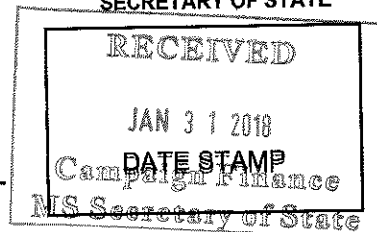


Candidate
REPORT OF RECEIPTS AND
DISBURSEMENTS



Name of Candidate J. Tate Reeves
Address PO Box 24355, Jackson, MS 39225 County HINDS
Telephone (Work) _____ Telephone (Home) _____ Fax _____
Contact Name Terry Reeves Email _____
Office Sought Lieutenant Governor

☐ Check here if above is different from previous report

TYPE OF REPORT

* January 31, 2018 Annual Report (January 1, 2017, through December 31, 2017)..... **Mandatory**
Termination Report (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation and zero dollar cash on hand balance) **Required to terminate reporting obligations**

IMPORTANT

(1) Annual Reports are mandatory, unless a candidate has filed a Termination Report prior to January 31, 2017. If no contributions or expenditures have occurred, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the year, and the total cash on hand balance.

(2) Until a candidate files a Termination Report, annual, periodic and pre-election reports must be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). A Termination Report, may be filed at the same time as another type of report by checking both reports.

REPORTED CONTRIBUTIONS AND DISBURSEMENT

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$1,203,968.76 + \$8,369.27	\$1,212,338.03	\$1,212,338.03
Total amount of disbursements	\$172,333.00 + \$975.35	\$173,308.35	\$173,308.35
Total amount of cash on hand		\$5,367,011.77	

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

1/31/2018

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).

Send to: Candidates for Statewide, State-District and/or Legislative Office file this form with the Secretary of State: hand delivered to 401

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 01/01/2017through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robert Wells</u>	<u>10/24/2017</u>	<u>\$25,000.00</u>
Mailing Address <u>226 Westfield Road</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-9492</u>		
Name of Employer (Required) <u>Young Wells</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$25,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Clarke Reed</u>	<u>04/18/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>139 Bayou Road</u>		
City, State, Zip Code <u>Greenville, MS 38701-7702</u>		
Name of Employer (Required) <u>Reed & Joseph</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tommy E Dulaney</u>	<u>09/12/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>5601 10th Ave</u>		
City, State, Zip Code <u>Meridian, MS 39305-1925</u>		
Name of Employer (Required) <u>Structural Steel Services, Inc.</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Airbus Helicopters, Inc.</u>	<u>12/29/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>2701 Forum Drive</u>		
City, State, Zip Code <u>Grand Prairie, TX 75052-8927</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 01/01/2017through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>ENPAC Mississippi</u>	<u>08/30/2017</u>	<u>\$1,500.00</u>
Mailing Address <u>PO Box 1640</u>		
City, State, Zip Code <u>Jackson, MS 39215-1640</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,500.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Association of Nurse Anesthetists PAC</u>	<u>11/02/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>1022 Highland Colony Pkwy Ste 101</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2048</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Phil Abernethy</u>	<u>10/03/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>137 Eastpointe Circle</u>		
City, State, Zip Code <u>Madison, MS 39110-7850</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Pickering, Inc. PAC</u>	<u>09/18/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>6775 Lenox Center Ct Ste 300</u>		
City, State, Zip Code <u>Memphis, TN 38115-4435</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 01/01/2017

through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael D Caples	10/04/2017	\$1,000.00
Mailing Address 303 Vinca Cove		
City, State, Zip Code Madison, MS 39110-6529		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MISS Life Under PAC	10/03/2017	\$1,000.00
Mailing Address 5475 Executive Place		
City, State, Zip Code Jackson, MS 39206-4104		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marko Enterprise LLC	11/07/2017	\$5,000.00
Mailing Address 15401 Milloit Lane S.		
City, State, Zip Code Covington, LA 70433-6871		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lester W. Myers	04/06/2017	\$1,000.00
Mailing Address PO Box 878		
City, State, Zip Code Indianola, MS 38751-0878		
Name of Employer (Required) Delta Western Inc		
Occupation (Required) President & CEO	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 01/01/2017

through

12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James H Creekmore	10/16/2017	\$2,500.00
Mailing Address 7 Cypress Lane		
City, State, Zip Code Jackson, MS 39211-5935		
Name of Employer (Required) Telepak Networks		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W H Benson	09/22/2017	\$1,000.00
Mailing Address 475 County Road 520		
City, State, Zip Code Shannon, MS 38868-8753		
Name of Employer (Required) Lee County, MS		
Occupation (Required) Chancery Clerk	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth Lambert Clark	10/09/2017	\$1,000.00
Mailing Address 114 Lake Village Dr		
City, State, Zip Code Madison, MS 39110-6520		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Waste Management	09/27/2017	\$1,000.00
Mailing Address PO Box 3027		
City, State, Zip Code Houston, TX 77253-3027		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 01/01/2017

through

12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pete Johnson	11/16/2017	\$5,000.00
Mailing Address 405 Court Street		
City, State, Zip Code Clarksdale, MS 38614-2715		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$6,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bluetick, Inc.	10/16/2017	\$1,000.00
Mailing Address 1501 Highwoods Blvd Ste 104		
City, State, Zip Code Greensboro, NC 27410-2051		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ride Right LLC	12/07/2017	\$1,000.00
Mailing Address 16 Hawk Ridge Drive		
City, State, Zip Code Lake Saint Louis, MO 63367-1861		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles R Veazey III	04/04/2017	\$1,000.00
Mailing Address 25 Sunset Drive		
City, State, Zip Code Indianola, MS 38751-2562		
Name of Employer (Required) Gresham Petroleum		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Philips Pest Control Co LLC</u>	12/07/2017	\$500.00
Mailing Address <u>18516 Joe Moran Road</u>		
City, State, Zip Code <u>Kiln, MS 39556-8219</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$500.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Concerned Executives for Healthcare PAC</u>	06/28/2017	\$350.00
Mailing Address <u>5100 Poplar Ave Fl 30</u>		
City, State, Zip Code <u>Memphis, TN 38137-1400</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$350.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Troy Johnston</u>	10/10/2017	\$1,000.00
Mailing Address <u>167 Green Glades</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8661</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Charles L. Boatner Jr.</u>	10/11/2017	\$1,000.00
Mailing Address <u>PO Box 307</u>		
City, State, Zip Code <u>Sherman, MS 38869-0307</u>		
Name of Employer (Required) <u>Vision Engineering</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Executive</u>		

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 01/01/2017through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Xan Robertson</u>	<u>04/04/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>3305 Old Highway 61 S</u>		
City, State, Zip Code <u>Leland, MS 38756-9797</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Farmer</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kenneth Windham</u>	<u>10/04/2017</u>	<u>\$500.00</u>
Mailing Address <u>94 Grandview Circle</u>		
City, State, Zip Code <u>Brandon, MS 39047-7398</u>		
Name of Employer (Required) <u>iHeart Media</u>		
Occupation (Required) <u>Market President</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>W. Tom Robertson Jr.</u>	<u>04/03/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>65 Holly Ridge Road</u>		
City, State, Zip Code <u>Indianola, MS 38751-9691</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Stephen C. Edds</u>	<u>10/02/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>120 Herons Landing</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8687</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$2,500.00</u>

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 01/01/2017

through

12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Haley Barbour	10/16/2017	\$5,000.00
Mailing Address 648 Dogwood Drive		
City, State, Zip Code Yazoo City, MS 39194-8205		
Name of Employer (Required) BGR Group		
Occupation (Required) Lobbyist	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tom J. Gary Jr.	04/05/2017	\$500.00
Mailing Address 1005 River Birch Cove		
City, State, Zip Code Greenwood, MS 38930-2518		
Name of Employer (Required) Gary Beall Enterprises LLC		
Occupation (Required) CFO	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John W McPherson Jr.	04/07/2017	\$1,000.00
Mailing Address PO Box 690		
City, State, Zip Code Indianola, MS 38751-0690		
Name of Employer (Required) Double Quick Inc		
Occupation (Required) VP	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Polk Inc.	11/07/2017	\$1,000.00
Mailing Address P.O. Box 1190		
City, State, Zip Code Magee, MS 39111-1190		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Arthur L. Cook</u>	10/05/2017	\$500.00
Mailing Address <u>107 W Jefferson St.</u>		
City, State, Zip Code <u>Kosciusko, MS 39090-3618</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Architect</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Johnny Morgan</u>	11/16/2017	\$5,000.00
Mailing Address <u>PO Box 309</u>		
City, State, Zip Code <u>Oxford, MS 38655-0309</u>		
Name of Employer (Required) <u>Morgan White Group</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$14,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Advance America</u>	07/18/2017	\$1,000.00
Mailing Address <u>135 N. Church Street</u>		
City, State, Zip Code <u>Spartanburg, SC 29306-5138</u>		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jetson G Hollingsworth</u>	10/01/2017	\$1,000.00
Mailing Address <u>2253 Wild Valley Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6165</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James W. Rayner	11/16/2017	\$5,000.00
Mailing Address 6 Oak Place		
City, State, Zip Code Oxford, MS 38655-2704		
Name of Employer (Required) Self		
Occupation (Required) Optthmologist	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Scott Moak	10/16/2017	\$250.00
Mailing Address 114 Oakridge Trail		
City, State, Zip Code Flowood, MS 39232-8687		
Name of Employer (Required) Ross & Yerger Insurance, Inc		
Occupation (Required) Shareholder	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) Partnership	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name G S Partnership	09/22/2017	\$5,000.00
Mailing Address 12 Ashton Garden		
City, State, Zip Code Jackson, MS 39211		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Huey Townsend	04/10/2017	\$500.00
Mailing Address 710 Francis Drive		
City, State, Zip Code Belzoni, MS 39038-3422		
Name of Employer (Required) Guaranty Bank And Trust		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Troy F Odom</u>	10/16/2017	\$500.00
Mailing Address <u>216 Greenfield Place</u>		
City, State, Zip Code <u>Brandon, MS 39047-9008</u>		
Name of Employer (Required) <u>Blair & Bondurant PA</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>First Heritage Credit LLC</u>	10/16/2017	\$1,000.00
Mailing Address <u>605 Crescent Boulevard Suite 101</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8659</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ronnie Slay</u>	09/22/2017	\$10,000.00
Mailing Address <u>7461 Poplar Springs Dr.</u>		
City, State, Zip Code <u>Meridian, MS 39305-9245</u>		
Name of Employer (Required) <u>Slay Steel</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Clark PAC</u>	09/25/2017	\$2,500.00
Mailing Address <u>300 Oakland Flatrock Rd</u>		
City, State, Zip Code <u>Oakland, KY 42159-9766</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nancy A. Collins</u>	<u>10/04/2017</u>	<u>\$500.00</u>
Mailing Address <u>1604 Briar Ridge Road</u>		
City, State, Zip Code <u>Tupelo, MS 38804-5108</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Monsanto Company</u>	<u>08/07/2017</u>	<u>\$500.00</u>
Mailing Address <u>800 N Lindbergh Boulevard</u>		
City, State, Zip Code <u>Saint Louis, MO 63167-1000</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Huntington Ingalls Industries</u>	<u>09/19/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 149</u>		
City, State, Zip Code <u>Pascagoula, MS 39568-0149</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Benjamin P Thompson</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 16097</u>		
City, State, Zip Code <u>Jackson, MS 39236-6097</u>		
Name of Employer (Required) <u>BPT Strategies, LLC</u>		
Occupation (Required) <u>Government Relations</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 01/01/2017

through

12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Richard Brent Tice</u>	<u>11/06/2017</u>	<u>\$3,000.00</u>
Mailing Address <u>PO Box 458</u>		
City, State, Zip Code <u>Wiggins, MS 39577-0458</u>		
Name of Employer (Required) <u>Tice & Associates, P.A.</u>		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	<u>\$3,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Johnny R Jones</u>	<u>10/19/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>6119 Waverly Drive</u>		
City, State, Zip Code <u>Jackson, MS 39206-2202</u>		
Name of Employer (Required) <u>Sanjo Security Services</u>		
Occupation (Required) <u>CFO</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Howard Buford</u>	<u>09/15/2017</u>	<u>\$500.00</u>
Mailing Address <u>3329 Moncure Marble Road</u>		
City, State, Zip Code <u>Terry, MS 39170-9631</u>		
Name of Employer (Required) <u>Buford Plumbing Co.</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Point One Strategies LLC</u>	<u>10/16/2017</u>	<u>\$1,500.00</u>
Mailing Address <u>P.O. Box 3015</u>		
City, State, Zip Code <u>Jackson, MS 39207-3015</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,500.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John M. Hairston	09/26/2017	\$5,000.00
Mailing Address 9114 Victoria Circle		
City, State, Zip Code Gulfport, MS 39503-6140		
Name of Employer (Required) Hancock Bank		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Amanda Jones Tollison	10/04/2017	\$1,000.00
Mailing Address 114 Pinecrest Drive		
City, State, Zip Code Oxford, MS 38655-2617		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Carroll King	10/16/2017	\$1,000.00
Mailing Address 110 Bridgewater Crossing		
City, State, Zip Code Ridgeland, MS 39157-8603		
Name of Employer (Required) Triangle Development LLC		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joseph K Sims	12/06/2017	\$500.00
Mailing Address 188 E Capitol Street # 910		
City, State, Zip Code Jackson, MS 39201-2129		
Name of Employer (Required) Cornerstone Government Affairs, LLC		
Occupation (Required) Sr. Vice President	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John A. Maloney</u>	10/16/2017	\$500.00
Mailing Address <u>1313 Harding Street</u>		
City, State, Zip Code <u>Jackson, MS 39202-3409</u>		
Name of Employer (Required) <u>Cowboy Maloney</u>		
Occupation (Required) <u>Principal</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>David McMillin</u>	10/16/2017	\$500.00
Mailing Address <u>1025 Annandale Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-9450</u>		
Name of Employer (Required) <u>Xerox Corporation</u>		
Occupation (Required) <u>Pricing & Contracts Consultant</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>BankPlus PAC for Responsible Government</u>	08/03/2017	\$2,500.00
Mailing Address <u>1068 Highland Colony Pkwy</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8807</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Joseph C Canizaro</u>	11/30/2017	\$2,500.00
Mailing Address <u>909 Poydras Street Suite 1700</u>		
City, State, Zip Code <u>New Orleans, LA 70112-4010</u>		
Name of Employer (Required) <u>Columbus Communities LLC</u>		
Occupation (Required) <u>CEO, President, Chairman</u>	Aggregate Year-to-date	\$16,500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary J Herring	09/17/2017	\$1,000.00
Mailing Address 184 Dogwood Place		
City, State, Zip Code Flowood, MS 39232-9578		
Name of Employer (Required) First Presbyterian Day School		
Occupation (Required) Headmaster	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Caroline Sims	10/01/2017	\$1,000.00
Mailing Address 4125 Crane Blvd		
City, State, Zip Code Jackson, MS 39216-3406		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Government Relations	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Senior Care	10/12/2017	\$750.00
Mailing Address 6 Neshaminy Interples STE 401		
City, State, Zip Code Feasterville Trevose, PA 19053-6942		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name MS Association of Builders & Contractors PAC	11/01/2017	\$1,000.00
Mailing Address PO Box 16522		
City, State, Zip Code Jackson, MS 39236-6522		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rhonda L. Dunaway</u>	<u>09/18/2017</u>	<u>\$500.00</u>
Mailing Address <u>10673 Oakcrest Drive N.</u>		
City, State, Zip Code <u>Biloxi, MS 39532-8305</u>		
Name of Employer (Required) <u>Coastal Family Health Center</u>		
Occupation (Required) <u>Pharmacist</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>HDI Solutions, LLC</u>	<u>12/15/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>391 Industry Drive</u>		
City, State, Zip Code <u>Auburn, AL 36832-4274</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John Dane III</u>	<u>11/10/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>11638 Bluff Lane</u>		
City, State, Zip Code <u>Gulfport, MS 39503-6151</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>N/A</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>H & E Builders, Inc.</u>	<u>09/29/2017</u>	<u>\$500.00</u>
Mailing Address <u>11645 Stanton Circle</u>		
City, State, Zip Code <u>Gulfport, MS 39503-6164</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>David McRae</u>	<u>10/16/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>152 Green Glades</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8662</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Loren L Monroe</u>	<u>09/25/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1513 Highwood Drive</u>		
City, State, Zip Code <u>Mc Lean, VA 22101-5800</u>		
Name of Employer (Required) <u>BGR Group</u>		
Occupation (Required) <u>Principal</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Magee Enterprises Inc.</u>	<u>10/11/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>105 Millcreek Corners</u>		
City, State, Zip Code <u>Brandon, MS 39047-9011</u>		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Andrew M. Gilich</u>	<u>12/07/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>2026 Tuilleries Cove</u>		
City, State, Zip Code <u>Biloxi, MS 39531-2423</u>		
Name of Employer (Required) <u>City of Biloxi</u>		
Occupation (Required) <u>Mayor</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Behavioral Health Services, LLC</u>	12/27/2017	\$1,000.00
Mailing Address <u>816 Benton Road</u>		
City, State, Zip Code <u>Bossier City, LA 71111-3744</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John M. Alexander</u>	04/18/2017	\$250.00
Mailing Address <u>517 Fayette Davis Ave</u>		
City, State, Zip Code <u>Cleveland, MS 38732-2206</u>		
Name of Employer (Required) <u>Alexander, Johnson, & Alexander</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$250.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Timothy Parkman</u>	11/06/2017	\$2,500.00
Mailing Address <u>PO Box 2220</u>		
City, State, Zip Code <u>Clinton, MS 39060-2220</u>		
Name of Employer (Required) <u>TPI Insurance</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends of Joel Carter</u>	10/16/2017	\$2,500.00
Mailing Address <u>PO Box 1842</u>		
City, State, Zip Code <u>Gulfport, MS 39502-1842</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Charlie Williams</u>	<u>11/15/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1303 Pelican Loup</u>		
City, State, Zip Code <u>Oxford, MS 38655-7345</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Government Relations</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William L. Smith</u>	<u>10/13/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1200 Meadowbrook Road Apt. 18</u>		
City, State, Zip Code <u>Jackson, MS 39206-6109</u>		
Name of Employer (Required) <u>Balch & Bingham</u>		
Occupation (Required) <u>Partner</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Medical Transportation Management</u>	<u>12/06/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>16 Hawk Ridge Dr</u>		
City, State, Zip Code <u>Lake St Louis, MO 63367-1861</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Acadia Healthcare Company, Inc. FEDPAC</u>	<u>10/12/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>6100 Tower Cir Ste 1000</u>		
City, State, Zip Code <u>Franklin, TN 37067-1509</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year) 10/16/2017	Amount of each receipt this period \$1,000.00
Full Name <u>Kinetic Staffing, LLC</u>		
Mailing Address <u>PO Box 55914</u>		
City, State, Zip Code <u>Jackson, MS 39296-5914</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year) 10/16/2017	Amount of each receipt this period \$1,000.00
Full Name <u>John Lundy</u>		
Mailing Address <u>458 Greenwood Lane</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-4000</u>		
Name of Employer (Required) <u>Capitol Resources</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Partner</u>		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year) 10/05/2017	Amount of each receipt this period \$1,000.00
Full Name <u>Enova</u>		
Mailing Address <u>175 W. Jackson Blvd STE 1000</u>		
City, State, Zip Code <u>Chicago, IL 60604-2863</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year) 11/16/2017	Amount of each receipt this period \$5,000.00
Full Name <u>Peyton Self III</u>		
Mailing Address <u>PO Box 367</u>		
City, State, Zip Code <u>Marks, MS 38646-0367</u>		
Name of Employer (Required) <u>Self & Company Gins</u>	Aggregate Year-to-date	\$5,000.00
Occupation (Required) <u>Executive</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Corbitt Company, LLC</u>	<u>09/26/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 14225</u>		
City, State, Zip Code <u>Jackson, MS 39236-4225</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Andy Anderson</u>	<u>04/03/2017</u>	<u>\$250.00</u>
Mailing Address <u>525 Parkway Ave</u>		
City, State, Zip Code <u>Rolling Fork, MS 39159-5101</u>		
Name of Employer (Required) <u>Bank of Anguilla</u>	Aggregate Year-to-date	<u>\$250.00</u>
Occupation (Required) <u>President and CEO</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>George Jones</u>	<u>12/03/2017</u>	<u>\$500.00</u>
Mailing Address <u>1603 Girvan Court</u>		
City, State, Zip Code <u>Ocean Springs, MS 39564-3446</u>		
Name of Employer (Required) <u>Huntington Ingalls Industries</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Vice President of Operations</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nicholas H. Manley</u>	<u>10/03/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>2470 Cumberland Drive</u>		
City, State, Zip Code <u>Southaven, MS 38672-7123</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Attorney</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Manufacturers Association PAC</u>	10/04/2017	\$5,000.00
Mailing Address <u>720 N President St</u>		
City, State, Zip Code <u>Jackson, MS 39202-3004</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kent Nicaud</u>	12/07/2017	\$1,000.00
Mailing Address <u>23441 Arcadia Farm Road</u>		
City, State, Zip Code <u>Pass Christian, MS 39571-6003</u>		
Name of Employer (Required) <u>Gulfport Memorial Hospital</u>		
Occupation (Required) <u>COO</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Beer Distributors Association Six-PAC</u>	10/16/2017	\$10,000.00
Mailing Address <u>PO Box 1132</u>		
City, State, Zip Code <u>Jackson, MS 39215-1132</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Columbus Hyundai, LLC</u>	10/25/2017	\$1,000.00
Mailing Address <u>150 Hwy 12 E</u>		
City, State, Zip Code <u>Columbus, MS 39702-7828</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>C. D. Simmons III</u>	<u>04/04/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 65</u>		
City, State, Zip Code <u>Arcola, MS 38722-0065</u>		
Name of Employer (Required) <u>Farmer</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Self</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Anna H. Watson</u>	<u>10/02/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>177 Harper St.</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8675</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Cerner Corporation PAC</u>	<u>10/18/2017</u>	<u>\$3,000.00</u>
Mailing Address <u>2800 Rockcreek Pkwy</u>		
City, State, Zip Code <u>Kansas City, MO 64117-2521</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	<u>\$3,000.00</u>
Occupation (Required) _____		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Lake Garner</u>	<u>11/07/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>98 Waterford Drive</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-2927</u>		
Name of Employer (Required) <u>Self</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Dentist</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Medical PAC -State</u>	10/11/2017	\$5,000.00
Mailing Address <u>PO Box 2548</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-2548</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Chip Crane II</u>	10/11/2017	\$5,000.00
Mailing Address <u>PO Box 428</u>		
City, State, Zip Code <u>Fulton, MS 38843-0428</u>		
Name of Employer (Required) <u>F.L. Crane & Sons, Inc.</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Thomas M. Duff</u>	09/22/2017	\$1,000.00
Mailing Address <u>73 Tidewater Rd</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-9780</u>		
Name of Employer (Required) <u>T L Wallace Construction</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Power Company State PAC</u>	12/13/2017	\$5,000.00
Mailing Address <u>PO Box 4079</u>		
City, State, Zip Code <u>Gulfport, MS 39502-4079</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Heidelberg Group, Inc.</u>	10/16/2017	\$1,000.00
Mailing Address <u>685 Woodland Drive</u>		
City, State, Zip Code <u>Yazoo City, MS 39194-9710</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wier Boerner Allin Architecture, PLLC</u>	09/19/2017	\$1,000.00
Mailing Address <u>2727 Old Canton Road STE 200</u>		
City, State, Zip Code <u>Jackson, MS 39216-4310</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael W. Sanders Jr.</u>	04/21/2017	\$500.00
Mailing Address <u>535 Hillcrest Circle</u>		
City, State, Zip Code <u>Cleveland, MS 38732-2009</u>		
Name of Employer (Required) <u>Sanders Inc</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John M. Hairston</u>	10/30/2017	\$5,000.00
Mailing Address <u>9114 Victoria Circle</u>		
City, State, Zip Code <u>Gulfport, MS 39503-6140</u>		
Name of Employer (Required) <u>Hancock Bank</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$10,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Walter M. Denny Jr.</u>	<u>10/13/2017</u>	<u>\$500.00</u>
Mailing Address <u>800 Woodlands Parkway Suite 118</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-5200</u>		
Name of Employer (Required) <u>Barksdale Management</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Billy F. Thornton</u>	<u>12/05/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 4079</u>		
City, State, Zip Code <u>Gulfport, MS 39502-4079</u>		
Name of Employer (Required) <u>Mississippi Power</u>		
Occupation (Required) <u>Vice President, Legislative & Regulatory Affairs</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Armstrong and Associates LLC</u>	<u>10/16/2017</u>	<u>\$500.00</u>
Mailing Address <u>113 Park Avenue</u>		
City, State, Zip Code <u>Madison, MS 39110-8430</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James W Rawlings</u>	<u>09/26/2017</u>	<u>\$250.00</u>
Mailing Address <u>521 Louisiana Avenue</u>		
City, State, Zip Code <u>McComb, MS 39648-4032</u>		
Name of Employer (Required) <u>City of McComb</u>		
Occupation (Required) <u>Mayor</u>	Aggregate Year-to-date	<u>\$250.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Inside Capitol LLC</u>	10/16/2017	\$1,000.00
Mailing Address <u>1888 Main St. STE C</u>		
City, State, Zip Code <u>Madison, MS 39110-6337</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Teladoc, Inc PAC</u>	10/12/2017	\$3,000.00
Mailing Address <u>28 Liberty Ship Way Ste 2815</u>		
City, State, Zip Code <u>Sausalito, CA 94965-3321</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$12,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Troy S. Griffin</u>	11/06/2017	\$3,000.00
Mailing Address <u>PO Box 188</u>		
City, State, Zip Code <u>Braxton, MS 39044-0188</u>		
Name of Employer (Required) <u>Self</u>	Aggregate Year-to-date	\$3,000.00
Occupation (Required) <u>CPA</u>		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Alliance Health Center</u>	10/06/2017	\$1,000.00
Mailing Address <u>50000 Highway 39 North</u>		
City, State, Zip Code <u>Meridian, MS 39301</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>H. Larry Fortenberry</u>	<u>09/19/2017</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 16566</u>		
City, State, Zip Code <u>Jackson, MS 39236-6566</u>		
Name of Employer (Required) <u>Executive Planning Group</u>		
Occupation (Required) <u>Insurance Broker</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James L. Barksdale</u>	<u>10/11/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>111 Green Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6457</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Investor</u>	Aggregate Year-to-date	<u>\$2,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bruce D. Walt</u>	<u>09/11/2017</u>	<u>\$250.00</u>
Mailing Address <u>108 Hickory Cove</u>		
City, State, Zip Code <u>Brandon, MS 39047-8311</u>		
Name of Employer (Required) <u>Horne</u>		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael William Chancellor</u>	<u>12/31/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1228 West 5th St</u>		
City, State, Zip Code <u>Laurel, MS 39440-3808</u>		
Name of Employer (Required) <u>Chancellor, Inc.</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Baker Donelson Mississippi PAC</u>	08/15/2017	\$5,000.00
Mailing Address <u>PO Box 14167</u>		
City, State, Zip Code <u>Jackson, MS 39236-4167</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$5,000.00
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Deviney Equipment</u>	10/12/2017	\$833.00
Mailing Address <u>PO Box 7179</u>		
City, State, Zip Code <u>Jackson, MS 39282-7179</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$833.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Barry Eskridge</u>	10/14/2017	\$1,000.00
Mailing Address <u>885 Scotland Road</u>		
City, State, Zip Code <u>Winona, MS 38967-9744</u>		
Name of Employer (Required) <u>MedStat EMS</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Owner</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John M Harral</u>	11/29/2017	\$1,000.00
Mailing Address <u>PO Box 4248</u>		
City, State, Zip Code <u>Gulfport, MS 39502-4248</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Attorney</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nicole Faulk</u>	<u>12/11/2017</u>	<u>\$500.00</u>
Mailing Address <u>645 2nd Street</u>		
City, State, Zip Code <u>Gulfport, MS 39501-2208</u>		
Name of Employer (Required) <u>MS Power Co</u>		
Occupation (Required) <u>Vice President</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Donna E. Roberts</u>	<u>11/14/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>503 N Lamar Boulevard</u>		
City, State, Zip Code <u>Oxford, MS 38655-3205</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Lucien L Bourgeois</u>	<u>10/02/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>102 Fenwick Circle</u>		
City, State, Zip Code <u>Madison, MS 39110-7782</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William P. Litton III</u>	<u>04/18/2017</u>	<u>\$500.00</u>
Mailing Address <u>619 Aubrey Circle South</u>		
City, State, Zip Code <u>Greenwood, MS 38930-2403</u>		
Name of Employer (Required) <u>Wade, Inc.</u>		
Occupation (Required) <u>CFO</u>	Aggregate Year-to-date	<u>\$500.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jonathan P. Dyal</u>	12/13/2017	\$1,000.00
Mailing Address <u>9360 Oak Island Road</u>		
City, State, Zip Code <u>Gulfport, MS 39503-7054</u>		
Name of Employer (Required) <u>Balch & Bingham LLP</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael Wren</u>	12/07/2017	\$2,500.00
Mailing Address <u>302 Lynwood Circle</u>		
City, State, Zip Code <u>Long Beach, MS 39560-4420</u>		
Name of Employer (Required) <u>Retired</u>		
Occupation (Required) <u>N/A</u>	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mcright Services, LLC</u>	12/18/2017	\$5,000.00
Mailing Address <u>PO Box 4812</u>		
City, State, Zip Code <u>Greenville, MS 38704-4812</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$7,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ann Cleland</u>	08/30/2017	\$500.00
Mailing Address <u>603 Davis Street Apt. 1511</u>		
City, State, Zip Code <u>Austin, TX 78701-4249</u>		
Name of Employer (Required) <u>Horne LLP</u>		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James Y Palmer</u>	<u>09/20/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>8 Abbey Nord Place</u>		
City, State, Zip Code <u>Jackson, MS 39216-3743</u>		
Name of Employer (Required) <u>Coker Palmer</u>		
Occupation (Required) <u>Advisor</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tourism Mississippi PAC</u>	<u>12/01/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>103 W Washington St Ste B6</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2427</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Regions</u>	<u>08/29/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1900 5th Avenue N Floor 6</u>		
City, State, Zip Code <u>Birmingham, AL 35203-2610</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>B. Bryan Jones III</u>	<u>04/03/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1062</u>		
City, State, Zip Code <u>Yazoo City, MS 39194-1062</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Farmer</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wesley Goings III</u>	10/16/2017	\$2,500.00
Mailing Address <u>101 Kirkwood Court</u>		
City, State, Zip Code <u>Jackson, MS 39211-6062</u>		
Name of Employer (Required) <u>CSpire</u>	Aggregate Year-to-date	\$2,500.00
Occupation (Required) <u>Executive</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robert Morrison III</u>	09/18/2017	\$1,000.00
Mailing Address <u>3330 Indiana Avenue</u>		
City, State, Zip Code <u>Vicksburg, MS 39180-4541</u>		
Name of Employer (Required) <u>Morrison Oil</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Executive</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rodney C Richardson</u>	09/16/2017	\$500.00
Mailing Address <u>3823 23rd Ave</u>		
City, State, Zip Code <u>Meridian, MS 39305-3842</u>		
Name of Employer (Required) <u>Self</u>	Aggregate Year-to-date	\$500.00
Occupation (Required) <u>Dentist</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Belk Investments LLC</u>	10/16/2017	\$1,000.00
Mailing Address <u>21481 Old River Road</u>		
City, State, Zip Code <u>Vanceleave, MS 39565-8922</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rebecca Jones Jaeger</u>	<u>11/07/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>15401 Milloit Lane S.</u>		
City, State, Zip Code <u>Covington, LA 70433-6871</u>		
Name of Employer (Required) <u>Marko Enterprise LLC</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	<u>\$2,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Denise Doyle</u>	<u>11/28/2017</u>	<u>\$250.00</u>
Mailing Address <u>6505 Shore Drive</u>		
City, State, Zip Code <u>Ocean Springs, MS 39564-2521</u>		
Name of Employer (Required) <u>Continuing Professional Education Associate</u>		
Occupation (Required) <u>Steve Passin & Associates</u>	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Billy S Oubre</u>	<u>09/24/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>PO Box 464</u>		
City, State, Zip Code <u>Marion, MS 39342-0464</u>		
Name of Employer (Required) <u>Oubre Partners LP</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Pigott Oil, Inc.</u>	<u>09/21/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 229</u>		
City, State, Zip Code <u>Tylertown, MS 39667-0229</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Hurst Group LLC</u>	10/09/2017	\$1,000.00
Mailing Address <u>1020 Highland Colony STE 1400</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2139</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Construction Services Inc.</u>	09/21/2017	\$5,000.00
Mailing Address <u>PO Box 5737</u>		
City, State, Zip Code <u>Meridian, MS 39302-5737</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>PhRMA</u>	09/25/2017	\$1,000.00
Mailing Address <u>950 F Street NW Suite 300</u>		
City, State, Zip Code <u>Washington, DC 20004-1440</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James K Williams</u>	08/29/2017	\$1,000.00
Mailing Address <u>2030 Eastover Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6717</u>		
Name of Employer (Required) <u>Greenover Managers LLC</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>R. Wilson Montjoy II</u>	<u>10/02/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>202 Agency Burn</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-9740</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William Lucien Smith II</u>	<u>12/01/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1716 Lyncrest Ave</u>		
City, State, Zip Code <u>Jackson, MS 39202-1225</u>		
Name of Employer (Required) <u>Balch & Bingham LLP</u>		
Occupation (Required) <u>Partner</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Edward L. Rispone</u>	<u>11/09/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>18250 S. Mission Hills Ave</u>		
City, State, Zip Code <u>Baton Rouge, LA 70810-7974</u>		
Name of Employer (Required) <u>ISC Constructors LLC</u>		
Occupation (Required) <u>Chairman</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Valley Services, Inc.</u>	<u>10/12/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>775 Woodlands Pkwy STE 100</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-5214</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Alben Norris Hopkins Jr.</u>	<u>12/12/2017</u>	<u>\$250.00</u>
Mailing Address <u>2701 24th Ave</u>		
City, State, Zip Code <u>Gulfport, MS 39501-4941</u>		
Name of Employer (Required) <u>Hopkins, Barvie, and Hopkins PLLC</u>	Aggregate Year-to-date	<u>\$250.00</u>
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MD Eye Political Action Committee</u>	<u>10/16/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>PO Box 217</u>		
City, State, Zip Code <u>Jackson, MS 39205-0217</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$2,500.00</u>
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Climate Master, Inc.</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 6276</u>		
City, State, Zip Code <u>Pearl, MS 39288-6276</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Home Builders Association of Mississippi (Build PAC)</u>	<u>10/16/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>290 Commerce Park Dr Ste B</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2241</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$2,500.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Walgreens</u>	<u>06/20/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>104 Wilmot Road # 1415</u>		
City, State, Zip Code <u>Deerfield, IL 60015-5121</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ricky J. Cox</u>	<u>12/13/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>21 Colonel Wink Drive</u>		
City, State, Zip Code <u>Gulfport, MS 39507-4252</u>		
Name of Employer (Required) <u>Balch & Bingham</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Managing Partner</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Carley-Enterprises LLC</u>	<u>09/21/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>104 Eli Pigott Road</u>		
City, State, Zip Code <u>Tylertown, MS 39667-7181</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Stephen L. Oseman</u>	<u>12/11/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>6750 Poplar Avenue STE 410</u>		
City, State, Zip Code <u>Memphis, TN 38138-7443</u>		
Name of Employer (Required) <u>Oseman Insurance Agency</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>President</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rainbow Casino Vicksburg Partnership, L.P.</u>	<u>11/30/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>P.O. Box 820768</u>		
City, State, Zip Code <u>Vicksburg, MS 39182-0768</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>E. Bruce Martin</u>	<u>09/26/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>PO Box 1729</u>		
City, State, Zip Code <u>Meridian, MS 39302-1729</u>		
Name of Employer (Required) <u>Rosenbaum Insurance</u>		
Occupation (Required) <u>Insurance Agent</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>EMS Management, LLC</u>	<u>11/21/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>6363 S Fiddlers Green Cr MS 14th FL</u>		
City, State, Zip Code <u>Greenwood Village, CO 80111-5011</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Palladium Hospice</u>	<u>12/15/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1001 Hawkins St.</u>		
City, State, Zip Code <u>Nashville, TN 37203-4758</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Waymon Tigrett</u>	<u>09/21/2017</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 395</u>		
City, State, Zip Code <u>Brandon, MS 39043-0395</u>		
Name of Employer (Required) <u>Brandon Discount Drugs</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Pharmacist</u>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Association for Home Care State PAC</u>	<u>11/06/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>134 Fairmont St Ste B</u>		
City, State, Zip Code <u>Clinton, MS 39056-4739</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Property Casualty Insurers Association of America PAC</u>	<u>10/10/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>2600 S River Rd</u>		
City, State, Zip Code <u>Des Plaines, IL 60018-3203</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gulf Guaranty Life Insurance Company</u>	<u>10/16/2017</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 12409</u>		
City, State, Zip Code <u>Jackson, MS 39236-2409</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Truck PAC</u>	<u>08/24/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>825 N President St</u>		
City, State, Zip Code <u>Jackson, MS 39202-2561</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>BNSF Railway Company</u>	<u>05/25/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>5280 E Shelby Drive</u>		
City, State, Zip Code <u>Memphis, TN 38118-7503</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Deviney Construction Company, Inc.</u>	<u>10/11/2017</u>	<u>\$833.00</u>
Mailing Address <u>PO Box 6717</u>		
City, State, Zip Code <u>Jackson, MS 39282-6717</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$833.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Phyllis Y. Cade</u>	<u>09/18/2017</u>	<u>\$500.00</u>
Mailing Address <u>177 Phillips Hill Road</u>		
City, State, Zip Code <u>Columbus, MS 39702-8297</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	<u>\$500.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robbie W. Hughes</u>	<u>11/02/2017</u>	<u>\$250.00</u>
Mailing Address <u>200 Dominican Drive #2308</u>		
City, State, Zip Code <u>Madison, MS 39110-8630</u>		
Name of Employer (Required) <u>N/A</u>	Aggregate Year-to-date	<u>\$250.00</u>
Occupation (Required) <u>Retired</u>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Atmos Energy Corporation PAC</u>	<u>08/24/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>790 Liberty Rd</u>		
City, State, Zip Code <u>Flowood, MS 39232-9321</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$2,500.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ryan Beckett</u>	<u>10/03/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>4166 Dogwood Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6520</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Silver Slipper Casino Venture, LLC</u>	<u>09/21/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 3270</u>		
City, State, Zip Code <u>Bay Saint Louis, MS 39521-3270</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Bully Bloc</u>	10/10/2017	\$1,000.00
Mailing Address <u>PO Box 1591</u>		
City, State, Zip Code <u>Jackson, MS 39215-1591</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Treetop Midstream Services LLC</u>	10/16/2017	\$1,000.00
Mailing Address <u>124 One Madison Plaza STE 2200</u>		
City, State, Zip Code <u>Madison, MS 39110-2022</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>B. Bryan Jones III</u>	09/22/2017	\$1,000.00
Mailing Address <u>PO Box 1062</u>		
City, State, Zip Code <u>Yazoo City, MS 39194-1062</u>		
Name of Employer (Required) <u>Self</u>	Aggregate Year-to-date	\$2,000.00
Occupation (Required) <u>Farmer</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brandon G Payne</u>	10/16/2017	\$2,500.00
Mailing Address <u>PO Box 6213</u>		
City, State, Zip Code <u>Gulfport, MS 39506-6213</u>		
Name of Employer (Required) <u>The Payne Group</u>	Aggregate Year-to-date	\$5,000.00
Occupation (Required) <u>Owner</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jeremy Felder</u>	<u>12/31/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1228 W 5th St</u>		
City, State, Zip Code <u>Laurel, MS 39440-3808</u>		
Name of Employer (Required) <u>Chancellor Construction</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Vice President</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Equipro Investments LLC</u>	<u>11/10/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 1237</u>		
City, State, Zip Code <u>Oxford, MS 38655-1237</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Stevens Mechanical Systems, Inc.</u>	<u>09/25/2017</u>	<u>\$250.00</u>
Mailing Address <u>110 Lone Wolf Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-7028</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$250.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Good Hope Peanuts LLC</u>	<u>04/05/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1546</u>		
City, State, Zip Code <u>Yazoo City, MS 39194-1546</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James H Lipscomb</u>	<u>04/25/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 636</u>		
City, State, Zip Code <u>Greenville, MS 38702-0636</u>		
Name of Employer (Required) <u>Lipscomb Oil Company</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>President</u>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Health Care Association PAC, LLC</u>	<u>10/02/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>303 Brame Rd</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-9423</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	<u>\$10,000.00</u>
Occupation (Required) _____		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Stribling Equipment, LLC</u>	<u>11/06/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 6038</u>		
City, State, Zip Code <u>Jackson, MS 39288-6038</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required) _____		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Prosperity PAC LLC</u>	<u>09/22/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>P.O. Box 1869</u>		
City, State, Zip Code <u>Brandon, MS 39043-1869</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required) _____		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ben Stone</u>	<u>12/12/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>PO Box 130</u>		
City, State, Zip Code <u>Gulfport, MS 39502-0130</u>		
Name of Employer (Required) <u>Balch & Bingham LLP</u>	Aggregate Year-to-date	<u>\$2,500.00</u>
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wade Litton</u>	<u>04/06/2017</u>	<u>\$500.00</u>
Mailing Address <u>110 E Wilson Avenue</u>		
City, State, Zip Code <u>Greenwood, MS 38930-2351</u>		
Name of Employer (Required) <u>Wade Incorporated</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>CEO</u>		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Intervest Corporation</u>	<u>10/03/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 2118</u>		
City, State, Zip Code <u>Madison, MS 39130-2118</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) _____		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Goose Creek Mall, LLC</u>	<u>11/07/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>2302 Jackson Ave. West</u>		
City, State, Zip Code <u>Oxford, MS 38655-5416</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required) _____		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William G. Yates Jr.</u>	<u>11/09/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 456</u>		
City, State, Zip Code <u>Philadelphia, MS 39350-0456</u>		
Name of Employer (Required) <u>Yates Construction</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James H Heidelberg</u>	<u>12/07/2017</u>	<u>\$500.00</u>
Mailing Address <u>1300 Driftwood Street</u>		
City, State, Zip Code <u>Pascagoula, MS 39567-7592</u>		
Name of Employer (Required) <u>Heidelberg Steinberger Colmer & Burrow, P.A.</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$1,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William G. Yates III</u>	<u>11/10/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>2104 Ward Lane</u>		
City, State, Zip Code <u>Biloxi, MS 39531-2318</u>		
Name of Employer (Required) <u>Yates Construction</u>		
Occupation (Required) <u>Vice President</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael B. Wood</u>	<u>11/07/2017</u>	<u>\$250.00</u>
Mailing Address <u>60 Baneberry Trace</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-6128</u>		
Name of Employer (Required) <u>Topp McWhorter Harvey LLC</u>		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	<u>\$250.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>George R. Walker III</u>	<u>10/16/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>4025 Eastover Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6612</u>		
Name of Employer (Required) <u>Heritage Properties</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robert B. Nance</u>	<u>11/15/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>703 Muirfield Drive</u>		
City, State, Zip Code <u>Oxford, MS 38655-2605</u>		
Name of Employer (Required) <u>Nance Investment Company LLC</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Aaron Samuels</u>	<u>08/31/2017</u>	<u>\$250.00</u>
Mailing Address <u>222 Brae Burn Dr.</u>		
City, State, Zip Code <u>Jackson, MS 39211-2504</u>		
Name of Employer (Required) <u>Horne</u>		
Occupation (Required) <u>CPA</u>	Aggregate Year-to-date	<u>\$250.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James Alexander</u>	<u>09/12/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>PO Box 1265</u>		
City, State, Zip Code <u>Meridian, MS 39302-1265</u>		
Name of Employer (Required) <u>A & B Electric</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$10,000.00</u>

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 01/01/2017through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>W. Mac Elliott</u>	<u>10/17/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>PO Box 2387</u>		
City, State, Zip Code <u>Madison, MS 39130-2387</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Private Investor</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Empower PAC</u>	<u>08/10/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>PO Box 4028</u>		
City, State, Zip Code <u>Madison, MS 39130-4028</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$10,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>KCS Rail PAC State PAC</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 219335</u>		
City, State, Zip Code <u>Kansas City, MO 64121-9335</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Buddy Medlin and Associates, Inc.</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 24087</u>		
City, State, Zip Code <u>Jackson, MS 39225-4087</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Harry Simmons Jr.</u>	<u>04/07/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>2628 Erickson Road</u>		
City, State, Zip Code <u>Yazoo City, MS 39194-9457</u>		
Name of Employer (Required) <u>Simmons Farm Raised Catfish</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Owner</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gray Tollison for Senate</u>	<u>11/16/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 1216</u>		
City, State, Zip Code <u>Oxford, MS 38655-1216</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	<u>\$6,000.00</u>
Occupation (Required) _____		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Hue Townsend</u>	<u>04/18/2017</u>	<u>\$500.00</u>
Mailing Address <u>409 Lee Street</u>		
City, State, Zip Code <u>Belzoni, MS 39038-3707</u>		
Name of Employer (Required) <u>Guaranty Bank And Trust</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Banker</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>E. B. Robinson Jr.</u>	<u>09/28/2017</u>	<u>\$500.00</u>
Mailing Address <u>49 Eastbrook Street</u>		
City, State, Zip Code <u>Jackson, MS 39216-4714</u>		
Name of Employer (Required) <u>Retired</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>N/A</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kathryn B Stewart</u>	<u>10/02/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>119 Shore Line Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-6829</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Government Relations</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MAE PAC</u>	<u>12/07/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>600 Hogan St Ste 1C</u>		
City, State, Zip Code <u>Starkville, MS 39759-3384</u>		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Joseph C Canizaro</u>	<u>11/09/2017</u>	<u>\$14,000.00</u>
Mailing Address <u>909 Poydras Street Suite 1700</u>		
City, State, Zip Code <u>New Orleans, LA 70112-4010</u>		
Name of Employer (Required) <u>Columbus Communities LLC</u>		
Occupation (Required) <u>CEO, President, Chairman</u>	Aggregate Year-to-date	<u>\$14,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robert Watson</u>	<u>09/11/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>6130 I 55 N</u>		
City, State, Zip Code <u>Jackson, MS 39211-2642</u>		
Name of Employer (Required) <u>Watson Quality Ford</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$5,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Road Builders Association PAC</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>601 George St</u>		
City, State, Zip Code <u>Jackson, MS 39202-3016</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tyson Foods, Inc.</u>	<u>09/22/2017</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 2020</u>		
City, State, Zip Code <u>Springdale, AR 72765-2020</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Cooper Tire & Rubber Company PAC</u>	<u>08/14/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 550</u>		
City, State, Zip Code <u>Findlay, OH 45839-0550</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>David McRae</u>	<u>07/11/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>152 Green Glades</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8662</u>		
Name of Employer (Required) <u>Self</u>	Aggregate Year-to-date	<u>\$2,500.00</u>
Occupation (Required) <u>Attorney</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William A. Brown</u>	<u>08/31/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 16952</u>		
City, State, Zip Code <u>Jackson, MS 39236-6952</u>		
Name of Employer (Required) <u>Brown Bottling Group</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Exxon Mobil Corporation</u>	<u>11/30/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 2519</u>		
City, State, Zip Code <u>Houston, TX 77252-2519</u>		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gray Tollison for Senate</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1216</u>		
City, State, Zip Code <u>Oxford, MS 38655-1216</u>		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jack Muirhead</u>	<u>11/12/2017</u>	<u>\$300.00</u>
Mailing Address <u>516 Silverstone Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-7647</u>		
Name of Employer (Required) <u>Stribling Equipment</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	<u>\$300.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Association of Realtors PAC</u>	<u>08/18/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 321000</u>		
City, State, Zip Code <u>Flowood, MS 39232-1000</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Campaign Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Committee to Elect Brice Wiggins</u>	<u>10/16/2017</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 1877</u>		
City, State, Zip Code <u>Pascagoula, MS 39568-1877</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Pete Johnson</u>	<u>10/10/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>405 Court Street</u>		
City, State, Zip Code <u>Clarksdale, MS 38614-2715</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Teladoc, Inc PAC</u>	<u>01/18/2017</u>	<u>\$9,000.00</u>
Mailing Address <u>28 Liberty Ship Way Ste 2815</u>		
City, State, Zip Code <u>Sausalito, CA 94965-3321</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$9,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Omega Protein</u>	<u>10/10/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>2105 Citywest Boulevard Suite 500</u>		
City, State, Zip Code <u>Houston, TX 77042-2838</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) _____		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>B. L. Walker</u>	<u>09/29/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>60 St. Andrews Place</u>		
City, State, Zip Code <u>Jackson, MS 39211-2439</u>		
Name of Employer (Required) <u>Physician</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Self</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robert J. Granieri</u>	<u>12/07/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1301 Kriebel Mill Road</u>		
City, State, Zip Code <u>Collegeville, PA 19426-1522</u>		
Name of Employer (Required) <u>Scarlett Pearl</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Executive</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Irma B. Woolard</u>	<u>09/17/2017</u>	<u>\$300.00</u>
Mailing Address <u>PO Box 2723</u>		
City, State, Zip Code <u>Tupelo, MS 38803-2723</u>		
Name of Employer (Required) <u>Lee County</u>	Aggregate Year-to-date	<u>\$300.00</u>
Occupation (Required) <u>Election Commissioner</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Motorola</u>	<u>09/28/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 68429</u>		
City, State, Zip Code <u>Schaumburg, IL 60168-0429</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Retzer Resources</u>	<u>04/13/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 4457</u>		
City, State, Zip Code <u>Greenville, MS 38704-4457</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>W. W. Gresham III</u>	<u>04/04/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 690</u>		
City, State, Zip Code <u>Indianola, MS 38751-0690</u>		
Name of Employer (Required) <u>Gresham Petroleum</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Owner</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Charles Robert Ridgway IV</u>	<u>10/04/2017</u>	<u>\$500.00</u>
Mailing Address <u>4662 Trawick Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-5834</u>		
Name of Employer (Required) <u>Ridgway Realty, Inc.</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Realtor</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Richard H. Mills Jr.</u>	<u>10/16/2017</u>	<u>\$6,000.00</u>
Mailing Address <u>602 Crescent Place Suite 100</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8676</u>		
Name of Employer (Required) <u>Tellus Energy, LLC</u>	Aggregate Year-to-date	<u>\$6,000.00</u>
Occupation (Required) <u>Owner</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John Sneed</u>	<u>12/07/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>141 Bayou Circle</u>		
City, State, Zip Code <u>Gulfport, MS 39507-4623</u>		
Name of Employer (Required) <u>Stewart, Sneed, Hewes Insurance</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>President</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kristian Agoglia</u>	<u>10/16/2017</u>	<u>\$1,500.00</u>
Mailing Address <u>259 River Road</u>		
City, State, Zip Code <u>Columbia, MS 39429-8789</u>		
Name of Employer (Required) <u>Looks Great Services Inc</u>	Aggregate Year-to-date	<u>\$1,500.00</u>
Occupation (Required) <u>CEO</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Malcolm Portera</u>	<u>09/26/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>6721 Waterfront Drive</u>		
City, State, Zip Code <u>Tuscaloosa, AL 35406-3269</u>		
Name of Employer (Required) <u>Self</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Occupation (Required) <u>Consultant</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	10/06/2017	\$1,000.00
Full Name <u>Tommie S. Cardin</u>		
Mailing Address <u>176 Green Glades Drive</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8662</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) <u>LLC</u>	09/25/2017	\$2,000.00
Full Name <u>Market Max LLC</u>		
Mailing Address <u>PO Box 229</u>		
City, State, Zip Code <u>Tylertown, MS 39667-0229</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	\$7,000.00
Occupation (Required) _____		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) <u>LLC</u>	09/28/2017	\$50,000.00
Full Name <u>Centene Management Company LLC</u>		
Mailing Address <u>7700 Forsyth Blvd</u>		
City, State, Zip Code <u>Saint Louis, MO 63105-1807</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	\$50,000.00
Occupation (Required) _____		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) <u>LLC</u>	04/04/2017	\$2,500.00
Full Name <u>Mcright Services, LLC</u>		
Mailing Address <u>PO Box 4812</u>		
City, State, Zip Code <u>Greenville, MS 38704-4812</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	\$2,500.00
Occupation (Required) _____		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LP</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Marathon Petroleum Co LP</u>	<u>11/29/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>539 S Main St</u>		
City, State, Zip Code <u>Findlay, OH 45840-3229</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Eli Lilly and Company</u>	<u>05/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>Lilly Corporate Center</u>		
City, State, Zip Code <u>Indianapolis, IN 46285-0001</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MADA AutoPAC</u>	<u>10/16/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>800 Woodlands Parkway Suite 100</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-5215</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>US Oil And Gas Association PAC</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>513 N State St Ste 202</u>		
City, State, Zip Code <u>Jackson, MS 39201-1110</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Nancy New</u>	<u>10/05/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>111 Harper St.</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8675</u>		
Name of Employer (Required) <u>New Summit School</u>		
Occupation (Required) <u>Education</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Merit Health River Oaks</u>	<u>09/07/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>1030 River Oak Drive</u>		
City, State, Zip Code <u>Jackson, MS 39232-9553</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael Brant Pettis</u>	<u>12/13/2017</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 132</u>		
City, State, Zip Code <u>Gulfport, MS 39502-0132</u>		
Name of Employer (Required) <u>Balch & Bingham LLP</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Timothy Beacham Sr.</u>	<u>10/02/2017</u>	<u>\$500.00</u>
Mailing Address <u>357 S Gamwyn Park</u>		
City, State, Zip Code <u>Greenville, MS 38701-6304</u>		
Name of Employer (Required) <u>Delta Regional Medical Center</u>		
Occupation (Required) <u>Anesthesiologist</u>	Aggregate Year-to-date	<u>\$500.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Alexandra Land & Development LLC</u>	11/03/2017	\$2,500.00
Mailing Address <u>PO Box 6917</u>		
City, State, Zip Code <u>Metairie, LA 70009-6917</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Capitol Partners</u>	10/16/2017	\$500.00
Mailing Address <u>PO Box 4385</u>		
City, State, Zip Code <u>Brandon, MS 39047-4385</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Electric Cooperatives of Mississippi PAC</u>	10/10/2017	\$35,000.00
Mailing Address <u>PO Box 3300</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-3300</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$35,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Sentry Care, Inc.</u>	11/05/2017	\$1,000.00
Mailing Address <u>106A Office Park Dr</u>		
City, State, Zip Code <u>Brandon, MS 39042-2404</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brenton Brasher</u>	<u>12/22/2017</u>	<u>\$500.00</u>
Mailing Address <u>468 Country Lane</u>		
City, State, Zip Code <u>Holcomb, MS 38940-9786</u>		
Name of Employer (Required) <u>Kengro</u>	Aggregate Year-to-date	<u>\$1,500.00</u>
Occupation (Required) <u>Owner/Farmer</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John Alexander Brunini</u>	<u>10/05/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>119 Rosedowne Bend</u>		
City, State, Zip Code <u>Madison, MS 39110-4710</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wade Creekmore Jr.</u>	<u>10/16/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>1018 Highland Parkway Suite 700</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-2089</u>		
Name of Employer (Required) <u>Telapex Inc</u>	Aggregate Year-to-date	<u>\$2,500.00</u>
Occupation (Required) <u>Executive</u>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Renasant Bank Employees Voluntary PAC</u>	<u>12/18/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 709</u>		
City, State, Zip Code <u>Tupelo, MS 38802-0709</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Richard Wax</u>	<u>12/29/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>PO Box 60</u>		
City, State, Zip Code <u>Amory, MS 38821-0060</u>		
Name of Employer (Required) <u>Wax Seed Company</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>GuidePoint LLC</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1037 Lake Village Cir STE A</u>		
City, State, Zip Code <u>Brandon, MS 39047-6725</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Dolly Marascalco</u>	<u>10/16/2017</u>	<u>\$500.00</u>
Mailing Address <u>2585 Jackson Avenue Extension</u>		
City, State, Zip Code <u>Grenada, MS 38901-9331</u>		
Name of Employer (Required) <u>Sav-Mor Drug Store</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James Edward Williams LLC</u>	<u>10/16/2017</u>	<u>\$500.00</u>
Mailing Address <u>58 County Road 758</u>		
City, State, Zip Code <u>Corinth, MS 38834-1143</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$500.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Marion L. Waters</u>	<u>11/08/2017</u>	<u>\$4,000.00</u>
Mailing Address <u>5410 Overbrook Lane</u>		
City, State, Zip Code <u>Meridian, MS 39305</u>		
Name of Employer (Required) <u>Waters International Trucks</u>	Aggregate Year-to-date	<u>\$4,000.00</u>
Occupation (Required) <u>Executive</u>		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MMC Materials, Inc.</u>	<u>09/14/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 2569</u>		
City, State, Zip Code <u>Madison, MS 39130-2569</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Scott Coopwood</u>	<u>04/10/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 117</u>		
City, State, Zip Code <u>Cleveland, MS 38732-0117</u>		
Name of Employer (Required) <u>Delta Business Journal</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Publisher & Owner</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jeanne A Rea</u>	<u>10/30/2017</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 9008</u>		
City, State, Zip Code <u>Columbus, MS 39705-0015</u>		
Name of Employer (Required) <u>Southwest Health Systems</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Anesthesiologist</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John H. Trezevant</u>	11/08/2017	\$5,000.00
Mailing Address <u>9062 Valley Crest Lane</u>		
City, State, Zip Code <u>Germantown, TN 38138-7828</u>		
Name of Employer (Required) <u>Trezevant Realty</u>		
Occupation (Required) <u>President & CEO</u>	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Baker Services</u>	10/12/2017	\$833.00
Mailing Address <u>PO Box 6717</u>		
City, State, Zip Code <u>Jackson, MS 39282-6717</u>		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate Year-to-date	\$833.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Octagon Group LLC</u>	10/16/2017	\$500.00
Mailing Address <u>124 Devlin Springs Drive</u>		
City, State, Zip Code <u>Madison, MS 39110-6549</u>		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael Joe Cannon</u>	11/16/2017	\$5,000.00
Mailing Address <u>4011 Southerland Drive</u>		
City, State, Zip Code <u>Oxford, MS 38655-3530</u>		
Name of Employer (Required) <u>Cannon Motors</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Export Railroad Company	11/22/2017	\$1,000.00
Mailing Address 4519 McInnis Ave		
City, State, Zip Code Moss Point, MS 39563-2815		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Medical PAC -State	12/20/2017	\$3,500.00
Mailing Address PO Box 2548		
City, State, Zip Code Ridgeland, MS 39158-2548		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$11,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew W Callicutt	11/16/2017	\$5,000.00
Mailing Address 3883 Majestic Oaks Drive		
City, State, Zip Code Oxford, MS 38655-8153		
Name of Employer (Required) Oxford Farms LLC		
Occupation (Required) Executive	Aggregate Year-to-date	\$5,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Association of Nurse Practitioners PAC	11/02/2017	\$1,000.00
Mailing Address 152 Watford Park Way Dr		
City, State, Zip Code Canton, MS 39046-7900		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Don Newcomb</u>	<u>11/16/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>1108 S Lamar Boulevard</u>		
City, State, Zip Code <u>Oxford, MS 38655-4732</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Dentist</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MS Pawnbrokers PAC</u>	<u>10/10/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1425 University Blvd</u>		
City, State, Zip Code <u>Jackson, MS 39204-3130</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gifford W Ormes</u>	<u>12/12/2017</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 4079</u>		
City, State, Zip Code <u>Gulfport, MS 39502-4079</u>		
Name of Employer (Required) <u>Mississippi Power Company</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Thomas G. Gresham</u>	<u>04/07/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>105 E Gresham Street</u>		
City, State, Zip Code <u>Indianola, MS 38751-2422</u>		
Name of Employer (Required) <u>Double Quick Inc</u>		
Occupation (Required) <u>CEO</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James T. Thomas IV</u>	<u>04/12/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>4064 Eastwood Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6443</u>		
Name of Employer (Required) <u>Thomas Partners</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Executive</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Janson Durr Boyles</u>	<u>11/01/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>215 Winged Foot Cir</u>		
City, State, Zip Code <u>Jackson, MS 39211-2530</u>		
Name of Employer (Required) <u>Boyles Moak</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Insurance Agent</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Roger L Hancock</u>	<u>04/03/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 207</u>		
City, State, Zip Code <u>Benton, MS 39040</u>		
Name of Employer (Required) <u>WOSO Red Hancocks</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Construction</u>		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Caremark RX, Inc.</u>	<u>11/29/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 287</u>		
City, State, Zip Code <u>Lincoln, RI 02895</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name J. Paul Janoush	04/06/2017	\$1,000.00
Mailing Address PO Box 397		
City, State, Zip Code Rosedale, MS 38769-0397		
Name of Employer (Required) JANTRAN	Aggregate Year-to-date	\$1,000.00
Occupation (Required) CFO		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Robertson Jr.	04/18/2017	\$1,000.00
Mailing Address 101 Barberry Lane		
City, State, Zip Code Indianola, MS 38751-2505		
Name of Employer (Required) Self	Aggregate Year-to-date	\$1,000.00
Occupation (Required) Farmer		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name T.H. Kendall III	09/14/2017	\$250.00
Mailing Address PO Box 96		
City, State, Zip Code Bolton, MS 39041-0096		
Name of Employer (Required) Gaddis Farms	Aggregate Year-to-date	\$250.00
Occupation (Required) Farmer/Banker		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Polks Meat Products Inc.	11/07/2017	\$1,000.00
Mailing Address PO Box 1190		
City, State, Zip Code Magee, MS 39111-1190		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		

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Full Name <u>Armin J Moeller Jr.</u>	<u>10/09/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>346 Saint Andrews Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-2521</u>		
Name of Employer (Required) <u>Balch & Bingham</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Attorney</u>		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Western Resources, Inc.</u>	<u>09/25/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 246</u>		
City, State, Zip Code <u>Tylertown, MS 39667-0246</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>JM Hughes Group LLC</u>	<u>10/31/2017</u>	<u>\$500.00</u>
Mailing Address <u>147 Highland Circle</u>		
City, State, Zip Code <u>Jackson, MS 39211-6455</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Pascagoula Bar Pilots Association, LLC</u>	<u>12/06/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>Po Box 2156</u>		
City, State, Zip Code <u>Pascagoula, MS 39569-2156</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		

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Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Richard D. McRae Jr.</u>	<u>10/03/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>3850 Dogwood Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6701</u>		
Name of Employer (Required) <u>McRae Investments, LLC</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required) <u>Investments</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Roderick Mark Alexander Jr.</u>	<u>12/13/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>11019 Channelside Drive</u>		
City, State, Zip Code <u>Gulfport, MS 39503-6050</u>		
Name of Employer (Required) <u>Balch & Bingham</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi AGC-PAC</u>	<u>07/28/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>PO Box 12615</u>		
City, State, Zip Code <u>Jackson, MS 39236-2615</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$2,500.00</u>
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Diamond Grove Center For Children</u>	<u>10/13/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>2311 Highway 15 S</u>		
City, State, Zip Code <u>Louisville, MS 39339-7071</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Hospital Association PAC</u>	11/13/2017	\$1,000.00
Mailing Address <u>PO Box 1909</u>		
City, State, Zip Code <u>Madison, MS 39130-1909</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Centurytel Inc.</u>	11/13/2017	\$1,000.00
Mailing Address <u>PO Box 4065</u>		
City, State, Zip Code <u>Monroe, LA 71211-4065</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Eureka A Partnership</u>	04/03/2017	\$1,000.00
Mailing Address <u>PO Box 87</u>		
City, State, Zip Code <u>Indianola, MS 38751-0087</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Check Into Cash of Mississippi, Inc.</u>	09/20/2017	\$1,000.00
Mailing Address <u>201 Keith Street SW Suite 80</u>		
City, State, Zip Code <u>Cleveland, TN 37311-5867</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William P. Litton</u>	<u>04/10/2017</u>	<u>\$500.00</u>
Mailing Address <u>550 CR 150</u>		
City, State, Zip Code <u>Greenwood, MS 38930</u>		
Name of Employer (Required) <u>Wade, Inc.</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>President</u>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Lenders Political Action Committee</u>	<u>10/10/2017</u>	<u>\$25,000.00</u>
Mailing Address <u>PO Box 24087</u>		
City, State, Zip Code <u>Jackson, MS 39225-4087</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$25,000.00</u>
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Montgomery Enterprises Inc.</u>	<u>10/09/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 37</u>		
City, State, Zip Code <u>Fulton, MS 38843-0037</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Credit Union PAC</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1400 Lakeover Rd Ste 200</u>		
City, State, Zip Code <u>Jackson, MS 39213-8000</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robert W. Wilkinson</u>	<u>11/25/2017</u>	<u>\$500.00</u>
Mailing Address <u>963 Debonair Drive</u>		
City, State, Zip Code <u>Mobile, AL 36695-9539</u>		
Name of Employer (Required) <u>Huntington Ingalls Industries</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Executive</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Marty Davidson</u>	<u>09/26/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>PO Box 3804</u>		
City, State, Zip Code <u>Meridian, MS 39303-3804</u>		
Name of Employer (Required) <u>Southern Pipe & Co LLC</u>	Aggregate Year-to-date	<u>\$12,500.00</u>
Occupation (Required) <u>Owner</u>		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Comprehensive Health Management Inc.</u>	<u>08/22/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 31390</u>		
City, State, Zip Code <u>Tampa, FL 33631-3390</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) _____		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jackie Edwards</u>	<u>09/15/2017</u>	<u>\$250.00</u>
Mailing Address <u>1180 E. Broad St.</u>		
City, State, Zip Code <u>West Point, MS 39773-3238</u>		
Name of Employer (Required) <u>Clay County Growth Alliance</u>	Aggregate Year-to-date	<u>\$250.00</u>
Occupation (Required) <u>President</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brent W. Koslo</u>	<u>11/14/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>3105 Plantation Circle East</u>		
City, State, Zip Code <u>Tupelo, MS 38804-9799</u>		
Name of Employer (Required) <u>Furniture Industry</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required) <u>Executive</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Chatham H. Phillips</u>	<u>04/07/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>4024 Money Sunk Road</u>		
City, State, Zip Code <u>Yazoo City, MS 39194-8653</u>		
Name of Employer (Required) <u>Self</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Farmer</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Harry Dendy</u>	<u>12/12/2017</u>	<u>\$250.00</u>
Mailing Address <u>PO Box 122</u>		
City, State, Zip Code <u>Clinton, MS 39060-0122</u>		
Name of Employer (Required) <u>Capitol Ag Services Inc.</u>	Aggregate Year-to-date	<u>\$250.00</u>
Occupation (Required) <u>Executive</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robert E. Luke</u>	<u>09/26/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>1862 Hunters Run</u>		
City, State, Zip Code <u>Meridian, MS 39305-9335</u>		
Name of Employer (Required) <u>LPK Architects</u>	Aggregate Year-to-date	<u>\$11,000.00</u>
Occupation (Required) <u>Principal</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Terry W. Green	10/16/2017	\$10,000.00
Mailing Address PO Box 2788		
City, State, Zip Code Sugar Land, TX 77487-2788		
Name of Employer (Required) Island View Resort	Aggregate Year-to-date	\$10,000.00
Occupation (Required) Executive		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name W. Michael Russ	10/02/2017	\$1,000.00
Mailing Address 705 Welford Court		
City, State, Zip Code Madison, MS 39110-7583		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada	Aggregate Year-to-date	\$1,000.00
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name V K Chawla	04/17/2017	\$2,500.00
Mailing Address 902 Jane Lane		
City, State, Zip Code Greenwood, MS 38930-2510		
Name of Employer (Required) Delta Motels	Aggregate Year-to-date	\$2,500.00
Occupation (Required) Investor		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Rx PAC	11/03/2017	\$15,000.00
Mailing Address 4209 Lakeland Dr Ste 399		
City, State, Zip Code Flowood, MS 39232-9212		
Name of Employer (Required)	Aggregate Year-to-date	\$15,000.00
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Montgomery Properties Inc</u>	<u>10/09/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 37</u>		
City, State, Zip Code <u>Fulton, MS 38843-0037</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>American Pharmacy Cooperative, Inc.</u>	<u>09/18/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 728</u>		
City, State, Zip Code <u>Bessemer, AL 35021-0728</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rick Looser</u>	<u>10/02/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>1826 Highway 471</u>		
City, State, Zip Code <u>Brandon, MS 39047-7964</u>		
Name of Employer (Required) <u>The Cirlot Agency</u>	Aggregate Year-to-date	<u>\$2,500.00</u>
Occupation (Required) <u>Partner</u>		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Chevron Policy Govt & Public Affairs</u>	<u>09/15/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 9034</u>		
City, State, Zip Code <u>Concord, CA 94524-1934</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>Candidate Campaign Committee</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Friends Of Lydia Chassaniol</u>	04/11/2017	\$500.00
Mailing Address <u>PO Box 211</u>		
City, State, Zip Code <u>Winona, MS 38967-0211</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$500.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Land Holdings I, LLC</u>	12/07/2017	\$1,000.00
Mailing Address <u>9380 Central Ave</u>		
City, State, Zip Code <u>Diberville, MS 39540-5302</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Boeing Company PAC</u>	09/22/2017	\$500.00
Mailing Address <u>929 Long Bridge Dr</u>		
City, State, Zip Code <u>Arlington, VA 22202-4208</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$500.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Amy Walker</u>	10/05/2017	\$1,000.00
Mailing Address <u>112 Lineage Lane</u>		
City, State, Zip Code <u>Flowood, MS 39232-8105</u>		
Name of Employer (Required) <u>ERGON Asphalt & Emulsions, Inc.</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Executive</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Colin Maloney</u>	10/11/2017	\$1,000.00
Mailing Address <u>705 Robert E Lee Drive</u>		
City, State, Zip Code <u>Tupelo, MS 38801-5537</u>		
Name of Employer (Required) <u>Maloney Glass/Century Construction & Realty</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Owner</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Johnny Morgan</u>	11/16/2017	\$5,000.00
Mailing Address <u>PO Box 309</u>		
City, State, Zip Code <u>Oxford, MS 38655-0309</u>		
Name of Employer (Required) <u>Morgan White Group</u>	Aggregate Year-to-date	\$9,000.00
Occupation (Required) <u>President</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Kentray K Hairston</u>	10/09/2017	\$1,000.00
Mailing Address <u>108 Seville Way</u>		
City, State, Zip Code <u>Madison, MS 39110-8170</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Clare Hester</u>	10/16/2017	\$1,000.00
Mailing Address <u>200 N Congress Street Suite 500</u>		
City, State, Zip Code <u>Jackson, MS 39201-1917</u>		
Name of Employer (Required) <u>Capitol Resources</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Partner</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael Wallace</u>	<u>09/14/2017</u>	<u>\$500.00</u>
Mailing Address <u>318 Hillview Drive</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8606</u>		
Name of Employer (Required) <u>Wise, Carter, Child, & Carraway, P.A.</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Jason Voyles</u>	<u>11/14/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>177 Saint Andrews Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-2532</u>		
Name of Employer (Required) <u>Spectrum Capital</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required) <u>President</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Doug Dale</u>	<u>10/02/2017</u>	<u>\$500.00</u>
Mailing Address <u>111 Katherine Pointe Dr.</u>		
City, State, Zip Code <u>Madison, MS 39110-7909</u>		
Name of Employer (Required) <u>Dale Partners Architects P.A.</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Owner</u>		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Howard Industries, Inc.</u>	<u>09/11/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1588</u>		
City, State, Zip Code <u>Laurel, MS 39441-1588</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Victor Walsh	12/07/2017	\$500.00
Mailing Address 4619 Main Street Suite A		
City, State, Zip Code Moss Point, MS 39563-3939		
Name of Employer (Required) Millette Administrators	Aggregate Year-to-date	\$500.00
Occupation (Required) TPA		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Brenton Brasher	01/13/2017	\$1,000.00
Mailing Address 468 Country Lane		
City, State, Zip Code Holcomb, MS 38940-9786		
Name of Employer (Required) Kengro	Aggregate Year-to-date	\$1,000.00
Occupation (Required) Owner/Farmer		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert E. Luke	09/12/2017	\$1,000.00
Mailing Address 1862 Hunters Run		
City, State, Zip Code Meridian, MS 39305-9335		
Name of Employer (Required) LPK Architects	Aggregate Year-to-date	\$1,000.00
Occupation (Required) Principal		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leo Manuel	12/13/2017	\$1,000.00
Mailing Address 2067 Mauvilla Cove		
City, State, Zip Code Biloxi, MS 39531-2433		
Name of Employer (Required) Balch & Bingham	Aggregate Year-to-date	\$1,000.00
Occupation (Required) Partner		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Committee For Clean Environment and Fair Taxation</u>	10/16/2017	\$5,000.00
Mailing Address <u>3000B N State St</u>		
City, State, Zip Code <u>Jackson, MS 39216-4203</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$5,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Hughes Spellings LLC</u>	10/16/2017	\$500.00
Mailing Address <u>PO Box 30</u>		
City, State, Zip Code <u>Louisville, MS 39339-0030</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$500.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Michael G. Freeman Jr.</u>	09/05/2017	\$2,500.00
Mailing Address <u>29 Monarch Boulevard</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-7200</u>		
Name of Employer (Required) <u>ICE Contractors</u>	Aggregate Year-to-date	\$2,500.00
Occupation (Required) <u>President</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brian Cain</u>	11/05/2017	\$3,000.00
Mailing Address <u>16411 Robinson Road</u>		
City, State, Zip Code <u>Gulfport, MS 39503-4879</u>		
Name of Employer (Required) <u>Lakeview Management Inc.</u>	Aggregate Year-to-date	\$3,000.00
Occupation (Required) <u>President, Director</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James M Currie</u>	<u>10/16/2017</u>	<u>\$500.00</u>
Mailing Address <u>27020 Road 221</u>		
City, State, Zip Code <u>Picayune, MS 39466-8515</u>		
Name of Employer (Required) <u>Woodland Cottage LLC</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Executive</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Billy Nowell</u>	<u>04/13/2017</u>	<u>\$500.00</u>
Mailing Address <u>406 Norman Circle</u>		
City, State, Zip Code <u>Cleveland, MS 38732-8714</u>		
Name of Employer (Required) <u>Partnership Properties</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Realtor</u>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Chiropractors PAC</u>	<u>11/03/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>4294 Lakeland Dr Ste 100</u>		
City, State, Zip Code <u>Flowood, MS 39232-9510</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Franc Lee</u>	<u>10/03/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>402 Daniel Dr</u>		
City, State, Zip Code <u>Brandon, MS 39047-7396</u>		
Name of Employer (Required) <u>First Tower Corp.</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Occupation (Required) <u>President and CEO</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Moses H. Feagin</u>	<u>12/12/2017</u>	<u>\$500.00</u>
Mailing Address <u>2019 Marisol Ct.</u>		
City, State, Zip Code <u>Biloxi, MS 39531-2412</u>		
Name of Employer (Required) <u>Mississippi Power Company</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Vice President</u>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Dental PAC</u>	<u>06/12/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>439B Katherine Drive</u>		
City, State, Zip Code <u>Flowood, MS 39232-9781</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William B. Rayburn</u>	<u>11/16/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>1214 Office Park Drive</u>		
City, State, Zip Code <u>Oxford, MS 38655-3597</u>		
Name of Employer (Required) <u>FNC, Inc</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required) <u>CEO</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Sidney P. Allen Jr.</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>200 Brae Burn Dr</u>		
City, State, Zip Code <u>Jackson, MS 39211-2504</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Government Relations</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>UnitedHealth Group, Inc.</u>	<u>10/02/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1459</u>		
City, State, Zip Code <u>Minneapolis, MN 55440-1459</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Norfolk Southern Corporation</u>	<u>06/21/2017</u>	<u>\$500.00</u>
Mailing Address <u>RSA Plaza Suite 192, 770 Washington Ave</u>		
City, State, Zip Code <u>Montgomery, AL 36104-3818</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Clay Holladay</u>	<u>09/11/2017</u>	<u>\$10,000.00</u>
Mailing Address <u>304 Timber Ridge Road</u>		
City, State, Zip Code <u>Meridian, MS 39305-1449</u>		
Name of Employer (Required) <u>WMLV Radio</u>	Aggregate Year-to-date	<u>\$10,000.00</u>
Occupation (Required) <u>Owner</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James H. Clayton</u>	<u>04/04/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>103 E Gresham Street</u>		
City, State, Zip Code <u>Indianola, MS 38751-2422</u>		
Name of Employer (Required) <u>Planters Bank</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Banker</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Floyd Sulser Jr.</u>	<u>09/15/2017</u>	<u>\$500.00</u>
Mailing Address <u>105 Bridgeview Circle</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8617</u>		
Name of Employer (Required) <u>Southern Lumber Company</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>President</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Frank Bordeaux</u>	<u>12/07/2017</u>	<u>\$206.00</u>
Mailing Address <u>11633 Bluff Lane</u>		
City, State, Zip Code <u>Gulfport, MS 39503-6150</u>		
Name of Employer (Required) <u>Stewart Sneed Hewes</u>	Aggregate Year-to-date	<u>\$2,706.00</u>
Occupation (Required) <u>Insurance</u>		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Helena Chemical Company</u>	<u>10/09/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>225 Schilling Blvd STE 300</u>		
City, State, Zip Code <u>Collierville, TN 38017-7177</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) _____		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Chan Patel</u>	<u>11/16/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>5009 Bluff Cv</u>		
City, State, Zip Code <u>Oxford, MS 38655-5978</u>		
Name of Employer (Required) <u>Hampton Inn</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required) <u>Owner</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>GOVEASE Auction</u>	10/12/2017	\$2,500.00
Mailing Address <u>127 Bremen Way</u>		
City, State, Zip Code <u>Madison, MS 39110-6949</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$2,500.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Optometry For Progress</u>	10/13/2017	\$5,000.00
Mailing Address <u>141 Executive Drive Suite 5</u>		
City, State, Zip Code <u>Madison, MS 39110-8457</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$5,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John N. Palmer</u>	09/12/2017	\$1,000.00
Mailing Address <u>PO Box 3747</u>		
City, State, Zip Code <u>Jackson, MS 39207-3747</u>		
Name of Employer (Required) <u>GulfSouth Capital</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Chairman</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>George Simmerman</u>	09/16/2017	\$200.00
Mailing Address <u>11650 Jeff Hamilton Road</u>		
City, State, Zip Code <u>Mobile, AL 36695-8019</u>		
Name of Employer (Required) <u>Huntington Ingalls Industries</u>	Aggregate Year-to-date	\$200.00
Occupation (Required) <u>Vice President and Chief Counsel</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sage Advice, Inc. Mailing Address PO Box 1845 City, State, Zip Code Madison, MS 39130-1845 Name of Employer (Required) Occupation (Required)	10/16/2017	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate Year-to-date	\$1,000.00
Full Name J. R. Carter Sr. Mailing Address PO Box 1600 City, State, Zip Code Gulfport, MS 39502-1600 Name of Employer (Required) Island View Resort Occupation (Required) Executive	10/16/2017	\$10,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate Year-to-date	\$10,000.00
Full Name Thomas Friedkin Mailing Address 1375 Enclave Parkway City, State, Zip Code Houston, TX 77077-2026 Name of Employer (Required) Gulf States Toyota, Inc. Occupation (Required) Executive	10/20/2017	\$4,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate Year-to-date	\$4,000.00
Full Name William C. Carroll Mailing Address 455 Woodland Drive City, State, Zip Code Yazoo City, MS 39194-9708 Name of Employer (Required) Livingston Ins. Agency Occupation (Required) Insurance Agent	04/11/2017	\$250.00
	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James B. Randall III</u>	<u>04/15/2017</u>	<u>\$250.00</u>
Mailing Address <u>106 Seymour Drive</u>		
City, State, Zip Code <u>Indianola, MS 38751-2616</u>		
Name of Employer (Required) <u>Planters Bank</u>	Aggregate Year-to-date	<u>\$250.00</u>
Occupation (Required) <u>President</u>		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wellington Associates, Inc.</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>7 River Bend Place</u>		
City, State, Zip Code <u>Flowood, MS 39232-7624</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>C. W. Chapman</u>	<u>11/08/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 550</u>		
City, State, Zip Code <u>Oxford, MS 38655-0550</u>		
Name of Employer (Required) <u>Cornerstone Capital Corporation</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required) <u>Director, President</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Robert H. Dunlap</u>	<u>11/16/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>880 County Road 202</u>		
City, State, Zip Code <u>Abbeville, MS 38601-9797</u>		
Name of Employer (Required) <u>Dunlap & Kyle Co, Inc.</u>	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required) <u>Chairman</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Enterprise Holdings, Inc PAC</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>600 Corporate Park Drive</u>		
City, State, Zip Code <u>Saint Louis, MO 63105-4204</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Denmiss LLC</u>	<u>08/31/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 320579</u>		
City, State, Zip Code <u>Flowood, MS 39232-0579</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Physical Therapy Association PAC</u>	<u>10/11/2017</u>	<u>\$500.00</u>
Mailing Address <u>1055 N Fairfax St Ste 205</u>		
City, State, Zip Code <u>Alexandria, VA 22314-1541</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Southeastern Timber Products, LLC</u>	<u>09/15/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 5327</u>		
City, State, Zip Code <u>Jackson, MS 39296-5327</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$5,000.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	10/05/2017	\$1,000.00
Full Name <u>Denbury Resources, Inc.</u>		
Mailing Address <u>5320 Legacy Drive</u>		
City, State, Zip Code <u>Plano, TX 75024-3127</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	10/19/2017	\$250.00
Full Name <u>Gary A. Blair</u>		
Mailing Address <u>223 Deer Run Trail NE</u>		
City, State, Zip Code <u>Brookhaven, MS 39601-3672</u>		
Name of Employer (Required) <u>Legacy Land and Financial Consulting</u>	Aggregate Year-to-date	\$250.00
Occupation (Required) <u>Sales</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	10/20/2017	\$1,000.00
Full Name <u>CoreCivic of Tennessee LLC</u>		
Mailing Address <u>10 Burton Hills Blvd</u>		
City, State, Zip Code <u>Nashville, TN 37215-6105</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	12/12/2017	\$1,000.00
Full Name <u>Anthony L. Wilson</u>		
Mailing Address <u>2992 West Beach Blvd</u>		
City, State, Zip Code <u>Gulfport, MS 39501-1907</u>		
Name of Employer (Required) <u>Mississippi Power Company</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>President & CEO</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tindell Investments and Properties LLC</u>	<u>01/03/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>20 Mockingbird Lane</u>		
City, State, Zip Code <u>Gulfport, MS 39507-1629</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>R. B. Flowers Jr.</u>	<u>04/18/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>732 Friars Point Road</u>		
City, State, Zip Code <u>Clarksdale, MS 38614-9750</u>		
Name of Employer (Required) <u>Self</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Farmer</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Frank Bordeaux</u>	<u>10/16/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>11633 Bluff Lane</u>		
City, State, Zip Code <u>Gulfport, MS 39503-6150</u>		
Name of Employer (Required) <u>Stewart Sneed Hewes</u>	Aggregate Year-to-date	<u>\$2,500.00</u>
Occupation (Required) <u>Insurance</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mike P. Sturdivant Jr.</u>	<u>04/03/2017</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 230</u>		
City, State, Zip Code <u>Glendora, MS 38928-0230</u>		
Name of Employer (Required) <u>Staplcotn</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Executive</u>		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tellus Energy, LLC</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>602 Crescent Place</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8676</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Alfred McNair Jr.</u>	<u>11/02/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>2953 Bienville Blvd #142</u>		
City, State, Zip Code <u>Ocean Springs, MS 39564-4305</u>		
Name of Employer (Required) <u>Digestive Health Center PA</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Physician</u>		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>LKQ Corporation Employee Good Government Fund</u>	<u>07/10/2017</u>	<u>\$2,000.00</u>
Mailing Address <u>500 W Madison St Ste 2800</u>		
City, State, Zip Code <u>Chicago, IL 60661-2506</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$2,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James Herring</u>	<u>10/05/2017</u>	<u>\$500.00</u>
Mailing Address <u>232 E Semmes Street</u>		
City, State, Zip Code <u>Canton, MS 39046-4530</u>		
Name of Employer (Required) <u>Herring, Long, and Crews</u>	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) <u>Attorney</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tommy E Dulaney	09/26/2017	\$5,000.00
Mailing Address 5601 10th Ave		
City, State, Zip Code Meridian, MS 39305-1925		
Name of Employer (Required) Structural Steel Services, Inc.		
Occupation (Required) Executive	Aggregate Year-to-date	\$15,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name General Motors Company PAC	11/08/2017	\$1,000.00
Mailing Address 25 Massachusetts Ave NW Ste 400		
City, State, Zip Code Washington, DC 20001-1427		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Pathway Management Inc.	09/20/2017	\$500.00
Mailing Address 763 Avery Boulevard N		
City, State, Zip Code Ridgeland, MS 39157-5218		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Concrete Industries Association PAC	10/11/2017	\$1,000.00
Mailing Address 6700 Old Canton Rd Ste K		
City, State, Zip Code Ridgeland, MS 39157-1253		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Olivia Host</u>	<u>09/20/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>270 Hidden Oaks Drive</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-7000</u>		
Name of Employer (Required) <u>BKD</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>CPA</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rodney E. Frothingham</u>	<u>04/18/2017</u>	<u>\$250.00</u>
Mailing Address <u>375 N Ruby Avenue</u>		
City, State, Zip Code <u>Ruleville, MS 38771-3515</u>		
Name of Employer (Required) <u>North Sunflower Medical Center</u>	Aggregate Year-to-date	<u>\$250.00</u>
Occupation (Required) <u>Physician</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>W. W. Gresham III</u>	<u>04/18/2017</u>	<u>\$1,205.94</u>
Mailing Address <u>PO Box 690</u>		
City, State, Zip Code <u>Indianola, MS 38751-0690</u>		
Name of Employer (Required) <u>Gresham Petroleum</u>	Aggregate Year-to-date	<u>\$2,205.94</u>
Occupation (Required) <u>Owner</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Ollie Dee Boykin Jr.</u>	<u>08/20/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>3221 Ward Pineview Road</u>		
City, State, Zip Code <u>Lucedale, MS 39452-9523</u>		
Name of Employer (Required) <u>Horne</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>CPA</u>		

Name of Candidate or Committee
Reporting Period

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through

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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Columbus Nissan, Inc.	10/25/2017	\$1,000.00
Mailing Address 100 Hwy 12 East		
City, State, Zip Code Columbus, MS 39702-7828		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Joyce A. Wanek	08/08/2017	\$10,000.00
Mailing Address 1205 Snell Isle Boulevard NE		
City, State, Zip Code St Petersburg, FL 33704		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$10,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Garden Park Medical Center PAC	12/21/2017	\$500.00
Mailing Address 15200 Community Rd		
City, State, Zip Code Gulfport, MS 39503-3085		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Dick Stevens	04/18/2017	\$1,000.00
Mailing Address PO Box 271		
City, State, Zip Code Isola, MS 38754-0271		
Name of Employer (Required) Consolidated Catfish Products		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee

Friends Of Tate ReevesReporting Period 01/01/2017

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	10/16/2017	\$1,000.00
Full Name <u>Roy Parker</u>		
Mailing Address <u>2820 Narrow Gauge Road</u>		
City, State, Zip Code <u>Bolton, MS 39041-9774</u>		
Name of Employer (Required) <u>Parker - McGill</u>		
Occupation (Required) <u>Car Dealer</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	11/06/2017	\$3,000.00
Full Name <u>G. Bennett Hubbard Jr.</u>		
Mailing Address <u>PO Box 414</u>		
City, State, Zip Code <u>Magee, MS 39111-0414</u>		
Name of Employer (Required) <u>Advanced Health Care</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	\$3,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	10/10/2017	\$1,000.00
Full Name <u>John England</u>		
Mailing Address <u>2034 Petit Bois Street S</u>		
City, State, Zip Code <u>Jackson, MS 39211-6709</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	10/17/2017	\$1,000.00
Full Name <u>MS for Emergency Medical Services - PAC</u>		
Mailing Address <u>PO Box 1051</u>		
City, State, Zip Code <u>Oxford, MS 38655-1051</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Alben Norris Hopkins Sr.</u>	<u>08/01/2017</u>	<u>\$3,000.00</u>
Mailing Address <u>19208 Champion Circle</u>		
City, State, Zip Code <u>Gulfport, MS 39503-7706</u>		
Name of Employer (Required) <u>Hopkins Barvie & Hopkins</u>	Aggregate Year-to-date	<u>\$3,000.00</u>
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>McGraw Gotta Go LLC</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 267</u>		
City, State, Zip Code <u>Flora, MS 39071-0267</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC IN-KIND GRAPHIC DESIGN</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Snapshot Publishing LLC</u>	<u>12/31/2017</u>	<u>\$975.00</u>
Mailing Address <u>P.O. Box 320925</u>		
City, State, Zip Code <u>Flowood, MS 39232-0925</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$975.00</u>
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Swisher International, Inc.</u>	<u>09/01/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 2230</u>		
City, State, Zip Code <u>Jacksonville, FL 32203-2230</u>		
Name of Employer (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Reynolds American Inc PAC</u>	<u>11/16/2017</u>	<u>\$20,000.00</u>
Mailing Address <u>PO Box 718</u>		
City, State, Zip Code <u>Winston Salem, NC 27102-0718</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$20,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gouras & Associates, LLC</u>	<u>09/18/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 1465</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-1465</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Express Scripts, Inc.</u>	<u>10/10/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1 Express Way</u>		
City, State, Zip Code <u>Saint Louis, MO 63121-1824</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John F Phillips III</u>	<u>04/06/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>4042 Highway 16 W</u>		
City, State, Zip Code <u>Yazoo City, MS 39194-9243</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Farmer</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	11/02/2017	\$5,000.00
Full Name <u>Johnny L. Crane Jr.</u>		
Mailing Address <u>PO Box 428</u>		
City, State, Zip Code <u>Fulton, MS 38843-0428</u>		
Name of Employer (Required) <u>F.L. Crane and Sons Construction</u>	Aggregate Year-to-date	\$5,000.00
Occupation (Required) <u>President</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	05/11/2017	\$500.00
Full Name <u>James E. Turner III</u>		
Mailing Address <u>407 Norman Circle</u>		
City, State, Zip Code <u>Cleveland, MS 38732-9722</u>		
Name of Employer (Required) <u>Sanders</u>	Aggregate Year-to-date	\$500.00
Occupation (Required) <u>Executive</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	09/28/2017	\$1,000.00
Full Name <u>James H Heidelberg</u>		
Mailing Address <u>1300 Driftwood Street</u>		
City, State, Zip Code <u>Pascagoula, MS 39567-7592</u>		
Name of Employer (Required) <u>Heidelberg Steinberger Colmer & Burrow, P.A.</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Attorney</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	12/07/2017	\$2,500.00
Full Name <u>Instate Partners, LLC</u>		
Mailing Address <u>909 Poydras Street Suite 2230</u>		
City, State, Zip Code <u>New Orleans, LA 70112-4003</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$2,500.00
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Drew T St. John II</u>	10/10/2017	\$5,000.00
Mailing Address <u>104 Stonebridge Cove</u>		
City, State, Zip Code <u>MADISON, MS 39110</u>		
Name of Employer (Required) <u>New South Access & Environmental</u>	Aggregate Year-to-date	\$5,000.00
Occupation (Required) <u>CEO</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Fast Break Strategies, LLC</u>	09/15/2017	\$1,000.00
Mailing Address <u>2238 E Manor Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6151</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tower Loan of Mississippi LLC</u>	10/03/2017	\$15,000.00
Mailing Address <u>PO Box 320001</u>		
City, State, Zip Code <u>Flowood, MS 39232-0001</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$15,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gerard R. Gibert</u>	10/16/2017	\$500.00
Mailing Address <u>PO Box 1020</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-1020</u>		
Name of Employer (Required) <u>Venture Technologies</u>	Aggregate Year-to-date	\$500.00
Occupation (Required) <u>CEO</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Anheuser Busch Companies</u>	<u>06/26/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1 Busch Place</u>		
City, State, Zip Code <u>Saint Louis, MO 63118-1849</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Medical PAC -State</u>	<u>04/13/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>PO Box 2548</u>		
City, State, Zip Code <u>Ridgeland, MS 39158-2548</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$2,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>R Allen Reeves Jr.</u>	<u>12/12/2017</u>	<u>\$500.00</u>
Mailing Address <u>5611 Via Ponte</u>		
City, State, Zip Code <u>Ocean Springs, MS 39564-6102</u>		
Name of Employer (Required) <u>Mississippi Power Company</u>		
Occupation (Required) <u>Vice President</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Barbaree Heaster</u>	<u>10/02/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>1 John Anderson Dr.</u>		
City, State, Zip Code <u>Ormond Beach, FL 32176-5768</u>		
Name of Employer (Required) <u>Rosenbaum Properties</u>		
Occupation (Required) <u>Real Estate</u>	Aggregate Year-to-date	<u>\$5,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Scott Hambleton</u>	<u>10/25/2017</u>	<u>\$500.00</u>
Mailing Address <u>137 Hampton Place</u>		
City, State, Zip Code <u>Madison, MS 39110-4546</u>		
Name of Employer (Required) <u>American Society Of Addiction Medicine Inc</u>		
Occupation (Required) <u>Physician</u>	Aggregate Year-to-date	<u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Bankers Association PAC</u>	<u>10/16/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>PO Box 1091</u>		
City, State, Zip Code <u>Jackson, MS 39215-1091</u>		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate Year-to-date	<u>\$2,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William H. Allen</u>	<u>04/06/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 2302</u>		
City, State, Zip Code <u>Tunica, MS 38676-2302</u>		
Name of Employer (Required) <u>A & J Planting Company</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Wood Heating & Cooling LLC</u>	<u>10/04/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 5681</u>		
City, State, Zip Code <u>Pearl, MS 39288-5681</u>		
Name of Employer (Required) _____		
Occupation (Required) _____	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Parkway Development, Inc.	10/13/2017	\$1,000.00
Mailing Address 385B Highland Parkway Suite 502		
City, State, Zip Code Ridgeland, MS 39157-6061		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Regions Financial Corporation PAC	08/28/2017	\$4,000.00
Mailing Address 1015 15th St NW Suite 920		
City, State, Zip Code Washington, DC 20005-2623		
Name of Employer (Required)	Aggregate Year-to-date	\$4,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Candice Lozano	10/16/2017	\$2,500.00
Mailing Address 5N530 Chambellan Lane		
City, State, Zip Code Wayne, IL 60184-2109		
Name of Employer (Required) B&B Gaming	Aggregate Year-to-date	\$2,500.00
Occupation (Required) Gov Relations		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Andrew Kellum	09/24/2017	\$500.00
Mailing Address 139 Chickasaw Trail		
City, State, Zip Code Saltillo, MS 38866-9784		
Name of Employer (Required) Hematology Oncology Associates	Aggregate Year-to-date	\$500.00
Occupation (Required) Physician (Oncologist)		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Denbury Resources PAC</u>	10/04/2017	\$4,000.00
Mailing Address <u>5320 Legacy Drive</u>		
City, State, Zip Code <u>Plano, TX 75024-3127</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Meade W Mitchell</u>	10/04/2017	\$1,000.00
Mailing Address <u>4148 Dogwood Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-6520</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Richard Todd Little</u>	11/07/2017	\$500.00
Mailing Address <u>37 Marais Ridge</u>		
City, State, Zip Code <u>Hattiesburg, MS 39402-7954</u>		
Name of Employer (Required) <u>Malt Industries Inc</u>		
Occupation (Required) <u>Executive</u>	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Catherine Barnes</u>	10/04/2017	\$250.00
Mailing Address <u>173 Glenway Drive</u>		
City, State, Zip Code <u>Jackson, MS 39216-4102</u>		
Name of Employer (Required) <u>N/A</u>		
Occupation (Required) <u>Retired</u>	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee
Reporting Period

Friends Of Tate Reeves

through

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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Society of Anesthesiologists</u>	<u>10/05/2017</u>	<u>\$500.00</u>
Mailing Address <u>PO Box 13405</u>		
City, State, Zip Code <u>Jackson, MS 39236-3405</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	<u>\$500.00</u>
Occupation (Required) _____		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>James C Hays</u>	<u>04/11/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>4342 N Honeysuckle Lane</u>		
City, State, Zip Code <u>Jackson, MS 39211-6131</u>		
Name of Employer (Required) <u>Retired</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>Cardiologist</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Monica Sethi Harrigill</u>	<u>08/21/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>106 Gabriel Place</u>		
City, State, Zip Code <u>Madison, MS 39110-8532</u>		
Name of Employer (Required) <u>Jackie's International</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Occupation (Required) <u>President</u>		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Avonna Cain</u>	<u>11/06/2017</u>	<u>\$3,000.00</u>
Mailing Address <u>2352 N Country Club Lane</u>		
City, State, Zip Code <u>Biloxi, MS 39532-3200</u>		
Name of Employer (Required) <u>Conner Cain Enterprise</u>	Aggregate Year-to-date	<u>\$3,000.00</u>
Occupation (Required) <u>Owner</u>		

Name of Candidate or Committee
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through 12/31/2017

ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Koch Industries, Inc.</u>	<u>12/06/2017</u>	<u>\$750.00</u>
Mailing Address <u>4111 E 37th Street N</u>		
City, State, Zip Code <u>Wichita, KS 67220-3203</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$750.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Waters International Trucks</u>	<u>09/22/2017</u>	<u>\$5,000.00</u>
Mailing Address <u>PO Box 4157</u>		
City, State, Zip Code <u>Meridian, MS 39304-4157</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$5,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brandon G Payne</u>	<u>08/15/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>PO Box 6213</u>		
City, State, Zip Code <u>Gulfport, MS 39506-6213</u>		
Name of Employer (Required) <u>The Payne Group</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$2,500.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>MASCA PAC</u>	<u>10/13/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>408 W Parkway Pl</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-6010</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$2,500.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Regional Care LLC</u>	<u>09/20/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>763 Avery Blvd. N.</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-5218</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Financial Service Centers of MS PAC</u>	<u>10/12/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 37</u>		
City, State, Zip Code <u>Fulton, MS 38843-0037</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Rehabilitation Centers, LLC Pontotoc</u>	<u>10/12/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1814 Highway 15 North</u>		
City, State, Zip Code <u>Pontotoc, MS 38863-6962</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>William Ware</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>271 Highland Place Drive</u>		
City, State, Zip Code <u>Jackson, MS 39211-5910</u>		
Name of Employer (Required) <u>Mid State Construction</u>		
Occupation (Required) <u>Owner</u>	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Comcast Corporation & NBCUniversal PAC	12/14/2017	\$5,000.00
Mailing Address 1 Comcast Ctr 1701 JFK Boulevard		
City, State, Zip Code Philadelphia, PA 19103-2838		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Weyerhaeuser NR Company	11/01/2017	\$1,000.00
Mailing Address 220 Occidental Ave S		
City, State, Zip Code Seattle, WA 98104-3120		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of MSMS	11/07/2017	\$500.00
Mailing Address 1202 S 34th Ave		
City, State, Zip Code Hattiesburg, MS 39402-3060		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Parkwood BHS	10/06/2017	\$1,000.00
Mailing Address 8135 Goodman Road		
City, State, Zip Code Olive Branch, MS 38654-2103		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Barry Bridgforth</u>	<u>04/10/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>16164 Hwy 432</u>		
City, State, Zip Code <u>Pickens, MS 39146-3133</u>		
Name of Employer (Required) <u>Henry, Barbour, DeCell & Bridgforth Ltd</u>		
Occupation (Required) <u>Attorney</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Mississippi Manufactured Housing Association PAC</u>	<u>08/30/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 320369</u>		
City, State, Zip Code <u>Jackson, MS 39232-0369</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>AT&T Mississippi Political Action Committee</u>	<u>09/26/2017</u>	<u>\$2,500.00</u>
Mailing Address <u>111 E Capitol St Ste 6030</u>		
City, State, Zip Code <u>Jackson, MS 39201-2108</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$2,500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Johnny Morgan</u>	<u>11/16/2017</u>	<u>\$4,000.00</u>
Mailing Address <u>PO Box 309</u>		
City, State, Zip Code <u>Oxford, MS 38655-0309</u>		
Name of Employer (Required) <u>Morgan White Group</u>		
Occupation (Required) <u>President</u>	Aggregate Year-to-date	<u>\$4,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Steele Farms</u>	<u>04/17/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>40 Riverside Road</u>		
City, State, Zip Code <u>Hollandale, MS 38748-9743</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>John Dean Jr.</u>	<u>04/07/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>PO Box 272</u>		
City, State, Zip Code <u>Leland, MS 38756-0272</u>		
Name of Employer (Required) <u>Self</u>		
Occupation (Required) <u>Realtor</u>	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Gulf States Toyota, Inc.</u>	<u>10/24/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>1375 Enclave Parkway</u>		
City, State, Zip Code <u>Houston, TX 77077-2026</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brentwood Behavioral Healthcare Of MS</u>	<u>10/16/2017</u>	<u>\$1,000.00</u>
Mailing Address <u>3531 Lakeland Drive</u>		
City, State, Zip Code <u>Jackson, MS 39232-8839</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	<u>\$1,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Independent Insurance Agents of Mississippi PAC</u>	11/13/2017	\$1,000.00
Mailing Address <u>124 Riverview Dr</u>		
City, State, Zip Code <u>Flowood, MS 39232-8908</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Tellus Operating Group LLC</u>	10/16/2017	\$1,000.00
Mailing Address <u>602 Crescent Place Suite 100</u>		
City, State, Zip Code <u>Ridgeland, MS 39157-8676</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Roger L Hancock</u>	12/30/2017	\$5,000.00
Mailing Address <u>PO Box 207</u>		
City, State, Zip Code <u>Benton, MS 39040</u>		
Name of Employer (Required) <u>WOSO Red Hancocks</u>		
Occupation (Required) <u>Construction</u>	Aggregate Year-to-date	\$6,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Cornerstone Government Affairs Inc.</u>	09/22/2017	\$1,000.00
Mailing Address <u>300 Independence Ave SE</u>		
City, State, Zip Code <u>Washington, DC 20003-1021</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Marty Davidson	07/19/2017	\$2,500.00
Mailing Address PO Box 3804		
City, State, Zip Code Meridian, MS 39303-3804		
Name of Employer (Required) Southern Pipe & Co LLC		
Occupation (Required) Owner	Aggregate Year-to-date	\$2,500.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Thad Varner	10/02/2017	\$1,000.00
Mailing Address 2460 Meadowbrook Road		
City, State, Zip Code Jackson, MS 39211-6553		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles E. Ross	10/04/2017	\$500.00
Mailing Address PO Box 651		
City, State, Zip Code Jackson, MS 39205-0651		
Name of Employer (Required) Wise Carter Child & Caraway, P.A.		
Occupation (Required) Attorney	Aggregate Year-to-date	\$500.00

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Franks, Franks, Jerrell & Wilemon, P.A. CPAs	10/11/2017	\$250.00
Mailing Address PO Box 355		
City, State, Zip Code Fulton, MS 38843-0355		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00

Name of Candidate or Committee
Reporting Period

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	09/21/2017	\$250.00
Full Name Victor Mavar		
Mailing Address PO Box 1910		
City, State, Zip Code Biloxi, MS 39533-1910		
Name of Employer (Required) N/A	Aggregate Year-to-date	\$250.00
Occupation (Required) Retired	Date (Mo., Day, Year)	Amount of each receipt this period
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	10/16/2017	\$1,000.00
<input type="checkbox"/> Other (please specify) _____		
Full Name Scott E Andress		
Mailing Address 758 Arlington Street		
City, State, Zip Code Jackson, MS 39202-1616		
Name of Employer (Required) Balch & Bingham	Aggregate Year-to-date	\$1,000.00
Occupation (Required) Attorney	Date (Mo., Day, Year)	Amount of each receipt this period
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	08/30/2017	\$500.00
<input type="checkbox"/> Other (please specify) _____		
Full Name Patrick Gough		
Mailing Address 434 Laurel Court		
City, State, Zip Code Madison, MS 39110-7095		
Name of Employer (Required) Horne LLP	Aggregate Year-to-date	\$500.00
Occupation (Required) CPA-Partner	Date (Mo., Day, Year)	Amount of each receipt this period
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	10/16/2017	\$1,000.00
<input type="checkbox"/> Other (please specify) _____		
Full Name Mississippi Bail Agents Association		
Mailing Address 413 S President Street Suite 111		
City, State, Zip Code Jackson, MS 39201-5006		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves through 12/31/2017
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Brunini Grantham Grower & Hewes PLLC</u> Mailing Address <u>PO Box 119</u> City, State, Zip Code <u>Jackson, MS 39205-0119</u> Name of Employer (Required) _____ Occupation (Required) _____	<u>09/14/2017</u>	<u>\$1,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate Year-to-date	<u>\$1,000.00</u>
Full Name <u>Mississippi Independent Rx PAC</u> Mailing Address <u>4209 Lakeland Dr Ste 399</u> City, State, Zip Code <u>Flowood, MS 39232-9212</u> Name of Employer (Required) _____ Occupation (Required) _____	Date (Mo., Day, Year) <u>12/15/2017</u>	Amount of each receipt this period <u>\$10,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate Year-to-date	<u>\$25,000.00</u>
Full Name <u>Abdul Lala</u> Mailing Address <u>2212 Causeyville Road</u> City, State, Zip Code <u>Meridian, MS 39301-7401</u> Name of Employer (Required) <u>Lala Enterprises</u> Occupation (Required) <u>Owner</u>	Date (Mo., Day, Year) <u>10/23/2017</u>	Amount of each receipt this period <u>\$10,000.00</u>
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate Year-to-date	<u>\$10,000.00</u>
Full Name <u>Raytheon PAC</u> Mailing Address <u>1100 Wilson Blvd Ste 1500</u> City, State, Zip Code <u>Arlington, VA 22209-3900</u> Name of Employer (Required) _____ Occupation (Required) _____	Date (Mo., Day, Year) <u>09/14/2017</u>	Amount of each receipt this period <u>\$5,000.00</u>
	Aggregate Year-to-date	<u>\$5,000.00</u>

Name of Candidate or Committee Friends Of Tate Reeves through 12/31/2017
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Whitwell Holdings LLC</u> Mailing Address <u>PO Box 2547</u> City, State, Zip Code <u>Oxford, MS 38655-4900</u> Name of Employer (Required) _____ Occupation (Required) _____	<u>12/15/2017</u>	<u>\$2,500.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate Year-to-date	<u>\$2,500.00</u>
Full Name <u>Merck Sharp & Dohme Corporation</u> Mailing Address <u>304 Mossy Oak Court</u> City, State, Zip Code <u>Antioch, TN 37013-7313</u> Name of Employer (Required) _____ Occupation (Required) _____	Date (Mo., Day, Year) <u>06/15/2017</u>	Amount of each receipt this period <u>\$1,000.00</u>
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate Year-to-date	<u>\$1,000.00</u>
Full Name <u>Ted Edwards</u> Mailing Address <u>3 Legare Court</u> City, State, Zip Code <u>Clinton, MS 39056-9324</u> Name of Employer (Required) <u>Haddox Reid Burkes & Calhoun PLLC</u> Occupation (Required) <u>CPA - Member in Charge of Tax Services</u>	Date (Mo., Day, Year) <u>08/26/2017</u>	Amount of each receipt this period <u>\$500.00</u>
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Aggregate Year-to-date	<u>\$500.00</u>
Full Name <u>George Simmerman</u> Mailing Address <u>11650 Jeff Hamilton Road</u> City, State, Zip Code <u>Mobile, AL 36695-8019</u> Name of Employer (Required) <u>Huntington Ingalls Industries</u> Occupation (Required) <u>Vice President and Chief Counsel</u>	Date (Mo., Day, Year) <u>11/25/2017</u>	Amount of each receipt this period <u>\$500.00</u>
	Aggregate Year-to-date	<u>\$700.00</u>

Name of Candidate or Committee Friends Of Tate Reeves through 12/31/2017
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Sanofi U.S. Services, Inc. Employees' PAC</u>	09/21/2017	\$1,000.00
Mailing Address <u>55 Corporate Dr</u>		
City, State, Zip Code <u>Bridgewater, NJ 08807-1265</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	\$1,000.00
Occupation (Required) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	09/21/2017	\$500.00
Full Name <u>Carey Johnston D. M. D.</u>		
Mailing Address <u>1064 Stokes Road</u>		
City, State, Zip Code <u>Canton, MS 39046-8407</u>		
Name of Employer (Required) <u>Endodontic Associates PLLC</u>	Aggregate Year-to-date	\$500.00
Occupation (Required) <u>Dentist</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	10/02/2017	\$1,000.00
Full Name <u>Arthur D. Spratlin, Jr.</u>		
Mailing Address <u>2480 Sandridge Dr</u>		
City, State, Zip Code <u>Jackson, MS 39211-6203</u>		
Name of Employer (Required) <u>Butler Snow Omara Stevens & Cannada</u>	Aggregate Year-to-date	\$1,000.00
Occupation (Required) <u>Attorney</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	09/22/2017	\$1,000.00
Full Name <u>Millette Administrators, Inc.</u>		
Mailing Address <u>4619 Main Street Suite A</u>		
City, State, Zip Code <u>Moss Point, MS 39563-3939</u>		
Name of Employer (Required) _____	Aggregate Year-to-date	\$1,000.00
Occupation (Required) _____		

Name of Candidate or Committee
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ITEMIZED RECEIPTS

Source:	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other (please specify) <u>LLP</u>	09/21/2017	\$1,000.00
Full Name Adams & Reese LLP Mailing Address 1018 Highland Colony Pkwy STE 800 City, State, Zip Code Ridgeland, MS 39157-2057 Name of Employer (Required) Occupation (Required)		
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	10/13/2017	\$1,000.00
Full Name Rehabilitation Centers LLC Mailing Address P.O. Box 1130 City, State, Zip Code Magee, MS 39111-1130 Name of Employer (Required) Occupation (Required)		
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	04/18/2017	\$250.00
Full Name Viking Range LLC Mailing Address 111 Front Street City, State, Zip Code Greenwood, MS 38930-4442 Name of Employer (Required) Occupation (Required)		
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Other (please specify) <u>Mississippi Physicians PAC</u>	10/05/2017	\$2,500.00
Full Name Mississippi Physicians PAC Mailing Address 404 W Parkway Pl City, State, Zip Code Ridgeland, MS 39157-6010 Name of Employer (Required) Occupation (Required)		
Aggregate Year-to-date		\$2,500.00

Name of Candidate or Committee
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Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	10/03/2017	\$1,000.00
Full Name Nucor Steel Recyclers of Mississippi PAC		
Mailing Address 3630 Fourth Street		
City, State, Zip Code Flowood, MS 39232-2000		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input checked="" type="checkbox"/> Other (please specify) LP	12/14/2017	\$1,000.00
Full Name Plains Marketing LP		
Mailing Address PO Box 4648		
City, State, Zip Code Houston, TX 77210-4648		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	10/16/2017	\$1,000.00
Full Name Southern Air Conditioning Supply, Inc.		
Mailing Address PO Box 97478		
City, State, Zip Code Pearl, MS 39288-7478		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	10/24/2017	\$2,500.00
Full Name Cable PAC MCTA		
Mailing Address PO Box 55867		
City, State, Zip Code Jackson, MS 39296-5867		
Name of Employer (Required)	Aggregate Year-to-date	\$2,500.00
Occupation (Required)		

Name of Candidate or Committee
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	12/31/2017	\$23,569.76
Full Name Interest Earnings		
Mailing Address 1667 Lelia Drive		
City, State, Zip Code Jackson, MS 39216-4818		
Name of Employer (Required)	Aggregate Year-to-date	\$23,569.76
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	04/18/2017	\$250.00
Full Name Merlin S. Richardson		
Mailing Address 12 Greer Street		
City, State, Zip Code Anguilla, MS 38721-9518		
Name of Employer (Required) Anguilla	Aggregate Year-to-date	\$250.00
Occupation (Required) Mayor		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify) _____	10/02/2017	\$1,000.00
Full Name Donald Clark		
Mailing Address PO Box 6010		
City, State, Zip Code Ridgeland, MS 39158-6010		
Name of Employer (Required) Butler Snow O'mara Stevens & Cannada	Aggregate Year-to-date	\$1,000.00
Occupation (Required) Attorney		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan	Date (Mo., Day, Year)	Amount of each receipt this period
<input checked="" type="checkbox"/> Other (please specify) LLC	09/11/2017	\$5,000.00
Full Name Market Max LLC		
Mailing Address PO Box 229		
City, State, Zip Code Tylertown, MS 39667-0229		
Name of Employer (Required)	Aggregate Year-to-date	\$5,000.00
Occupation (Required)		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Caesars Enterprise Services LLC</u>	12/15/2017	\$1,000.00
Mailing Address <u>One Harrah's Court</u>		
City, State, Zip Code <u>Las Vegas, NV 89119-4377</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Pfizer PAC</u>	08/23/2017	\$1,000.00
Mailing Address <u>235 E 42nd St</u>		
City, State, Zip Code <u>New York, NY 10017-5703</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00
Occupation (Required)		
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Johnson & Johnson</u>	09/22/2017	\$500.00
Mailing Address <u>1350 I St. NW STE 1210</u>		
City, State, Zip Code <u>Washington, DC 20005-3305</u>		
Name of Employer (Required)	Aggregate Year-to-date	\$500.00
Occupation (Required)		
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Haden Hughes</u>	12/31/2017	\$250.00
Mailing Address <u>48 Avery Circle</u>		
City, State, Zip Code <u>Jackson, MS 39211-2403</u>		
Name of Employer (Required) <u>Mathison Insurance Partners</u>	Aggregate Year-to-date	\$250.00
Occupation (Required) <u>Vice President</u>		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kathleen G. Henry	09/21/2017	\$500.00
Mailing Address 321 Avalon Way		
City, State, Zip Code Brandon, MS 39047-7635		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Edward Moak	10/16/2017	\$250.00
Mailing Address 520 Burnham Road		
City, State, Zip Code Brandon, MS 39042-2010		
Name of Employer (Required) Stuart C. Irby Company		
Occupation (Required) Sales VP	Aggregate Year-to-date	\$250.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Blake Enterprises	10/16/2017	\$750.00
Mailing Address 2 North Second St.		
City, State, Zip Code Memphis, TN 38103-2602		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gary Blossman	11/07/2017	\$5,000.00
Mailing Address 714 Girod St. PH2		
City, State, Zip Code New Orleans, LA 70130-3518		
Name of Employer (Required) First Bank & Trust		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name R. Barry Cannada	10/02/2017	\$1,000.00
Mailing Address 827 Pinehurst Place		
City, State, Zip Code Jackson, MS 39202-1740		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) LLP	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jones Walker LLP	10/10/2017	\$2,500.00
Mailing Address PO Box 427		
City, State, Zip Code Jackson, MS 39205-0427		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name John A. Polk	11/07/2017	\$1,000.00
Mailing Address 53 Tidewater Road		
City, State, Zip Code Hattiesburg, MS 39402-9778		
Name of Employer (Required) Polks Meat Products Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Wal-Mart Stores, Inc. PAC for Responsible Government	10/12/2017	\$4,000.00
Mailing Address 702 SW 8th St		
City, State, Zip Code Bentonville, AR 72716-6209		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$4,000.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED RECEIPTS

Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name American Cash Advance	10/11/2017	\$750.00
Mailing Address PO Box 849		
City, State, Zip Code Larose, LA 70373-0849		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Association Of Health Plans	10/13/2017	\$1,000.00
Mailing Address PO Box 1885		
City, State, Zip Code Jackson, MS 39215-1885		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Russell G. Newman	12/13/2017	\$1,000.00
Mailing Address 801 Country Place Drive		
City, State, Zip Code Pearl, MS 39208-6621		
Name of Employer (Required) MS Bonding Company		
Occupation (Required) Vice President	Aggregate Year-to-date	\$1,000.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Samuel W Keyes Jr.	10/05/2017	\$1,000.00
Mailing Address 202 Valley Road		
City, State, Zip Code Ridgeland, MS 39157-9105		
Name of Employer (Required) Butler Snow Omara Stevens & Cannada		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00

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ITEMIZED RECEIPTS

Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>PLLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>Watkins & Eager PLLC</u>	10/12/2017	\$5,000.00
Mailing Address <u>P.O. Box 650</u>		
City, State, Zip Code <u>Jackson, MS 39205-0650</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>World Class Athletic Surfaces</u>	04/13/2017	\$500.00
Mailing Address <u>PO Box 152</u>		
City, State, Zip Code <u>Leland, MS 38756-0152</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>LLC</u>	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name <u>The Ramey Agency, LLC</u>	09/20/2017	\$500.00
Mailing Address <u>3100 North State Street, STE 300 STE 300</u>		
City, State, Zip Code <u>Jackson, MS 39216-4013</u>		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
D2 Tech Solutions, LLC	03/20/2017	\$166.28
Mailing Address		
328 Kingsbridge Road		
City, State, Zip Code		
Madison, MS 39110-8487		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$665.12
Data Storage		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Chuck McCarty	05/12/2017	\$1,500.00
Mailing Address		
101 Bordeaux St.		
City, State, Zip Code		
Indianola, MS 38751-2906		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,500.00
Catering for event		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Construction Services Inc.	11/06/2017	\$4,000.00
Mailing Address		
PO Box 5737		
City, State, Zip Code		
Meridian, MS 39302-5737		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$4,000.00
Refund, over corporate limit		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
InCare Technologies, Inc	09/04/2017	\$187.65
Mailing Address		
600 Lakeshore Parkway		
City, State, Zip Code		
Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$2,753.25
Data Storage		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
InCare Technologies, Inc	04/21/2017	\$166.28
Mailing Address		
600 Lakeshore Parkway		
City, State, Zip Code		
Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$166.28
Data Storage		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center	02/17/2017	\$74.62
Mailing Address		
PO Box 114		
City, State, Zip Code		
Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$2,023.94
Credit Card Payment		

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
People Lease			
Mailing Address	02/28/2017	\$5,531.59	
City, State, Zip Code			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$11,081.18	
Payroll			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
InCare Technologies, Inc			
Mailing Address	10/10/2017	\$192.87	
City, State, Zip Code			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$3,022.36	
Data Storage			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Trustmark National Bank Credit Card Center			
Mailing Address	08/14/2017	\$74.62	
City, State, Zip Code			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$4,857.66	
Credit Card Payment			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Trustmark National Bank Credit Card Center			
Mailing Address	07/20/2017	\$74.62	
City, State, Zip Code			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$4,317.79	
Credit Card Payment			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Trustmark National Bank Credit Card Center			
Mailing Address	10/13/2017	\$556.75	
City, State, Zip Code			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$9,214.09	
Credit Card Payment			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Trustmark National Bank Credit Card Center			
Mailing Address	11/18/2017	\$74.62	
City, State, Zip Code			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$9,363.33	
Credit Card Payment			

Name of Candidate or Committee Friends Of Tate Reeves
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ITEMIZED DISBURSEMENTS

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
People Lease		
Mailing Address	01/31/2017	\$5,549.59
City, State, Zip Code		
Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$5,549.59
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Kristin C McDevitt		
Mailing Address	08/04/2017	\$30.91
City, State, Zip Code		
Madison, MS 39110-6029		
Purpose of Disbursement (Optional) Expense reimbursement	Aggregate Year-to-date	\$30.91
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center		
Mailing Address	01/01/2017	\$1,376.97
City, State, Zip Code		
Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment	Aggregate Year-to-date	\$1,376.97
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
i360, LLC		
Mailing Address	11/18/2017	\$150.00
City, State, Zip Code		
Chicago, IL 60673-1293		
Purpose of Disbursement (Optional) Data Storage	Aggregate Year-to-date	\$1,728.90
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stephens Printing, LLC		
Mailing Address	09/29/2017	\$4,207.63
City, State, Zip Code		
Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	\$10,100.16
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center		
Mailing Address	01/19/2017	\$423.11
City, State, Zip Code		
Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment	Aggregate Year-to-date	\$1,874.70

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
D2 Tech Solutions, LLC		
Mailing Address	02/22/2017	\$166.28
328 Kingsbridge Road		
City, State, Zip Code		
Madison, MS 39110-8487		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$498.84
Data Storage		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
People Lease		
Mailing Address	04/28/2017	\$5,447.59
689 Towne Center Boulevard Suite B		
City, State, Zip Code		
Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$22,033.96
Payroll		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
i360, LLC		
Mailing Address	01/01/2017	\$150.00
29374 Network Place		
City, State, Zip Code		
Chicago, IL 60673-1293		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$150.00
Data Storage		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Stephens Printing, LLC		
Mailing Address	05/12/2017	\$2,221.64
642 Hwy 469 S		
City, State, Zip Code		
Florence, MS 39073-9064		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$5,892.53
Printing expenses for event		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center		
Mailing Address	01/01/2017	\$74.62
PO Box 114		
City, State, Zip Code		
Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,451.59
Credit Card Payment		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
D2 Tech Solutions, LLC		
Mailing Address	01/21/2017	\$166.28
328 Kingsbridge Road		
City, State, Zip Code		
Madison, MS 39110-8487		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$332.56
Data Storage		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
InCare Technologies, Inc	06/15/2017	\$187.65	
Mailing Address	600 Lakeshore Parkway		
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,395.82	
Data Storage			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Jeff Colyer for Governor	10/05/2017	\$2,000.00	
Mailing Address	PO Box 3708		
City, State, Zip Code	Topeka, KS 66604-7708		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$2,000.00	
Campaign Contribution			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Trustmark National Bank Credit Card Center	05/16/2017	\$74.62	
Mailing Address	PO Box 114		
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$3,542.22	
Credit Card Payment			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Aristotle International, Inc.	01/26/2017	\$8,400.00	
Mailing Address	200 Pennsylvania Ave. SE		
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$8,400.00	
Campaign Software			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
MFRW	09/04/2017	\$250.00	
Mailing Address	c/o Helen Carney PO Box 2634		
City, State, Zip Code	Madison, MS 39130-2634		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$350.00	
Event Sponsorship			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
InCare Technologies, Inc	07/13/2017	\$113.15	
Mailing Address	600 Lakeshore Parkway		
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$2,335.95	
Monthly domain support			

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
i360, LLC		
Mailing Address	06/05/2017	\$78.90
29374 Network Place		
City, State, Zip Code		
Chicago, IL 60673-1293		
Purpose of Disbursement (Optional)	Aggregate	\$828.90
Data Storage	Year-to-date	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
InCare Technologies, Inc		
Mailing Address	05/12/2017	\$97.00
600 Lakeshore Parkway		
City, State, Zip Code		
Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional)	Aggregate	\$263.28
Data Storage	Year-to-date	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center		
Mailing Address	02/17/2017	\$1,146.77
PO Box 114		
City, State, Zip Code		
Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)	Aggregate	\$3,170.71
Credit Card Payment	Year-to-date	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
U.S. Postal Service		
Mailing Address	07/10/2017	\$98.00
401 E. South Street		
City, State, Zip Code		
Jackson, MS 39201-5211		
Purpose of Disbursement (Optional)	Aggregate	\$264.00
Postage Stamps	Year-to-date	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center		
Mailing Address	07/20/2017	\$465.25
PO Box 114		
City, State, Zip Code		
Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)	Aggregate	\$4,783.04
Credit Card Payment	Year-to-date	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center		
Mailing Address	09/18/2017	\$1,892.26
PO Box 114		
City, State, Zip Code		
Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)	Aggregate	\$8,582.72
Credit Card Payment	Year-to-date	

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
People Lease			
Mailing Address	03/31/2017	\$5,505.19	
689 Towne Center Boulevard Suite B			
City, State, Zip Code			
Ridgeland, MS 39157-4900			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$16,586.37	
Payroll			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Trustmark National Bank Credit Card Center			
Mailing Address	06/15/2017	\$404.47	
PO Box 114			
City, State, Zip Code			
Jackson, MS 39205-0114			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$4,168.55	
Credit Card Payment			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
InCare Technologies, Inc			
Mailing Address	06/15/2017	\$600.00	
600 Lakeshore Parkway			
City, State, Zip Code			
Birmingham, AL 35209-6361			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,995.82	
Office Software			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
i360, LLC			
Mailing Address	10/13/2017	\$150.00	
29374 Network Place			
City, State, Zip Code			
Chicago, IL 60673-1293			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,578.90	
Data Storage			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
InCare Technologies, Inc			
Mailing Address	09/04/2017	\$76.24	
600 Lakeshore Parkway			
City, State, Zip Code			
Birmingham, AL 35209-6361			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$2,829.49	
IT Services			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
i360, LLC			
Mailing Address	04/27/2017	\$150.00	
29374 Network Place			
City, State, Zip Code			
Chicago, IL 60673-1293			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$750.00	
Data Storage			

Friends Of Tate Reeves

Name of Candidate or Committee

Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
InCare Technologies, Inc	11/02/2017	\$192.87
Mailing Address		
600 Lakeshore Parkway		
City, State, Zip Code		
Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$3,291.47
Data Storage		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
MFRW	08/03/2017	\$100.00
Mailing Address		
c/o Helen Carney PO Box 2634		
City, State, Zip Code		
Madison, MS 39130-2634		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$100.00
Event registration fee		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
David Clanton	07/20/2017	\$443.00
Mailing Address		
PO Box 463		
City, State, Zip Code		
Meadville, MS 39653-0463		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$443.00
Expense Reimbursement		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center	05/16/2017	\$221.86
Mailing Address		
PO Box 114		
City, State, Zip Code		
Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$3,764.08
Credit Card Payment		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Haddox Reid Eubank Betts, PLLC	11/25/2017	\$994.89
Mailing Address		
PO Drawer 22507		
City, State, Zip Code		
Jackson, MS 39225-2507		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$994.89
Accounting Services		
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period
Waters International Trucks	11/06/2017	\$4,000.00
Mailing Address		
PO Box 4157		
City, State, Zip Code		
Meridian, MS 39304-4157		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$4,000.00
Refund, over corporate limit		

Name of Candidate or Committee Friends Of Tate Reeves
 Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
i360, LLC	08/15/2017	\$150.00	
Mailing Address	29374 Network Place		
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursement (Optional) Data Storage	Aggregate Year-to-date	\$1,278.90	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Trustmark National Bank Credit Card Center	04/19/2017	\$74.62	
Mailing Address	PO Box 114		
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment	Aggregate Year-to-date	\$3,319.95	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
InCare Technologies, Inc	07/10/2017	\$226.98	
Mailing Address	600 Lakeshore Parkway		
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional) Monthly Data Storage	Aggregate Year-to-date	\$2,222.80	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
InCare Technologies, Inc	10/27/2017	\$76.24	
Mailing Address	600 Lakeshore Parkway		
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional) Data Storage	Aggregate Year-to-date	\$3,098.60	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
People Lease	11/30/2017	\$5,447.59	
Mailing Address	689 Towne Center Boulevard Suite B		
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$60,167.09	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
People Lease	10/31/2017	\$5,447.59	
Mailing Address	689 Towne Center Boulevard Suite B		
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll	Aggregate Year-to-date	\$54,719.50	

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Trustmark National Bank Credit Card Center			
Mailing Address	01/19/2017	\$74.62	
City, State, Zip Code			
Jackson, MS 39205-0114			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,949.32	
Credit Card Payment			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
People Lease			
Mailing Address	05/31/2017	\$5,447.59	
City, State, Zip Code			
Ridgeland, MS 39157-4900			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$27,481.55	
Payroll			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
Trustmark National Bank Credit Card Center			
Mailing Address	09/18/2017	\$74.62	
City, State, Zip Code			
Jackson, MS 39205-0114			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$8,657.34	
Credit Card Payment			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
People Lease			
Mailing Address	07/31/2017	\$5,447.59	
City, State, Zip Code			
Ridgeland, MS 39157-4900			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$38,376.73	
Payroll			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
i360, LLC			
Mailing Address	07/27/2017	\$150.00	
City, State, Zip Code			
Chicago, IL 60673-1293			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,128.90	
Data Storage			
Full Name	Date (Mo., Day, Year)	Amount of each disbursement this period	
i360, LLC			
Mailing Address	09/18/2017	\$150.00	
City, State, Zip Code			
Chicago, IL 60673-1293			
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$1,428.90	
Data Storage			

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
InCare Technologies, Inc			
Mailing Address	600 Lakeshore Parkway	08/01/2017	\$42.00
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$2,377.95
Service maintenance			
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Internal Revenue Service			
Mailing Address	Department of the Treasury Internal Revenue Service Ce	09/01/2017	\$2,051.00
City, State, Zip Code	Ogden, UT 84201-0001		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$2,051.00
Taxes paid on interest accrued			
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
On Message, Inc.			
Mailing Address	2130 Priest Bridge Drive Suite 11	02/17/2017	\$35,284.59
City, State, Zip Code	Crofton, MD 21114-2457		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$35,284.59
Consulting			
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
People Lease			
Mailing Address	689 Towne Center Boulevard Suite B	06/30/2017	\$5,447.59
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$32,929.14
Payroll			
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Stephens Printing, LLC			
Mailing Address	642 Hwy 469 S	01/01/2017	\$3,670.89
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$3,670.89
Printing Services			
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Jackson County Republican Women			
Mailing Address	PO Box 2512	09/28/2017	\$250.00
City, State, Zip Code	Pascagoula, MS 39569-2512		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$250.00
Sponsorship for Scholarship Event			

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	10/13/2017	\$74.62
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)	Credit Card Payment	Aggregate Year-to-date	\$9,288.71
Full Name	American Media & Advocacy Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	815 Slaters Lane	03/05/2017	\$465.17
City, State, Zip Code	Alexandria, VA 22314-1219		
Purpose of Disbursement (Optional)	Website Hosting Fees	Aggregate Year-to-date	\$465.17
Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	12/29/2017	\$5,447.59
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional)	Payroll	Aggregate Year-to-date	\$65,614.68
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	29374 Network Place	01/19/2017	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursement (Optional)	Data Storage	Aggregate Year-to-date	\$300.00
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	04/19/2017	\$147.65
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)	Credit Card Payment	Aggregate Year-to-date	\$3,467.60
Full Name	American Media & Advocacy Group	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	815 Slaters Lane	06/22/2017	\$709.55
City, State, Zip Code	Alexandria, VA 22314-1219		
Purpose of Disbursement (Optional)	Website Hosting and Maintenance	Aggregate Year-to-date	\$1,174.72

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
i360, LLC			
Mailing Address	29374 Network Place	06/19/2017	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$978.90
Data Storage			
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center			
Mailing Address	PO Box 114	06/15/2017	\$74.62
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$4,243.17
Credit Card Payment			
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
U.S. Postal Service			
Mailing Address	401 E. South Street	02/08/2017	\$166.00
City, State, Zip Code	Jackson, MS 39201-5211		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$166.00
PO Box Rental Fee			
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
i360, LLC			
Mailing Address	29374 Network Place	03/28/2017	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$600.00
Data Storage			
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Rankin County Republican Women			
Mailing Address	504 Spring Lake Drive	09/20/2017	\$400.00
City, State, Zip Code	Pearl, MS 39208-6669		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$400.00
Event Sponsorship			
Full Name		Date (Mo., Day, Year)	Amount of each disbursement this period
Trustmark National Bank Credit Card Center			
Mailing Address	PO Box 114	08/14/2017	\$1,832.80
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$6,690.46
Credit Card Payment			

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	600 Lakeshore Parkway	06/07/2017	\$944.89
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional) Office equipment		Aggregate Year-to-date	\$1,208.17
Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	09/29/2017	\$5,447.59
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional) Payroll		Aggregate Year-to-date	\$49,271.91
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	600 Lakeshore Parkway	12/06/2017	\$192.87
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional) Data Storage		Aggregate Year-to-date	\$3,484.34
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	03/20/2017	\$74.62
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$3,245.33
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	642 Hwy 469 S	12/18/2017	\$6,388.28
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursement (Optional) Printing Expenses		Aggregate Year-to-date	\$16,488.44
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	130 Eagles Nest Circle	10/20/2017	\$448.85
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursement (Optional) Expense reimbursement		Aggregate Year-to-date	\$479.76

Name of Candidate or Committee

Friends Of Tate Reeves

Reporting Period 01/01/2017

through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
Full Name	Trustmark National Bank Credit Card Center	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 114	11/18/2017	\$6,114.56
City, State, Zip Code	Jackson, MS 39205-0114		
Purpose of Disbursement (Optional) Credit Card Payment		Aggregate Year-to-date	\$15,477.89
Full Name	D2 Tech Solutions, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	328 Kingsbridge Road	01/01/2017	\$166.28
City, State, Zip Code	Madison, MS 39110-8487		
Purpose of Disbursement (Optional) Data Storage		Aggregate Year-to-date	\$166.28
Full Name	Bravo! Italian Restaurant	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4500 I 55 N	10/16/2017	\$6,281.67
City, State, Zip Code	Jackson, MS 39211-5930		
Purpose of Disbursement (Optional) Event Expenses		Aggregate Year-to-date	\$6,281.67
Full Name	Dixie National Sale of Junior Champions	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PO Box 9815	01/23/2017	\$1,000.00
City, State, Zip Code	Mississippi State, MS 39762-9815		
Purpose of Disbursement (Optional) Advertising		Aggregate Year-to-date	\$1,000.00
Full Name	i360, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	29374 Network Place	02/24/2017	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursement (Optional) Data Storage		Aggregate Year-to-date	\$450.00
Full Name	InCare Technologies, Inc	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	600 Lakeshore Parkway	08/14/2017	\$187.65
City, State, Zip Code	Birmingham, AL 35209-6361		
Purpose of Disbursement (Optional) Data Storage		Aggregate Year-to-date	\$2,565.60

Name of Candidate or Committee Friends Of Tate Reeves

Reporting Period 01/01/2017 through 12/31/2017

ITEMIZED DISBURSEMENTS

		Aggregate Total Running	
Full Name	People Lease	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	689 Towne Center Boulevard Suite B	08/31/2017	\$5,447.59
City, State, Zip Code	Ridgeland, MS 39157-4900		
Purpose of Disbursement (Optional)	Payroll	Aggregate Year-to-date	\$43,824.32