ 1,250.00
		1
Pascagoula, MS 39567 Purpose of Disbursement (Optional)		

through September 2, 2017

A. Full name	Date	Amount of each
Bourne Brothers Printing	(Mo., Day, Year)	disbursement this period
Mailing Address		
5276 Hwy 42	7 / 21 / 17	\$ 910.11
City, State, Zip Code	7 /21 /17	<b>\$</b> 738.30
Hattlesburg MS 39401	7 / 31 / 17	₹ 738.3U
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1648.41
B. Full name	Date	Amount of each
Bourne Brothers Printing	(Mo., Day, Year)	disbursement this period
Mailing Address	8 / 23 / 17	\$ 1945,34
5276 Hwy 42	8 / 23 / 17	<b>3</b> 1943,54
City, State, Zip Code	, ,	<b>C</b>
Hattlesburg MS 39401		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 3593.75
C. Full name	Date	Amount of each
Shelby Thames	(Mo., Day, Year)	disbursement this period
Malling Address	7 (1 (17	\$ 500.00
4 Willow Bend Suite 2A	7 / 1 / 17	\$ 500.00
City, State, Zip Code	8 / 1 / 17	\$ 500,00
Hattiesburg MS 39402	8 / 4 / 17	\$ 500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1,00000
D. Full name	Date	Amount of each
Signs First	(Mo., Day, Year)	disbursement this period
Mailing Address	7 / 10 / 17	<b>\$</b> 877.55
4400 Hardy St	7 / 10 / 17	₩ 877. <b>3</b> 5
City, State, Zip Code	7 , 14 , 17	£ 260.04
Hattiesburg MS 39402	7 / 14 / 17	\$ 268.84
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1146.39
E. Full name	Date	Amount of each
e: E1 .		disbursement this period
Signs First	(Mo., Day, Year)	dispuisement this period
_		
Mailing Address	7 / 27 / 17	\$ 433.35
Mailing Address 4400 Hardy St		\$ 433.35
Mailing Address 4400 Hardy St City, State, Zip Code		
Signs First  Mailing Address  4400 Hardy St  City, State, Zip Code  Hattiesburg MS 39402  Purpose of Disbursement (Optional)		\$ 433.35
Mailing Address  4400 Hardy St  City, State, Zip Code  Hattiesburg MS 39402  Purpose of Disbursement (Optional)	7 / 27 / 17/ Aggregate Year-to-date	\$ 433.35 \$ \$ 1579.74
Mailing Address 4400 Hardy St City, State, Zip Code Hattiesburg MS 39402 Purpose of Disbursement (Optional) F. Full name	7 / 27 / 17 // Aggregate	\$ 433.35 \$
Mailing Address  4400 Hardy St  City, State, Zip Code  Hattiesburg MS 39402  Purpose of Disbursement (Optional)  F. Full name  Hub City Spokes	7 / 27 / 17  / /  Aggregate Year-to-date  Date (Mo., Day, Year)	\$ 433.35 \$ 1579.74  Amount of each disbursement this period
Mailing Address  4400 Hardy St  City, State, Zip Code  Hattiesburg MS 39402  Purpose of Disbursement (Optional)  F. Full name  Hub City Spokes  Mailing Address	7 / 27 / 17/ Aggregate Year-to-date Date	\$ 433.35 \$ \$ 1579.74 Amount of each
Mailing Address 4400 Hardy St City, State, Zlp Code Hattiesburg MS 39402 Purpose of Disbursement (Optional) F. Full name Hub City Spokes Mailing Address 103 N. 40th Ave	7 / 27 / 17  / /  Aggregate Year-to-date  Date (Mo., Day, Year)	\$ 433.35 \$ \$ 1579.74  Amount of each disbursement this period \$ 738.00
Mailing Address 4400 Hardy St City, State, Zlp Code Hattiesburg MS 39402 Purpose of Disbursement (Optional) F. Full name Hub City Spokes Mailing Address	7 / 27 / 17  / /  Aggregate Year-to-date  Date (Mo., Day, Year)	\$ 433.35 \$ 1579.74  Amount of each disbursement this period

through September 2, 2017

A. Full name	Date	Amount of each
Anna Bush	(Mo., Day, Year)	disbursement this period
Mailing Address	7 / 21 / 17	<b>\$</b> 100.00
3011 Navajo Cir.	<u> </u>	
City, State, Zip Code	7 / 29 / 17	<b>\$</b> 125,00
Hattiesburg MS 39402		1 ,23,55
Purpose of Disbursement (Optional)	Aggregate	<b>\$</b> 225.00
Media	Year-to-date	•
B. Full name	Date	Amount of each
Anna Bush	(Mo., Day, Year)	disbursement this period
Mailing Address	8 / 22 / 17	\$ 200.00
3011 Navajo Cir.	The state of the s	# 200.00
City, State, Zip Code	, ,	er .
Hattiesburg, MS 39402	''-	\$
Purpose of Disbursement (Optional)	Aggregate	<b>\$</b> 425.00
Media	Year-to-date	⊕ 423.00
C. Full name	Date	Amount of each
Facebook	(Mo., Day, Year)	disbursement this period
Mailing Address	9 , 21 , 17	\$ 379,30
1 Hacker Way	8 / 31 / 17	\$ 379.30
City, State, Zip Code		6
Menlo Park, CA 94025	'	\$
Purpose of Disbursement (Optional)	Aggregate	£
	Year-to-date	\$ 379.30
D. Full name	Date	Amount of each
Levitt AMP Series	(Mo., Day, Year)	disbursement this period
Mailing Address	7 / 30 / 17	£ 100.00
	7 / 30 / 17	\$ 180,00
City, State, Zip Code	8 , 31 , 17	Ф 120.00
Hattiesburg MS 39401	8 / 31 / 17	<b>\$</b> 120.00
Purpose of Disbursement (Optional)	Aggregate	\$ 300.00
	Year-to-date	\$ 500.00
E. Full name	Date	Amount of each
Copy Cats Printing	(Mo., Day, Year)	disbursement this period
Mailing Address	7 , 31 , 17	ф
95 HArdy Street #102	7 / 31 / 17	\$ 695,50
Clty, State, Zip Code	, ,	\$
Hattlesburg MS 39401		L.D.
Purpose of Disbursement (Optional)	Aggregate	\$ 1201.61
	Year-to-date	\$ 1201.61
F. Full name	Date	Amount of each
Mississippi Power	(Mo., Day, Year)	disbursement this period
Malling Address	0 .31 .47	\$ 19470
420 W. Pine Street	8 / 31 / 17	\$ 184.29
City, State, Zip Code		dr.
Hattiesburg MS 39401		\$
Purpose of Disbursement (Optional)	Aggregate	<b></b>
, , ,	Year-to-date	\$ 521,74

Name of Candidate or Committee	Committee to Elect Cory Ferraez
faille of callalacte of committee	

Reporting period January 1, 2017 through September 2, 2017

A. Full name	Date	Amount of each
Play it Again Sports	(Mo., Day, Year)	disbursement this period
Mailing Address	9 , 21 , 17	<b>\$</b> 449,40
4400 Hardy ST A 12	8 / 21 / 17	<b>ф 443.40</b>
City, State, Zip Code		\$
Hattiesburg MS 39402		, φ
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 449.40
B. Full name	Date	Amount of each
Stacy Ahua	(Mo., Day, Year)	disbursement this period
Mailing Address	7 / 21 / 17	ф /22 pc
710 Corrine Street #9	7 / 31 / 17	\$ 633.85
City, State, Zip Code		r.
Hattiesburg MS 39401	//	\$
Purpose of Disbursement (Optional)	Aggregate	€ rc22.05
Reimbursement of Campaign expenses	Year-to-date	\$ 5633.85
C. Full name	Date	Amount of each
	(Mo., Day, Year)	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	//	\$
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	8