

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report

SECRETARY OF STATE



Name of Committee Mississippians for Compassionate Care

Address PO Box 2592

City/State/Zip Ridgeland MS 39158

Telephone 601-460-9431

Fax _____

Email Address ken@medicalmarijuana2020.com

Director Jamie Grantham

Treasurer Ken Newburger

☐ Check here if above is different from previous report

TYPE OF REPORT

March 20

(Month)

20 Monthly Report (due on or before the 10th day of following month) Mandatory

____ Termination Report (Committee will no longer accept contributions or make campaign expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to
terminate reporting
obligations

IMPORTANT

- (1) A political initiative committee which receives contributions and/or makes expenditures in excess of Two Hundred Dollars (\$200.00) in the aggregate shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own expends in excess of Two Hundred Dollars (\$200.00) in the aggregate for the purpose of influencing the passage or defeat of a measure must file campaign finance reports with the Secretary of State.
- (3) Initiative-related campaign finance reports must be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the \$200.00 aggregate contribution or expenditure limits. Campaign finance reports must continue to be filed until all contributions and expenditures cease. In all cases, a campaign finance report must be filed thirty (30) days following the election on the initiative measure.
- (4) The Secretary of State 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 report by 5:00 p.m. on the first working day *before* the deadline. Reports may be hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2545; or emailed to CampaignFinance@sos.ms.gov.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 130940.70	\$ 0.00	\$ 130940.70	\$ 269340.90
TOTAL AMT OF DISBURSEMENTS	\$ 185936.63	\$ 350.00	\$ 186286.63	\$ 320226.89
CASH ON HAND BALANCE				\$ 28395.31

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

April 9, 2020

Date

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

Penalties: Failure to timely submit required reports in accordance with applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for a maximum of ten (10) calendar days and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813.

Name of Candidate or Committee Mississippians for Compassionate Care Page 1 of 4
 Reporting period March 1, 2020 through March 31, 2020

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carol Puckett</u>		<u>3 / 23 / 2020</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>3 Cypress Ln</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39211</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000⁰⁰</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Matthew Wesson</u>		<u>3 / 9 / 2020</u>	\$ <u>1000⁰⁰</u>
Mailing Address <u>2445 Greenwich Park Cir</u>		<u> / / </u>	\$
City, State, Zip Code <u>Tupelo MS 38804</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000⁰⁰</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>James Norton</u>		<u>3 / 16 / 2020</u>	\$ <u>10,000⁰⁰</u>
Mailing Address <u>3400 Stately Oaks Ln</u>		<u> / / </u>	\$
City, State, Zip Code <u>Duluth GA 30097</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>10,000⁰⁰</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Thomas Hixon</u>		<u>3 / 27 / 2020</u>	\$ <u>20,000⁰⁰</u>
Mailing Address <u>149 Woodmont Way</u>		<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland MS 39157</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>20,000⁰⁰</u>

Name of Candidate or Committee Mississippians for Compassionate Care
 Reporting period March 1, 2020 through March 31, 2020

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Highland Specialty Pharmacy</u>		<u>3/20/2020</u>	\$ <u>20,000⁰⁰</u>
Mailing Address <u>23 Township Square</u>		<u> / / </u>	\$
City, State, Zip Code <u>Hattiesburg MS 39402</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>20,000⁰⁰</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert Morrison III</u>		<u>3/20/2020</u>	\$ <u>1,000⁰⁰</u>
Mailing Address <u>1200 Grove St</u>		<u> / / </u>	\$
City, State, Zip Code <u>Vicksburg MS 39183</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000⁰⁰</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>New Approach PAC</u>		<u>3/31/2020</u>	\$ <u>25,000⁰⁰</u>
Mailing Address <u>PO Box 33601</u>		<u> / / </u>	\$
City, State, Zip Code <u>Washington DC 20033</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>25,000⁰⁰</u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Marijuana Leadership Campaign</u>		<u>3/17/2020</u>	\$ <u>25,000⁰⁰</u>
Mailing Address <u>1000 Park Rd NW</u>		<u> / / </u>	\$
City, State, Zip Code <u>Washington DC 20010</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>46,000⁰⁰</u>

Name of Candidate or Committee Mississippians for Compassionate CareReporting period March 1, 2020 through March 31, 2020

ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input checked="" type="radio"/> Other (please specify) <u>Family Trust</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reed Family Trust</u>		<u>3 / 2 / 2020</u>	\$ <u>2500⁰⁰</u>
Mailing Address <u>PO Box 894</u>		<u> / / </u>	\$
City, State, Zip Code <u>Greenville MS 38701</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wirt Yarger III</u>		<u>3 / 2 / 2020</u>	\$ <u>2500⁰⁰</u>
Mailing Address <u>300 Concourse Blvd, Suite 101</u>		<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland MS 39157</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>2500⁰⁰</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>J Con Maloney</u>		<u>3 / 2 / 2020</u>	\$ <u>500⁰⁰</u>
Mailing Address <u>1313 Harding St</u>		<u> / / </u>	\$
City, State, Zip Code <u>Jackson MS 39202</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500⁰⁰</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Nathan McIntosh</u>		<u>3 / 2 / 2020</u>	\$ <u>10,000⁰⁰</u>
Mailing Address <u>304 Covington Cv</u>		<u> / / </u>	\$
City, State, Zip Code <u>Madison MS 39110</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>10,000⁰⁰</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>OKT International</u>		<u>3 / 17 / 2020</u>	\$ <u>12,500.00</u>
Mailing Address <u>1156 15th St, Suite 700</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Washington DC 20005</u>		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>12,500.00</u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> 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: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> 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: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan <input type="radio"/> 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	\$

Name of Candidate or Committee Mississippians for Compassionate CareReporting period March 1, 2020 through March 31, 2020

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
<u>Jamie Grantham</u>		<u>3 / 27 / 2020</u>	\$ <u>6000.00</u>
Mailing Address			
<u>PO Box 2892</u>			
City, State, Zip Code			
<u>Ridgeland MS 39158</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>18,000.00</u>
<u>Consulting</u>			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bastillian Strategies</u>		<u>3 / 6 / 2020</u>	\$ <u>17,000.00</u>
Mailing Address			
<u>810 Annandale Rd</u>			
City, State, Zip Code			
<u>Madison MS 39202</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>24,000.00</u>
<u>Consulting</u>			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>McLaughlin PC</u>			
Mailing Address			
<u>1704 N State St</u>			
City, State, Zip Code			
<u>Jackson MS 39215</u>		<u>3 / 4 / 2020</u>	\$ <u>15,142.04</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>25,042.04</u>
<u>Research</u>			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Marilyn Tinnin</u>		<u>3 / 4 / 2020</u>	\$ <u>1000.00</u>
Mailing Address			
<u>208 Winsmere Way</u>			
City, State, Zip Code			
<u>Ridgeland MS 39157</u>			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>3000.00</u>
<u>Consulting</u>			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Maggie Gunter</u>		<u>3 / 10 / 2020</u>	\$ <u>717.00</u>
Mailing Address			
<u>208 Twelve Oaks Trace</u>			
City, State, Zip Code			
<u>Canton MS 39046</u>		<u>3 / 27 / 2020</u>	\$ <u>2000.00</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>7,548.00</u>
<u>Consulting</u>			
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Kate Elliot</u>		<u>3 / 10 / 2020</u>	\$ <u>717.00</u>
Mailing Address			
<u>PO Box 2592</u>			
City, State, Zip Code			
<u>Ridgeland MS 39158</u>		<u>3 / 27 / 2020</u>	\$ <u>1416.65</u>
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ <u>6628.65</u>
<u>Consulting</u>			

Name of Candidate or Committee Mississippians for Compassionate CareReporting period March 1, 2020 through March 31, 2020

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
<u>Moore Media Group</u>	<u>3 / 26 / 2020</u>	\$ <u>7,210⁰⁰</u>
Mailing Address <u>PO Box 586</u>		
City, State, Zip Code <u>Clinton MS 39060</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>28,345⁵⁴</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Maria Vetter</u>	<u>3 / 10 / 2020</u>	\$ <u>3587.⁵²</u>
Mailing Address <u>PO Box 2592</u>		
City, State, Zip Code <u>Bidgeland MS 39158</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>11,895⁰⁰</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bancorp South</u>	<u>3 / 9 / 2020</u>	\$ <u>5,055⁵⁶</u>
Mailing Address <u>1 Mississippi Plaza</u>		
City, State, Zip Code <u>Tupelo MS 38804</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Loan Payment</u>	Aggregate Year-to-date	\$ <u>8,122.²³</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Gina Metzger</u>	<u>3 / 2 / 2020</u>	\$ <u>385⁰⁰</u>
Mailing Address <u>918 Abundance Crossing</u>		
City, State, Zip Code <u>Flowood MS 39232</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Consulting Bookkeeping</u>	Aggregate Year-to-date	\$ <u>1245⁰⁰</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Giancarlo Fernandez</u>	<u>3 / 16 / 2020</u>	\$ <u>300⁰⁰</u>
Mailing Address <u>3715 Northview Dr</u>		
City, State, Zip Code <u>Jackson MS 39206</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>consulting</u>	Aggregate Year-to-date	\$ <u>300⁰⁰</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Ken Newburger</u>	<u>3 / 6 / 2020</u>	\$ <u>300¹⁴</u>
Mailing Address <u>810 Annadale Rd</u>		
City, State, Zip Code <u>Madison MS 39202</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>reimbursement</u>	Aggregate Year-to-date	\$ <u>5251⁰⁰</u>

Name of Candidate or Committee Mississippians for Compassionate CareReporting period March 1, 2020 through March 31, 2020

ITEMIZED DISBURSEMENTS

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

A. Full name <u>Hederman Brothers</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO Box 1036</u>		<u>3 / 27 / 2020</u>	\$ <u>385²⁰</u>
City, State, Zip Code <u>Madison MS 39130</u>		<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Printing Services</u>		Aggregate Year-to-date	\$ <u>385²⁰</u>
B. Full name <u>A22 Printing</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>2125 Tv Rd</u>		<u>3 / 9 / 2020</u>	\$ <u>3369⁶⁰</u>
City, State, Zip Code <u>Jackson MS 39204 39204</u>		<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Printing Services</u>		Aggregate Year-to-date	\$ <u>3369⁶⁰</u>
C. Full name <u>State Mint LLC</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>134 Cedar Woods Cove</u>		<u>3 / 31 / 2020</u>	\$ <u>27,500⁰⁰</u>
City, State, Zip Code <u>Madison MS 39110</u>		<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Fundraising</u>		Aggregate Year-to-date	\$ <u>27,500⁰⁰</u>
D. Full name <u>Watkins & Eager PLLC</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. Box 3858</u>		<u>3 / 30 / 2020</u>	\$ <u>19,050⁰⁰</u>
City, State, Zip Code <u>Jackson MS 39207</u>		<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Legal Consulting</u>		Aggregate Year-to-date	\$ <u>19,050⁰⁰</u>
E. Full name <u>Hamburger Gibson Creative</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5614 Connecticut Avenue NW</u>		<u>3 / 9 / 2020</u>	\$ <u>15,666⁴⁴</u>
City, State, Zip Code <u>Washington DC 20015</u>		<u>3 / 6 / 2020</u>	\$ <u>4,715⁰⁰</u>
Purpose of Disbursement (Optional) <u>consulting consulting</u>		Aggregate Year-to-date	\$ <u>6,281⁴⁴</u>
F. Full name <u>Screen Strategies Media</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>11150 Fairfax Blvd, Suite 505</u>		<u>3 / 5 / 2020</u>	\$ <u>12,270⁰⁰</u>
City, State, Zip Code <u>Fairfax VA 22030</u>		<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>ad purchase</u>		Aggregate Year-to-date	\$ <u>12,270⁰⁰</u>

Name of Candidate or Committee _____

Reporting period _____ through _____

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
Simmons Consulting		3 / 9 / 2020	\$ 10,000 ⁰⁰
Mailing Address			
PO Box 4385			
City, State, Zip Code			
Brandon MS 39047			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 10,000 ⁰⁰
Lobbying			
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
WB Consolidated Consultants		3 / 4 / 2020	\$ 9000 ⁰⁰
Mailing Address			
PO Box 1038			
City, State, Zip Code			
Jackson MS 39215			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 17,000 ⁰⁰
Consulting			
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Exact Data		3 / 18 / 2020	\$ 7610 ⁰⁰
Mailing Address			
245 N Ocean Dr, Suite 306			
City, State, Zip Code			
Deerfield Beach FL 33441			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 7610 ⁰⁰
Consulting			
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Weaver Enterprises LLC		3 / 10 / 2020	\$ 2500 ⁰⁰
Mailing Address			
207 N Church St			
City, State, Zip Code			
Tupelo MS 38804			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 5000 ⁰⁰
Consulting			
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Pacific Fundraising Strategies		3 / 11 / 2020	\$ 2500 ⁰⁰
Mailing Address			
429 Heliotrope Ave			
City, State, Zip Code			
Corona del Mar CA 92625			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 2500 ⁰⁰
Fundraising			
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Manual Dial Company		3 / 13 / 2020	\$ 1,218 ⁰⁰
Mailing Address			
1527 S Cooper St			
City, State, Zip Code			
Arlington TX 76010			
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 1,782 ⁰⁰
Consulting			
			\$ 3000 ⁰⁰

Name of Candidate or Committee Mississippians for Compassionate Care
 Reporting period March 1, 2020 through March 31, 2020

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
<u>Jackson Jambalaya</u>	<u>3 / 5 / 2020</u>	\$ <u>1200⁰⁰</u>
Mailing Address <u>5106 Old Canton Rd</u>		\$
City, State, Zip Code <u>Jackson MS 39211</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>ad purchase</u>	Aggregate Year-to-date	\$ <u>1200⁰⁰</u>
B. Full name <u>Will Humble</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>4505 E Vermont Ave S</u>	<u>3 / 20 / 2020</u>	\$ <u>1079¹⁹</u>
City, State, Zip Code <u>Phoenix AZ 85018</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>travel reimbursement</u>	Aggregate Year-to-date	\$ <u>1079¹⁹</u>
C. Full name <u>Eagle Consulting Group</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>PO Box 301</u>	<u>3 / 5 / 2020</u>	\$ <u>1000⁰⁰</u>
City, State, Zip Code <u>Tishomingo MS 38873</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Consulting</u>	Aggregate Year-to-date	\$ <u>2000⁰⁰</u>
D. Full name <u>GCHQ</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>140 E Front St</u>	<u>3 / 6 / 2020</u>	\$ <u>2000⁰⁰</u>
City, State, Zip Code <u>Hattiesburg MS 39401</u>	<u>3 / 20 / 2020</u>	\$ <u>2200⁰⁰</u>
Purpose of Disbursement (Optional) <u>Consulting Services</u>	Aggregate Year-to-date	\$ <u>4200⁰⁰</u>
E. Full name <u>Stripe, Inc</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>510 Townsend St</u>	<u>3 / 25 / 2020</u>	\$ <u>59³⁹</u>
City, State, Zip Code <u>San Francisco CA 94103</u>	<u> / / </u>	\$
Purpose of Disbursement (Optional) <u>Credit card processing</u>	Aggregate Year-to-date	\$ <u>541⁸⁰</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$