Candidate's Committee REPORT OF RECEIPTS AND DISBURSEMEN 2023 Election

	RE	CSEGRETARY OF STATE
Ν	TS	JUL 1 0 2023
	Ca Se	mpaign Fina AMP cretary of State

SOS 10-2022

Name of Candidate late for Governor	
Address PO Box 24355	City/Zip Jackson 39225
Telephone (Work)	(Fax)
Treasurer Min Mwentt	Email Address
Office Sought	Party Affiliation
Check here if above information is different from previous	us report
TYPE	OF REPORT
May 10, 2023 Periodic Report (January 1, 2023, throug	gh April 30, 2023)Mandatory
June 9, 2023 Periodic Report (May 1, 2023, through Ma	ay 31, 2023) M andatory
*_July 10, 2023 Periodic Report (June 1, 2023, through J	une 30, 2023) Mandatory
August 1, 2023 Primary Pre-Election Report (July 1, 2	2023, through July 29, 2023) Mandatory
August 22, 2023 Primary Pre-Runoff Report (July 30, 1	2023, through August 19, 2023)Runoff Candidates Only
October 10, 2023 Periodic Report (July 1, 2023, throug	gh September 30, 2023)
October 31, 2023 Pre-Election Report (October 1, 202	3, through October 29, 2023)
November 21, 2023 Pre-Runoff Report (October 30, 20	023, through November 19, 2023) Runoff Candidates Only
January 10, 2024 Periodic Report (October 1, 2023, the	rough December 31, 2023) Mandatory
Termination Report (Committee will no longer accept of campaign expenditures, has no outstanding campaign of zero cash on hand balance)	
	IMPORTANT
(1) All candidates for office, and their political committees if are to be elected.	f organized as such, shall file periodic reports in the year in which they
(2) Periodic Reports are mandatory, even if no expenditures submit a report indicating "0" (zero) for total amount of r.	s were made during the period. In such case, the committee shall reported contributions and/or expenditures during this period.

(3) Until a candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with Miss.

Code Ann. § 23-15-807 (b) (ii) and (iii).

- (4) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline.

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

JAN. 1, 2023 CASH ON HAND BALANCE

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

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

JAN. 1, 2023 CASH ON HAND BALAN	CE			\$5,899,590.03
	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$1,015,345.00	\$1,278.00	\$1,016,623.00	\$3,423,904.19
TOTAL AMT OF DISBURSEMENTS	\$825,899.35	\$581.06	\$826,480.41	\$1,661,519.95
CASH ON HAND BALANCE				\$7.661.974.27

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

Signature of Director or Tréasurer

7/10/2023

Date

Penalties: Failure to timely submit required reports in accordance with the applicable statute(s) may result in the imposition of a civil penalty of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Political Committees supporting or opposing Statewide, State District or Legislative Candidates file this form with the Secretary of State to 401 Mississippi Street, Jackson, MS; P. O. Box 136, Jackson, MS 39205; fax (601) 576-2545; or email CampaignFinance@sos.ms.gov.

Political Committees supporting or opposing county and/or county district candidates file this form with the Circuit Clerk's Office.

^{1.} Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

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Name of Candidate	or Committee
Reporting Period	06/01/2023

_ through

06/30/2023

Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Continental Brokers Inc	06/01/2023	\$500.00
Mailing Address PO Box 2662		
City, State, Zip Code Madison, MS 39130-2662		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Van Ray	06/15/2023	\$2,500.00
Mailing Address 249 Place Dr.		
City, State, Zip Code Yazoo City, MS 39194-8506		
Name of Employer (Required) Bank of Yazoo		
Occupation (Required) Executive	Aggregate	\$2,500.00
	Year-to-date	20 - 20
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: Corporation PAC Individual Loan	Date	receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Credit Union PAC Mailing Address	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Credit Union PAC Mailing Address 1400 Lakeover Rd Ste 200	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Credit Union PAC Mailing Address 1400 Lakeover Rd Ste 200 City, State, Zip Code Jackson, MS 39213-8000	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Credit Union PAC Mailing Address 1400 Lakeover Rd Ste 200 City, State, Zip Code Jackson, MS 39213-8000 Name of Employer (Required)	Date (Mo., Day, Year) 06/15/2023 Aggregate	receipt this period \$2,500.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Credit Union PAC Mailing Address 1400 Lakeover Rd Ste 200 City, State, Zip Code Jackson, MS 39213-8000 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Credit Union PAC Mailing Address 1400 Lakeover Rd Ste 200 City, State, Zip Code Jackson, MS 39213-8000 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Credit Union PAC Mailing Address 1400 Lakeover Rd Ste 200 City, State, Zip Code Jackson, MS 39213-8000 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Hattiesburg Clinic Healthcare Policy Committee	Date (Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Mississippi Credit Union PAC Mailing Address 1400 Lakeover Rd Ste 200 City, State, Zip Code Jackson, MS 39213-8000 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Hattiesburg Clinic Healthcare Policy Committee Mailing Address PO Box 17739	Date (Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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Name of Candidate	or Committee
Reporting Period	06/01/2023

Reporting Period _

Tate for Governor

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06/30/2023

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jack Phillips	06/22/2023	\$2,500.00
Mailing Address PO Box 116		
City, State, Zip Code Holly Bluff, MS 39088-0116		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$2,500.00
Source: ☐ Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name AT&T Mississippi Political Action Committee	06/06/2023	\$5,000.00
Mailing Address 209 E Capitol St		
City, State, Zip Code Jackson, MS 39201-2402		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Harris Henley	06/01/2023	\$250.00
Mailing Address 252 Bellamy Ct.		
City, State, Zip Code Flowood, MS 39232-6200		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan The Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sartains Heritage Properties LLC	06/12/2023	\$2,500.00
Mailing Address 106 First Choice Dr.		
City, State, Zip Code Madison, MS 39110-7067		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00

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Name of Candidate or Committee 06/01/2023

Reporting Period

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Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Heritage RV Center LLC	06/08/2023	\$2,500.00
Mailing Address PO Box 683		
City, State, Zip Code Canton, MS 39046-0683		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Simpson II	06/01/2023	\$250.00
Mailing Address 118 Summer Lake Dr.		
City, State, Zip Code Ridgeland, MS 39157-8630		
Name of Employer (Required) Magnolia Health Plan		
Occupation (Required) Vice President, Compliance	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	72-78-78-78-78	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kate Luce	(Mo., Day, Year)	receipt this period
City State Zin Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Mobile, AL 36608-2022 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kate Luce Mailing Address 4075 Stein Ave City, State, Zip Code Mobile, AL 36608-2022 Name of Employer (Required) MS Export Railroad Occupation (Required)	(Mo., Day, Year) 06/21/2023 Aggregate	receipt this period \$4,000.00
City, State, Zip Code Mobile, AL 36608-2022 Name of Employer (Required) Occupation (Required) President and CEO Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 06/21/2023 Aggregate Year-to-date Date	receipt this period \$4,000.00 \$4,000.00 Amount of each receipt
Other (please specify) Full Name Kate Luce Mailing Address 4075 Stein Ave City, State, Zip Code Mobile, AL 36608-2022 Name of Employer (Required) MS Export Railroad Occupation (Required) President and CEO Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$4,000.00 \$4,000.00 Amount of each receipt this period
City, State, Zip Code Mobile, AL 36608-2022 Name of Employer (Required) MS Export Railroad Occupation (Required) President and CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard Perkins	Aggregate Year-to-date Date (Mo., Day, Year)	\$4,000.00 Amount of each receipt this period
City, State, Zip Code Mobile, AL 36608-2022 Name of Employer (Required) MS Export Railroad Occupation (Required) President and CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard Perkins Mailing Address 10600 Goodes Mill Lake Road	Aggregate Year-to-date Date (Mo., Day, Year)	\$4,000.00 \$4,000.00 Amount of each receipt this period

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ITEMIZED RECEIPTS

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Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name nSide, Inc.	06/15/2023	\$1,000.00
Mailing Address 4031 Parkway Drive, Suite B		
City, State, Zip Code Florence, AL 35630-7620		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Torporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
John Murry Greenlee Farms	06/15/2023	\$1,000.00
Mailing Address 4031 Link Road		
City, State, Zip Code Bentonia, MS 39040		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	0.090.000.5000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott E Andress Mailing Address	(Mo., Day, Year)	receipt this period
Gibs State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott E Andress Mailing Address 303 Herons Ln City, State, Zip Code Ridgeland, MS 39157-8500	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Scott E Andress Mailing Address 303 Herons Ln City, State, Zip Code Ridgeland, MS 39157-8500 Name of Employer (Required) Balch & Bingham Occupation (Required)	(Mo., Day, Year) 06/01/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Scott E Andress Mailing Address 303 Herons Ln City, State, Zip Code Ridgeland, MS 39157-8500 Name of Employer (Required) Balch & Bingham Occupation (Required) Attorney Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Scott E Andress Mailing Address 303 Herons Ln City, State, Zip Code Ridgeland, MS 39157-8500 Name of Employer (Required) Balch & Bingham Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name David McKinnon	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Scott E Andress Mailing Address 303 Herons Ln City, State, Zip Code Ridgeland, MS 39157-8500 Name of Employer (Required) Balch & Bingham Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name David McKinnon Mailing Address 402 Maple Lane	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name	of	Can	dida	te c	r Co	omn	nittee	9

Reporting Period 06/01/2023

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06/30/2023

Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Food For Thought LLC	06/07/2023	\$500.00
Mailing Address 433 E Beach Drive		
City, State, Zip Code Ocean Springs, MS 39564-5031		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jeff Michael Zimmerman	06/01/2023	\$250.00
Mailing Address 1213 Broad Ave STE #1		
City, State, Zip Code Gulfport, MS 39501-2475		
Name of Employer (Required) Zimmerman Family Dentistry		
Occupation (Required) Dentist	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
G. Todd Burwell Mailing Address	(Mo., Day, Year)	receipt this period
G. Todd Burwell Mailing Address 345 Ingleside Drive	(Mo., Day, Year)	receipt this period
G. Todd Burwell Mailing Address 345 Ingleside Drive City, State, Zip Code Madison, MS 39110-8542	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name G. Todd Burwell Mailing Address 345 Ingleside Drive City, State, Zip Code Madison, MS 39110-8542 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 06/01/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name G. Todd Burwell Mailing Address 345 Ingleside Drive City, State, Zip Code Madison, MS 39110-8542 Name of Employer (Required) Self Occupation (Required) Attorney Source: □ Corporation □ PAC 1 Individual □ Loan	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name G. Todd Burwell Mailing Address 345 Ingleside Drive City, State, Zip Code Madison, MS 39110-8542 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name G. Todd Burwell Mailing Address 345 Ingleside Drive City, State, Zip Code Madison, MS 39110-8542 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael E. Johnson	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name G. Todd Burwell Mailing Address 345 Ingleside Drive City, State, Zip Code Madison, MS 39110-8542 Name of Employer (Required) Self Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael E. Johnson Mailing Address P.O. Box 12004	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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06/30/2023

ITEMIZED RECEIPTS

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Source: Corporation PAC 🗈 Individual C Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Tyler Matthew Walton	06/22/2023	\$500.00
Mailing Address 862 Lamar Street		
City, State, Zip Code Marion, MS 39342-901D		
Name of Employer (Required) Trustmark		
Occupation (Required) Banker	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Billy R. Folkes	06/04/2023	\$150.00
Mailing Address 63 Herbert Trigg Rd		
City, State, Zip Code Seminary, MS 39479-4352		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate	\$400.00
Neureu	Year-to-date	
Source: Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Pate (Mo., Day, Year)	Amount of each receipt this period
Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan	Date	receipt
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Delta Industries, Inc.	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Delta Industries, Inc. Mailing Address PO Box 1292	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Delta Industries, Inc. Mailing Address PO Box 1292 City, State, Zip Code Jackson, MS 39215-1292	Date (Mo., Day, Year)	receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Delta Industries, Inc. Mailing Address PO Box 1292 City, State, Zip Code Jackson, MS 39215-1292 Name of Employer (Required)	Date (Mo., Day, Year) 06/16/2023	receipt this period \$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) Full Name Delta Industries, Inc. Mailing Address PO Box 1292 City, State, Zip Code Jackson, MS 39215-1292 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Date (Mo., Day, Year) 06/16/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Source: Corporation PAC Individual Loan Other (please specify) Full Name Delta Industries, Inc. Mailing Address PO Box 1292 City, State, Zip Code Jackson, MS 39215-1292 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year) 06/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Delta Industries, Inc. Mailing Address PO Box 1292 City, State, Zip Code Jackson, MS 39215-1292 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name David Machado	Date (Mo., Day, Year) 06/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Source: Corporation PAC Individual Loan Other (please specify) Full Name Delta Industries, Inc. Mailing Address PO Box 1292 City, State, Zip Code Jackson, MS 39215-1292 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name David Machado Mailing Address 6 Povenir PI.	Date (Mo., Day, Year) 06/16/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate or Committee Tate for Governor

Reporting Period 06/01/2023 through 06/30/2023

Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Christopher E. Wiggins	06/07/2023	\$250.00
Mailing Address 3117 Beach Boulevard		
City, State, Zip Code Pascagoula, MS 39567-7502		
Name of Employer (Required) Bienville Orthopaedic		
Occupation (Required) Surgeon	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Drew T. St. John II	06/01/2023	\$5,000.00
Mailing Address 104 Stonebridge Cove		
City, State, Zip Code Madison, MS 39110-6071		
Name of Employer (Required) Earthscape Supply		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
	Tour to date	
Source: Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	Date	receipt
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Export Railroad Company Mailing Address	Date (Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name Mississippi Export Railroad Company Mailing Address 4519 McInnis Ave	Date (Mo., Day, Year)	receipt this period
City, State, Zip Code Moss Point, MS 39563-2815	Date (Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Export Railroad Company Mailing Address 4519 McInnis Ave City, State, Zip Code Moss Point, MS 39563-2815 Name of Employer (Required)	Date (Mo., Day, Year) - 06/21/2023	receipt this period \$1,000.00
City, State, Zip Code Moss Point, MS 39563-2815 Name of Employer (Required) Cocupation (Required) Cource: Corporation PAC Individual Loan	Date (Mo., Day, Year) 06/21/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
City, State, Zip Code Moss Point, MS 39563-2815 Name of Employer (Required) Cocupation (Required) Coupation (Required) Cother (please specify)	Date (Mo., Day, Year) 06/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name	Date (Mo., Day, Year) 06/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Mississippi Export Railroad Company Mailing Address 4519 McInnis Ave City, State, Zip Code Moss Point, MS 39563-2815 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC ★ Individual □ Loan □ Other (please specify) Full Name Ramsay S. Taylor Mailing Address 4703 Willow St.	Date (Mo., Day, Year) 06/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name	of	Candida	te d	or	Cor	nmi	ttee

Reporting Period 06/01/2023

_ through

06/30/2023

Source: Comporation PAC Individual Loan		Amount of each
Source: ☐ Corporation ☐ PAC ⚠ Individual ☐ Loan	Date (Man Dave Vacan)	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Lauren Buffington	06/01/2023	\$500.00
Mailing Address 4310 E. Manor Ct.		
City, State, Zip Code Jackson, MS 39211-6147		
Name of Employer (Required) St. Dom		
Occupation (Required) NP	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James L. McRae	06/20/2023	\$250.00
Mailing Address PO Box 5352		
City, State, Zip Code Meridian, MS 39302-5352		
Name of Employer (Required) McRae Builders		
Occupation (Required) Vice President	Aggregate Year-to-date	\$250.00
	The District of the State of th	and the second s
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
\$2000000000000000000000000000000000000	(MM) 50/4/40	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Robert C. Mckinley Mailing Address	(Mo., Day, Year)	receipt this period
Gity State Zip Code	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Robert C. Mckinley Mailing Address 110 Dogwood Dr. City, State, Zip Code Mebane, NC 27302	(Mo., Day, Year)	receipt this period
Tull Name Robert C. Mckinley Mailing Address 110 Dogwood Dr. City, State, Zip Code Mebane, NC 27302 Name of Employer (Required) MCCG Occupation (Required)	(Mo., Day, Year) - 06/08/2023 Aggregate	receipt this period \$500.00
Tull Name Robert C. Mckinley Mailing Address 110 Dogwood Dr. City, State, Zip Code Mebane, NC 27302 Name of Employer (Required) MCCG Occupation (Required) Executive Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$500.00 \$500.00 Amount of each receipt
Tull Name Robert C. Mckinley Mailing Address 110 Dogwood Dr. City, State, Zip Code Mebane, NC 27302 Name of Employer (Required) MCCG Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Gother (please specify) Full Name Robert C. Mckinley Mailing Address 110 Dogwood Dr. City, State, Zip Code Mebane, NC 27302 Name of Employer (Required) MCCG Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Michael Brant Pettis	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period
Gity, State, Zip Code Cocupation (Required) Coupation (Required) Coty, Corporation Coty, Corporation Coty, Corporation Coty, Corporation Coty, State, Zip Code Mebane, NC 27302 MCCG M	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lee Hawkins Realty, Inc.	06/08/2023	\$1,000.00
Mailing Address PO Box 58		
City, State, Zip Code Medison, MS 39130-0058		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name G. Marshall Smith	06/07/2023	\$1,000.00
Mailing Address 2717 Saw Grass Point		
City, State, Zip Code Gautier, MS 39553-2902		
Name of Employer (Required) Gulf Sales & Supply		
Occupation (Required) President	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	100000000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John C. Higgins Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John C. Higgins Mailing Address 180 Silver Lakes Rd City, State, Zip Code Guntown, MS 38849-5315	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John C. Higgins Mailing Address 180 Silver Lakes Rd City, State, Zip Code Guntown, MS 38849-5315	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John C. Higgins Mailing Address 180 Silver Lakes Rd City, State, Zip Code Guntown, MS 38849-5315 Name of Employer (Required) Spring Street Cigars Occupation (Required)	(Mo., Day, Year) 06/15/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name John C. Higgins Mailing Address 180 Silver Lakes Rd City, State, Zip Code Guntown, MS 38849-5315 Name of Employer (Required) Spring Street Cigars Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
□ Other (please specify) Full Name	(Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name John C. Higgins Mailing Address 180 Silver Lakes Rd City, State, Zip Code Guntown, MS 38849-5315 Name of Employer (Required) Spring Street Cigars Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Jeff Jr. Mailing Address 805 Leeds Court	(Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name John C. Higgins Mailing Address 180 Silver Lakes Rd City, State, Zip Code Guntown, MS 38849-5315 Name of Employer (Required) Spring Street Cigars Occupation (Required) Owner Source: Corporation PAC Individual Loan Other (please specify) Full Name James A. Jeff Jr. Mailing Address 805 Leeds Court	(Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Leo E. Manuel	06/01/2023	\$1,000.00
Mailing Address 2067 Mauvilla Cove		
City, State, Zip Code Biłoxi, MS 39531-2433		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,000.00
Source: ☐ Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Independent Rx PAC	06/20/2023	\$20,000.00
Mailing Address 4209 Lakeland Dr Ste 399		
City, State, Zip Code Flowood, MS 39232-9212		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$20,000.00
		THE RESERVE THE PARTY OF THE PA
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Source: — Sorporation — — — — — — — — — — — — — — — — — — —		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Shane Turner Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Shane Turner Mailing Address 1020 Berkley Dr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Shane Turner Mailing Address 1020 Berkley Dr. City, State, Zip Code Brentwood, TN 37027-8374	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Shane Turner Mailing Address 1020 Berkley Dr. City, State, Zip Code Brentwood, TN 37027-8374 Name of Employer (Required) Security Finance Occupation (Required)	(Mo., Day, Year) 06/08/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Shane Turner Mailing Address 1020 Berkley Dr. City, State, Zip Code Brentwood, TN 37027-8374 Name of Employer (Required) Security Finance Occupation (Required) SVP Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/08/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Shane Turner Mailing Address 1020 Berkley Dr. City, State, Zip Code Brentwood, TN 37027-8374 Name of Employer (Required) Security Finance Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 06/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Shane Turner Mailing Address 1020 Berkley Dr. City, State, Zip Code Brentwood, TN 37027-8374 Name of Employer (Required) Security Finance Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify) Full Name Chatham H. Phillips	(Mo., Day, Year) 06/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Shane Turner Mailing Address 1020 Berkley Dr. City, State, Zip Code Brentwood, TN 37027-8374 Name of Employer (Required) Security Finance Occupation (Required) SVP Source: Corporation PAC Individual Loan Other (please specify) Full Name Chatham H. Phillips Mailing Address 4024 Money Sunk Road	(Mo., Day, Year) 06/08/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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		Amount of each
Source: Corporation PAC Individual Loan	Date	receipt
➤ Other (please specify) LLC	(Mo., Day, Year)	this period
Full Name Cascio Sanford Government Law Group PLLC	06/01/2023	\$1,000.00
Mailing Address 825 N President St.		
City, State, Zip Code Jackson, MS 39202-2561		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sampat S. Shivangi	06/01/2023	\$250.00
Mailing Address 104 Summer Lake Drive		
City, State, Zip Code Ridgeland, MS 39157-8630		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	and the same of th	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name World Acceptance Corporation PAC Mailing Address	(Mo., Day, Year)	receipt this period
□ Other (please specify) Full Name World Acceptance Corporation PAC Mailing Address PO Box 6429 City State Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name World Acceptance Corporation PAC Mailing Address PO Box 6429 City, State, Zip Code Greenville, SC 29606-6429	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name World Acceptance Corporation PAC Mailing Address PO Box 6429 City, State, Zip Code Greenville, SC 29606-6429 Name of Employer (Required)	(Mo., Day, Year) 06/15/2023 Aggregate	receipt this period \$1,500.00
Other (please specify) Full Name World Acceptance Corporation PAC Mailing Address PO Box 6429 City, State, Zip Code Greenville, SC 29606-6429 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC Individual □ Loan	(Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt
Other (please specify) Full Name World Acceptance Corporation PAC Mailing Address PO Box 6429 City, State, Zip Code Greenville, SC 29606-6429 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
Other (please specify) Full Name World Acceptance Corporation PAC Mailing Address PO Box 6429 City, State, Zip Code Greenville, SC 29606-6429 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Cecil Harper	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period
Tull Name World Acceptance Corporation PAC Mailing Address PO Box 6429 City, State, Zip Code Greenville, SC 29606-6429 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Cecil Harper Mailing Address 169 Ways Way	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,500.00 \$1,500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Corbitt Public Adjusting LLC	06/07/2023	\$10,000.00
Mailing Address 114 Main St. STE 107		
City, State, Zip Code Bay Saint Louis, MS 39520-4526		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ralph A. Yelverton	06/01/2023	\$1,000.00
Mailing Address 116 Ridgecrest Dr.		
City, State, Zip Code Ridgeland, MS 39157-2537		
Name of Employer (Required) Self		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	1,	this period
Full Name John H. Swayze	06/09/2023	\$500.00
Full Name		\$2,000,000 • (20,000 (20,00) (20,000 (20,00) (20,000 (20,00) (20,000 (20,00) (
Full Name John H. Swayze Mailing Address		\$2,000,000 • (20,000 (20,00) (20,000 (20,00) (20,000 (20,00) (20,000 (20,00) (
Full Name John H. Swayze Mailing Address 1830 Swayze Home Place Road City, State, Zip Code Benton, MS 39039-9418		\$2,000,000 • (20,000 (20,00) (20,000 (20,00) (20,000 (20,00) (20,000 (20,00) (
Full Name John H. Swayze Mailing Address 1830 Swayze Home Place Road City, State, Zip Code Benton, MS 39039-9418 Name of Employer (Required)		\$2,000,000 • (20,000 (20,00) (20,000 (20,00) (20,000 (20,00) (20,000 (20,00) (
Full Name John H. Swayze Mailing Address 1830 Swayze Home Place Road City, State, Zip Code Benton, MS 39039-9418 Name of Employer (Required) Swayze Home Place Occupation (Required)	06/09/2023 Aggregate	\$500.00
Mailing Address 1830 Swayze Home Place Road City, State, Zip Code Benton, MS 39039-9418 Name of Employer (Required) Swayze Home Place Occupation (Required) Executive Source: Corporation PAC Individual Loan	Aggregate Year-to-date Date	\$500.00 \$500.00 Amount of each receipt
Mailing Address 1830 Swayze Home Place Road City, State, Zip Code Benton, MS 39039-9418 Name of Employer (Required) Swayze Home Place Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Mailing Address 1830 Swayze Home Place Road City, State, Zip Code Benton, MS 39039-9418 Name of Employer (Required) Swayze Home Place Occupation (Required) Executive Source: Corporation PAC Individual Loan 1 Other (please specify) LLC Full Name Watkins & Eager, PLLC	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Mailing Address 1830 Swayze Home Place Road City, State, Zip Code Benton, MS 39039-9418 Name of Employer (Required) Swayze Home Place Occupation (Required) Executive Source: Corporation PAC Individual Loan 1 Other (please specify) LLC Full Name Watkins & Eager, PLLC Mailing Address P.O. Box 650	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Committee For Clean Environment and Fair Taxation	06/01/2023	\$5,000.00
Mailing Address 3000B N State St		
City, State, Zip Code Jackson, MS 39216-4203		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robin Farlow	06/07/2023	\$5,000.00
Mailing Address 711 Chickasaw Dr. S		
City, State, Zip Code Flowood, MS 39232-8676		
Name of Employer (Required) N/A		
Occupation (Required) Homemaker	Aggregate Year-to-date	\$5,000.00
	THE PARTY OF THE P	And the second s
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Louis Zemek	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177	(Mo., Day, Year)	receipt this period
Godiec: Gospotation Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177 City, State, Zip Code Bruce, MS 38915-9744	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177 City, State, Zip Code Bruce, MS 38915-9744 Name of Employer (Required) N/A Occupation (Required)	(Mo., Day, Year) - 06/01/2023 Aggregate	receipt this period \$150.00
Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177 City, State, Zip Code Bruce, MS 38915-9744 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$150.00 \$1,050.00 Amount of each receipt
Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177 City, State, Zip Code Bruce, MS 38915-9744 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$150.00 \$1,050.00 Amount of each receipt this period
Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177 City, State, Zip Code Bruce, MS 38915-9744 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Marion L. Waters	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$150.00 \$1,050.00 Amount of each receipt this period
Other (please specify) Full Name Louis Zemek Mailing Address 418 County Road 177 City, State, Zip Code Bruce, MS 38915-9744 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Marion L. Waters Mailing Address 5410 Overbrook Lane	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$150.00 \$1,050.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan		Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	- (1101, 503), 100.7	this period
Full Name Barry Bridgforth	06/15/2023	\$2,500.00
Mailing Address 16164 Hwy 432		
City, State, Zip Code Pickens, MS 39146-3133		
Name of Employer (Required) Henry, Barbour, DeCell & Bridgforth Ltd		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William A. Buchanan	06/15/2023	\$1,000.00
Mailing Address 102 Claiborne Chase		
City, State, Zip Code Ridgeland, MS 39157-9706		
Name of Employer (Required) Vice President		
Occupation (Required) Ross & Yerger	Aggregate Year-to-date	\$1,000.00
The first state of the state of		
Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	1070 (25 (25 (25 (25 (25 (25 (25 (25 (25 (25	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Richard Kuebler	(Mo., Day, Year)	receipt this period
Gibs State Zin Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Madison, MS 39110-9074 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
City, State, Zip Code Madison, MS 39110-9074 Name of Employer (Required) Cother (please specify) Mailing Address 108 Bradford Green Madison, MS 39110-9074 Self	(Mo., Day, Year) 06/08/2023 Aggregate	receipt this period \$500.00
Tull Name Richard Kuebler Mailing Address 108 Bradford Green City, State, Zip Code Madison, MS 39110-9074 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/08/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$1,500.00 Amount of each receipt
Tull Name Richard Kuebler Mailing Address 108 Bradford Green City, State, Zip Code Madison, MS 39110-9074 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,500.00 Amount of each receipt this period
Tull Name Richard Kuebler Mailing Address 108 Bradford Green City, State, Zip Code Madison, MS 39110-9074 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name David Glass & Mirror, INC.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,500.00 Amount of each receipt this period
Tull Name Richard Kuebler Mailing Address 108 Bradford Green City, State, Zip Code Madison, MS 39110-9074 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name David Glass & Mirror, INC.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$1,500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	2.40	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	(, 22),	this period
Full Name Tommy B. Miskelly	06/01/2023	\$250.00
Mailing Address 124 Glenwood Bnd		
City, State, Zip Code Madison, MS 39110-6575		
Name of Employer (Required) Miskelly Furniture		
Occupation (Required) Owner	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sapphire Companies LLC	06/07/2023	\$10,000.00
Mailing Address PO Box 1909		
City, State, Zip Code Biloxi, MS 39533-1909		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan 1 Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	AND THE PARTY OF T	receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) Laws Construction, LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) Luc Full Name Laws Construction, LLC Mailing Address PO Box 2758 City, State Zin Code	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Laws Construction, LLC Mailing Address PO Box 2758 City, State, Zip Code Madison, MS 39130-2758	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Laws Construction, LLC Mailing Address PO Box 2758 City, State, Zip Code Madison, MS 39130-2758 Name of Employer (Required)	(Mo., Day, Year) 06/21/2023 Aggregate	receipt this period \$2,500.00
Tother (please specify) LLC Full Name Laws Construction, LLC Mailing Address PO Box 2758 City, State, Zip Code Madison, MS 39130-2758 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/21/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Tother (please specify) Full Name Laws Construction, LLC Mailing Address PO Box 2758 City, State, Zip Code Madison, MS 39130-2758 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 06/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Tother (please specify)LLC Full Name	(Mo., Day, Year) 06/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Tother (please specify) Full Name Laws Construction, LLC Mailing Address PO Box 2758 City, State, Zip Code Madison, MS 39130-2758 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name James Thurman Mailing Address P.O. Box 1463	(Mo., Day, Year) 06/21/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Clyde X. Copeland III	06/01/2023	\$1,500.00
Mailing Address 106 Glenwood Bend		
City, State, Zip Code Madison, MS 39110-6575		
Name of Employer (Required) Jernigan & Copeland		
Occupation (Required) Attorney	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark S. Bounds	06/01/2023	\$250.00
Mailing Address PO Box 1753		
City, State, Zip Code Madison, MS 39130-1753		
Name of Employer (Required) Mark S. Bounds Realty Partners		
Occupation (Required) Real Estate Broker	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ben H. Stone Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ben H. Stone Mailing Address PO Box 130	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ben H. Stone Mailing Address PO Box 130 City, State, Zip Code Gulfport, MS 39502-0130 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Ben H. Stone Mailing Address PO Box 130 City, State, Zip Code Gulfport, MS 39502-0130 Name of Employer (Required) Balch & Bingham LLP Occupation (Required)	(Mo., Day, Year) - 06/05/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Ben H. Stone Mailing Address PO Box 130 City, State, Zip Code Gulfport, MS 39502-0130 Name of Employer (Required) Balch & Bingham LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Ben H. Stone Mailing Address PO Box 130 City, State, Zip Code Gulfport, MS 39502-0130 Name of Employer (Required) Balch & Bingham LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Ben H. Stone Mailing Address PO Box 130 City, State, Zip Code Gulfport, MS 39502-0130 Name of Employer (Required) Balch & Bingham LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Clare Hester	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Ben H. Stone Mailing Address PO Box 130 City, State, Zip Code Gulfport, MS 39502-0130 Name of Employer (Required) Balch & Bingham LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Clare Hester Mailing Address 200 N Congress Street Suite 500	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate or Committee 06/01/2023

Reporting Period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Comcast Corporation & NBCUniversal PAC	06/15/2023	\$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: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth M Hamilton	06/24/2023	\$250.00
Mailing Address 1000 Martintown Road		
City, State, Zip Code New Albany, MS 38652-7317		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_	500000000000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Valerie Fountain Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Valerie Fountain Mailing Address 103 Azalea Dr. City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Valerie Fountain Mailing Address 103 Azalea Dr. City, State, Zip Code Forest, MS 39074-3007 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Valerie Fountain Mailing Address 103 Azalea Dr. City, State, Zip Code Forest, MS 39074-3007 Name of Employer (Required) N/A Occupation (Required)	(Mo., Day, Year) 06/23/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Valerie Fountain Mailing Address 103 Azalea Dr. City, State, Zip Code Forest, MS 39074-3007 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/23/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name Valerie Fountain Mailing Address 103 Azalea Dr. City, State, Zip Code Forest, MS 39074-3007 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date (Mo., Day, Year) Aggregate Year-to-date	\$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Valerie Fountain Mailing Address 103 Azalea Dr. City, State, Zip Code Forest, MS 39074-3007 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Marcia R. Swetman	Aggregate Year-to-date (Mo., Day, Year) Aggregate Year-to-date	\$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name Valerie Fountain Mailing Address 103 Azalea Dr. City, State, Zip Code Forest, MS 39074-3007 Name of Employer (Required) N/A Occupation (Required) Retired Source: Corporation PAC Individual Loan Other (please specify) Full Name Marcia R. Swetman Mailing Address 1210 Beach Boulevard	Aggregate Year-to-date (Mo., Day, Year) Aggregate Year-to-date	\$500.00 \$500.00 Amount of each receipt this period

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Name of	Candidate	or	Com	mitte	E

Reporting Period 06/01/2023

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06/30/2023

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bradley D. Phillips	06/15/2023	\$1,000.00
Mailing Address 4024 Money Sunk Road		
City, State, Zip Code Yazoo City, MS 39194-8653		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC * Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Guy White	06/01/2023	\$1,000.00
Mailing Address 136 Woodmont Way		
City, State, Zip Code Ridgeland, MS 39157-8618		
Name of Employer (Required) White Construction		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,000.00
Source: ☐ Corporation ☐ PAC	Date (Mo., Day, Year)	Amount of each receipt this period
- Other (please specify)	1	
Full Name Derek Bodart	06/07/2023	\$1,000.00
Full Name	06/07/2023	\$1,000.00
Full Name Derek Bodart Mailing Address	06/07/2023	\$1,000.00
Full Name Derek Bodart Mailing Address 15012 W El Bonito Dr. City, State Zin Code	06/07/2023	\$1,000.00
Full Name Derek Bodart Mailing Address 15012 W El Bonito Dr. City, State, Zip Code Ocean Springs, MS 39564-2523 Name of Employer (Required)	Aggregate Year-to-date	\$1,000.00 \$2,000.00
Full Name Derek Bodart Mailing Address 15012 W El Bonito Dr. City, State, Zip Code Ocean Springs, MS 39564-2523 Name of Employer (Required) Superior Optical Labs Occupation (Required)	Aggregate	
Mailing Address 15012 W El Bonito Dr. City, State, Zip Code Ocean Springs, MS 39564-2523 Name of Employer (Required) Superior Optical Labs Occupation (Required) CEO Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$2,000.00 Amount of each receipt
Mailing Address 15012 W El Bonito Dr. City, State, Zip Code Ocean Springs, MS 39564-2523 Name of Employer (Required) Superior Optical Labs Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,000.00 Amount of each receipt this period
Mailing Address 15012 W El Bonito Dr. City, State, Zip Code Ocean Springs, MS 39564-2523 Name of Employer (Required) Superior Optical Labs Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Redding, Neely & Neely PA	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,000.00 Amount of each receipt this period
Mailing Address 15012 W El Bonito Dr. City, State, Zip Code Ocean Springs, MS 39564-2523 Name of Employer (Required) Superior Optical Labs Occupation (Required) CEO Source: Corporation PAC Individual Loan Other (please specify) Full Name Redding, Neely & Neely PA Mailing Address 4801 Old Canton Road	Aggregate Year-to-date Date (Mo., Day, Year)	\$2,000.00 Amount of each receipt this period

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Reporting Period 06/01/2023	Name of Candidate	or Committee
Troporting romou	Reporting Period	06/01/2023

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06/30/2023

Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Redding, Neely & Neely PA	06/01/2023	\$1,250.00
Mailing Address 4801 Old Canton Road		
City, State, Zip Code Jackson, MS 39211-5522		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name David Ayers	06/10/2023	\$200.00
Mailing Address 400 E Capitol St		
City, State, Zip Code Jackson, MS 39201-2610		
Name of Employer (Required) Watkins & Eager, PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$450.00
	AND THE STATE OF THE PROPERTY	
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Full Name Rouses Enterprises LLC Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Rouses Enterprises LLC Mailing Address P.O. Box 5358 City State Zin Code	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Rouses Enterprises LLC Mailing Address P.O. Box 5358 City, State, Zip Code Thibodaux, LA 70302-5358	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Rouses Enterprises LLC Mailing Address P.O. Box 5358 City, State, Zip Code Thibodaux, LA 70302-5358 Name of Employer (Required)	(Mo., Day, Year) 06/15/2023 Aggregate	receipt this period \$25,000.00
Tother (please specify) Full Name Rouses Enterprises LLC Mailing Address P.O. Box 5358 City, State, Zip Code Thibodaux, LA 70302-5358 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt
Tother (please specify) Full Name Rouses Enterprises LLC Mailing Address P.O. Box 5358 City, State, Zip Code Thibodaux, LA 70302-5358 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period
Tother (please specify) Full Name Rouses Enterprises LLC Mailing Address P.O. Box 5358 City, State, Zip Code Thibodaux, LA 70302-5358 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Benjamin Schoenberger	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period
Tother (please specify) Full Name Rouses Enterprises LLC Mailing Address P.O. Box 5358 City, State, Zip Code Thibodaux, LA 70302-5358 Name of Employer (Required) Occupation (Required) Source: Other (please specify) Full Name Benjamin Schoenberger Mailing Address 3802 Port River Road	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period	
Full Name Baldridge Law Firm, PLLC	06/21/2023	\$250.00	
Mailing Address PO Box 4026			
City, State, Zip Code Madison, MS 39130-4026			
Name of Employer (Required)			
Occupation (Required)	Aggregate Year-to-date	\$250.00	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
Full Name Gary W. Lennep	06/07/2023	\$250.00	
Mailing Address 5030 Oakwood St.			
City, State, Zip Code Moss Point, MS 39563-2318			
Name of Employer (Required) Moss Point			
Occupation (Required) Alderman	Aggregate Year-to-date	\$250.00	
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period	
palaretic sect of the sect of	1000000000	receipt	
Other (please specify)	(Mo., Day, Year)	receipt this period	
Other (please specify) Full Name Elizabeth Welch Mailing Address	(Mo., Day, Year)	receipt this period	
Other (please specify) Full Name Elizabeth Welch Mailing Address 128 Hickory Glen	(Mo., Day, Year)	receipt this period	
City, State, Zip Code Madison, MS 39110-7605 Other (please specify)	(Mo., Day, Year)	receipt this period	
Other (please specify) Full Name Elizabeth Welch Mailing Address 128 Hickory Glen City, State, Zip Code Madison, MS 39110-7605 Name of Employer (Required) State of Mississippi Occupation (Required)	(Mo., Day, Year) 06/01/2023 Aggregate	receipt this period \$250.00	
Other (please specify) Full Name Elizabeth Welch Mailing Address 128 Hickory Glen City, State, Zip Code Madison, MS 39110-7605 Name of Employer (Required) State of Mississippi Occupation (Required) DFA Source: □ Corporation □ PAC □ Individual □ Loan	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$400.00 Amount of each receipt	
Tull Name Elizabeth Welch Mailing Address 128 Hickory Glen City, State, Zip Code Madison, MS 39110-7605 Name of Employer (Required) State of Mississippi Occupation (Required) DFA Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$400.00 Amount of each receipt this period	
□ Other (please specify) Full Name Elizabeth Welch Mailing Address 128 Hickory Glen City, State, Zip Code Madison, MS 39110-7605 Name of Employer (Required) State of Mississippi Occupation (Required) DFA Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify) Full Name Ashley Cannady	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$400.00 Amount of each receipt this period	
Other (please specify) Full Name Elizabeth Welch Mailing Address 128 Hickory Glen City, State, Zip Code Madison, MS 39110-7605 Name of Employer (Required) State of Mississippi Occupation (Required) DFA Source: Corporation PAC Individual Loan Other (please specify) Full Name Ashley Cannady Mailing Address PO Box 567	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$400.00 Amount of each receipt this period	

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Source: Corporation PAC Individual Loan	Data	Amount of each
_	Date (Mo., Day, Year)	receipt this period
Other (please specify)	30 00000	
Full Name Magnolia Finance Southeast Inc.	06/02/2023	\$750.00
Mailing Address 7620 Hwy 613 STE 3		
City, State, Zip Code Moss Point, MS 39563-9300		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$750.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Jerry S. Fitch	06/08/2023	\$2,000.00
Mailing Address 720 Concordia Dr.		
City, State, Zip Code Collierville, TN 38017-1335		
Name of Employer (Required) Fidelity		
Occupation (Required) Executive	Aggregate Year-to-date	\$2,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
_ '		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Paige Adcock Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Paige Adcock Mailing Address PO Box 159 City, State Zin Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Holly Bluff, MS 39088 Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Paige Adcock Mailing Address PO Box 159 City, State, Zip Code Holly Bluff, MS 39088 Name of Employer (Required) Island Farms LLC Occupation (Required)	(Mo., Day, Year) 06/15/2023 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Holly Bluff, MS 39088 Name of Employer (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Paige Adcock Mailing Address PO Box 159 City, State, Zip Code Holly Bluff, MS 39088 Name of Employer (Required) Island Farms LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tull Name Paige Adcock Mailing Address PO Box 159 City, State, Zip Code Holly Bluff, MS 39088 Name of Employer (Required) Island Farms LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard Louis Johnson	(Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Paige Adcock Mailing Address PO Box 159 City, State, Zip Code Holly Bluff, MS 39088 Name of Employer (Required) Island Farms LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Richard Louis Johnson Mailing Address 301 Belle Pointe Cr.	(Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

Name	of	Candidate	or	Cor	nmittee

Reporting Period

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Source: Corporation PAC Individual Loan Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Friends Of Lee Yancey	06/01/2023	\$500.00
Mailing Address 423 Woodlands Cir		
City State Zin Code		
Brandon, MS 39047-8099 Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Charles A Younger	06/27/2023	\$25.00
Mailing Address 1213 Younger Road		
City, State, Zip Code Columbus, MS 39701-8503		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$400.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
February and a second and a second se	120 (1807) 1/20200	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Daniel Burton Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Daniel Burton Mailing Address PO Box 7605	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Daniel Burton Mailing Address PO Box 7605 City, State, Zip Code Gulfport, MS 39506-7605 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Daniel Burton Mailing Address PO Box 7605 City, State, Zip Code Gulfport, MS 39506-7605 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 06/01/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name Daniel Burton Mailing Address PO Box 7605 City, State, Zip Code Gulfport, MS 39506-7605 Name of Employer (Required) Self Occupation (Required) CPA Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$5,500.00 Amount of each receipt
Other (please specify) Full Name Daniel Burton Mailing Address PO Box 7605 City, State, Zip Code Gulfport, MS 39506-7605 Name of Employer (Required) Self Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$5,500.00 Amount of each receipt this period
Other (please specify) Full Name Daniel Burton Mailing Address PO Box 7605 City, State, Zip Code Gulfport, MS 39506-7605 Name of Employer (Required) Self Occupation (Required) CPA Source: Corporation PAC Individual Loan Other (please specify) Full Name Rodney Grogan	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$5,500.00 Amount of each receipt this period
□ Other (please specify) Full Name Daniel Burton Mailing Address PO Box 7605 City, State, Zip Code Gulfport, MS 39506-7605 Name of Employer (Required) Self Occupation (Required) CPA Source: □ Corporation □ PAC Individual □ Loan □ Other (please specify) Full Name Rodney Grogan Mailing Address 110 Chadwyck Court	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$500.00 \$5,500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Douglas R. Holden	06/05/2023	\$500.00
Mailing Address PO Box 5188		
City, State, Zip Code Vancleave, MS 39565-5188		
Name of Employer (Required) H & H Developement		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Lassitter Rentals LLC	06/15/2023	\$1,500.00
Mailing Address 10725 Hwy 63		
City, State, Zip Code Moss Point, MS 39562-6626		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
# 100 m 100		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Christopher L. Bullock Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Christopher L. Bullock Mailing Address 1228 Robbins St.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Christopher L. Bullock Mailing Address 1228 Robbins St. City, State, Zip Code Meridian, MS 39305-3427 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Christopher L. Bullock Mailing Address 1228 Robbins St. City, State, Zip Code Meridian, MS 39305-3427 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 06/22/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Christopher L. Bullock Mailing Address 1228 Robbins St. City, State, Zip Code Meridian, MS 39305-3427 Name of Employer (Required) Self Occupation (Required) Business Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/22/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Christopher L. Bullock Mailing Address 1228 Robbins St. City, State, Zip Code Meridian, MS 39305-3427 Name of Employer (Required) Self Occupation (Required) Business Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Christopher L. Bullock Mailing Address 1228 Robbins St. City, State, Zip Code Meridian, MS 39305-3427 Name of Employer (Required) Self Occupation (Required) Business Source: Corporation PAC Individual Loan Other (please specify) Full Name Ronald K. Goodman Jr.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Christopher L. Bullock Mailing Address 1228 Robbins St. City, State, Zip Code Meridian, MS 39305-3427 Name of Employer (Required) Self Occupation (Required) Business Source: Corporation PAC Individual Loan Other (please specify) Full Name Ronald K. Goodman Jr. Mailing Address 1523 Spivey Road	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chatham H. Phillips	06/15/2023	\$1,000.00
Mailing Address 179 Harper St.		
City, State, Zip Code Ridgeland, MS 39157-8675		
Name of Employer (Required) Self		
Occupation (Required) Farmer	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gina Sharman	06/16/2023	\$2,010.00
Mailing Address PO Box 1914		
City, State, Zip Code Meridian, MS 39302-1914		
Name of Employer (Required) A&B Electric		
Occupation (Required) Vice President	Aggregate Year-to-date	\$4,510.00
	THE RESIDENCE OF THE PARTY OF T	C. Charles and Allen and Allen a Property of the Confession of the
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
	93,000,000,000	receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Full Name Mississippi Silicon, LLC Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Mississippi Silicon, LLC Mailing Address P.O. Box 316 City State Zin Code	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Mississippi Silicon, LLC Mailing Address P.O. Box 316 City, State, Zip Code Burnsville, MS 38833-0316	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Mississippi Silicon, LLC Mailing Address P.O. Box 316 City, State, Zip Code Burnsville, MS 38833-0316 Name of Employer (Required)	(Mo., Day, Year) 06/16/2023 Aggregate	receipt this period \$5,000.00
Tother (please specify) Full Name Mississippi Silicon, LLC Mailing Address P.O. Box 316 City, State, Zip Code Burnsville, MS 38833-0316 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Tother (please specify) Full Name Mississippi Silicon, LLC Mailing Address P.O. Box 316 City, State, Zip Code Burnsville, MS 38833-0316 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) Full Name Mississippi Silicon, LLC Mailing Address P.O. Box 316 City, State, Zip Code Burnsville, MS 38833-0316 Name of Employer (Required) Occupation (Required) Source: Other (please specify) Full Name Nicole Johns Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Tother (please specify) Full Name Mississippi Silicon, LLC Mailing Address P.O. Box 316 City, State, Zip Code Burnsville, MS 38833-0316 Name of Employer (Required) Occupation (Required) Source: Other (please specify) Full Name Nicole Johns Mailing Address 1026 Emileigh Dr. City, State, Zip Code	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Reporting Period

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_ through ___

06/30/2023

Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mike Smith Cattle Co Inc.	06/19/2023	\$1,000.00
Mailing Address 339 Euclatubba Road		
City, State, Zip Code Guntown, MS 38849-4506		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael D. Cure	06/01/2023	\$5,000.00
Mailing Address 106 Yarborough Pl		
City, State, Zip Code Waveland, MS 39576-2210		
Name of Employer (Required) Cure Land Company LLC		
Occupation (Required) President	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	0.03800A-0.04000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gerald St. Pe'	(Mo., Day, Year)	receipt this period
Gerald St. Pe' Mailing Address 1003 Washington Ave	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gerald St. Pe' Mailing Address 1003 Washington Ave City, State, Zip Code Pascagoula, MS 39567-7250	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gerald St. Pe' Mailing Address 1003 Washington Ave City, State, Zip Code Pascagoula, MS 39567-7250 Name of Employer (Required) St. Pe' and Associates LLC Occupation (Required)	(Mo., Day, Year) 06/07/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Gerald St. Pe' Mailing Address 1003 Washington Ave City, State, Zip Code Pascagoula, MS 39567-7250 Name of Employer (Required) St. Pe' and Associates LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Gerald St. Pe' Mailing Address 1003 Washington Ave City, State, Zip Code Pascagoula, MS 39567-7250 Name of Employer (Required) St. Pe' and Associates LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Gerald St. Pe' Mailing Address 1003 Washington Ave City, State, Zip Code Pascagoula, MS 39567-7250 Name of Employer (Required) St. Pe' and Associates LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Pascagoula Bar Pilots Association, LLC	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Gerald St. Pe' Mailing Address 1003 Washington Ave City, State, Zip Code Pascagoula, MS 39567-7250 Name of Employer (Required) St. Pe' and Associates LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Pascagoula Bar Pilots Association, LLC Mailing Address Po Box 2156	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hardy Graham Jr.	06/27/2023	\$1,005.00
Mailing Address 8902 Hwy 493		
City, State, Zip Code Bailey, MS 39320-9540		
Name of Employer (Required) Meridian Coca-Cola Bottling Co.		
Occupation (Required) President	Aggregate Year-to-date	\$1,005.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Employees of Raytheon Technologies Corporation PAC	06/13/2023	\$5,000.00
Mailing Address 1000 Wilson Blvd Ste 2300		
City, State, Zip Code Arlington, VA 22209-3914		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joel Callahan Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joel Callahan Mailing Address 5725 Hwy 39 N	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joel Callahan Mailing Address 5725 Hwy 39 N City, State, Zip Code Meridian, MS 39305-1460	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Joel Callahan Mailing Address 5725 Hwy 39 N City, State, Zip Code Meridian, MS 39305-1460 Name of Employer (Required) Rush Occupation (Required)	(Mo., Day, Year) 06/20/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name Joel Callahan Mailing Address 5725 Hwy 39 N City, State, Zip Code Meridian, MS 39305-1460 Name of Employer (Required) Rush Occupation (Required) Physician Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name Joel Callahan Mailing Address 5725 Hwy 39 N City, State, Zip Code Meridian, MS 39305-1460 Name of Employer (Required) Rush Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Joel Callahan Mailing Address 5725 Hwy 39 N City, State, Zip Code Meridian, MS 39305-1460 Name of Employer (Required) Rush Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Al Sage	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name Joel Callahan Mailing Address 5725 Hwy 39 N City, State, Zip Code Meridian, MS 39305-1460 Name of Employer (Required) Rush Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Al Sage Mailing Address 105 Ingleside Road	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nicholas A. Elmore	06/07/2023	\$250.00
Mailing Address 7604 Methodist Church Road		
City, State, Zip Code Moss Point, MS 39562-6768		
Name of Employer (Required) Jackson County		
Occupation (Required) Assessor	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Bart J. Edmiston	06/09/2023	\$10,000.00
Mailing Address 607 Rue Dauphine		
City, State, Zip Code Ocean Springs, MS 39564-3022		
Name of Employer (Required) Self		
Occupation (Required) Physician	Aggregate Year-to-date	\$10,000.00
CONTROL OF THE PROPERTY OF THE	MANAGEMENT AND ASSESSMENT OF THE PARTY OF TH	all the state of t
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John F. Phillips III Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John F. Phillips III Mailing Address 4042 Highway 16 W	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John F. Phillips III Mailing Address 4042 Highway 16 W City, State, Zip Code Yazoo City, MS 39194-9243 Name of Employer (Required) Self	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name John F. Phillips III Mailing Address 4042 Highway 16 W City, State, Zip Code Yazoo City, MS 39194-9243 Name of Employer (Required) Self Occupation (Required) Farmer	(Mo., Day, Year) - 06/15/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name	Aggregate Year-to-date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: ☐ Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Power Company State PAC	06/05/2023	\$15,000.00
Mailing Address PO Box 4079		
City, State, Zip Code Gulfport, MS 39502-4079		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$15,000.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Cloyd and Associates LLC	06/06/2023	\$1,000.00
Mailing Address 433 E Beach Drive		
City, State, Zip Code Ocean Springs, MS 39564-5031		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
•		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Steven L. Cole Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Steven L. Cole Mailing Address 3130 N Harwood St Apt 802	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Steven L. Cole Mailing Address 3130 N Harwood St Apt 802 City, State, Zip Code Dallas, TX 75201-1116	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Steven L. Cole Mailing Address 3130 N Harwood St Apt 802 City, State, Zip Code Dallas, TX 75201-1116 Name of Employer (Required) Self Occupation (Required)	(Mo., Day, Year) 06/20/2023 Aggregate	receipt this period \$5,000.00
Other (please specify) Full Name Steven L. Cole Mailing Address 3130 N Harwood St Apt 802 City, State, Zip Code Dallas, TX 75201-1116 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/20/2023 Aggregate Year-to-date Date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
Other (please specify) Full Name Steven L. Cole Mailing Address 3130 N Harwood St Apt 802 City, State, Zip Code Dallas, TX 75201-1116 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Steven L. Cole Mailing Address 3130 N Harwood St Apt 802 City, State, Zip Code Dallas, TX 75201-1116 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Rick J. Calhoon	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
Other (please specify) Full Name Steven L. Cole Mailing Address 3130 N Harwood St Apt 802 City, State, Zip Code Dallas, TX 75201-1116 Name of Employer (Required) Self Occupation (Required) Physician Source: Corporation PAC Individual Loan Other (please specify) Full Name Rick J. Calhoon Mailing Address 4211 Eastover Place	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Roy Lee Shackelford Jr.	06/15/2023	\$1,500.00
Mailing Address Po Box 301		
City, State, Zip Code Benton, MS 39039-0301		
Name of Employer (Required) Shackelford Construction		
Occupation (Required) Owner	Aggregate Year-to-date	\$4,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Ann Alexander	06/19/2023	\$1,000.00
Mailing Address PO Box 307		
City, State, Zip Code Marion, MS 39342-0307		
Name of Employer (Required) A & B Electric		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: ☐ Corporation ☐ PAC	Date (Mo., Day, Year)	Amount of each receipt this period
_	VIII.	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Duhe Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Duhe Mailing Address 1600 18th Ave	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Duhe Mailing Address 1600 18th Ave City, State, Zip Code Gulfport, MS 39501-2130	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Duhe Mailing Address 1600 18th Ave City, State, Zip Code Gulfport, MS 39501-2130 Name of Employer (Required) Balch & Bingham LLP Occupation (Required)	(Mo., Day, Year) 06/06/2023 Aggregate	receipt this period \$250.00
Other (please specify) Full Name David Duhe Mailing Address 1600 18th Ave City, State, Zip Code Gulfport, MS 39501-2130 Name of Employer (Required) Balch & Bingham LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date	receipt this period \$250.00 \$250.00 Amount of each receipt
Other (please specify) Full Name David Duhe Mailing Address 1600 18th Ave City, State, Zip Code Gulfport, MS 39501-2130 Name of Employer (Required) Balch & Bingham LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name David Duhe Mailing Address 1600 18th Ave City, State, Zip Code Gulfport, MS 39501-2130 Name of Employer (Required) Balch & Bingham LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name James E. Walker	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period
Other (please specify) Full Name David Duhe Mailing Address 1600 18th Ave City, State, Zip Code Gulfport, MS 39501-2130 Name of Employer (Required) Balch & Bingham LLP Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name James E. Walker Mailing Address 125 Country Club Dr.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan		Amount of each
Source: L' Corporation LI PAC LI Individual LI Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Magnolia Finance of Batesville Inc	06/05/2023	\$250.00
Mailing Address 345 Hwy 6 West		
City, State, Zip Code Batesville, MS 38606-2558		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: ☐ Corporation ☐ PAC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Chris Crowe	06/28/2023	\$1,000.00
Mailing Address PO Box 5007		
City, State, Zip Code Meridian, MS 39302-5007		
Name of Employer (Required) Magnolia Steel Co. Inc.		
Occupation (Required) President	Aggregate Year-to-date	\$16,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	E 18000000000000000000000000000000000000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bully Bloc Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Bully Bloc Mailing Address PO Box 320925 City State Zip Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bully Bloc Mailing Address PO Box 320925 City, State, Zip Code Flowood, MS 39232-0925	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Bully Bloc Mailing Address PO Box 320925 City, State, Zip Code Flowood, MS 39232-0925 Name of Employer (Required)	(Mo., Day, Year) 06/21/2023 Aggregate	receipt this period \$50,000.00
Tull Name Bully Bloc Mailing Address PO Box 320925 City, State, Zip Code Flowood, MS 39232-0925 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$50,000.00 \$50,000.00 Amount of each receipt
Other (please specify) Full Name Bully Bloc Mailing Address PO Box 320925 City, State, Zip Code Flowood, MS 39232-0925 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50,000.00 \$50,000.00 Amount of each receipt this period
☐ Other (please specify) Full Name Bully Bloc Mailing Address PO Box 320925 City, State, Zip Code Flowood, MS 39232-0925 Name of Employer (Required) Occupation (Required) Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Tother (please specify) LLC Full Name McCormick Drive LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50,000.00 \$50,000.00 Amount of each receipt this period
☐ Other (please specify) Full Name Bully Bloc Mailing Address PO Box 320925 City, State, Zip Code Flowood, MS 39232-0925 Name of Employer (Required) Occupation (Required) Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan Tother (please specify) LLC Full Name McCormick Drive LLC Mailing Address 1513 E 8th Ave	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$50,000.00 \$50,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name S. Reeves Shackelford	06/15/2023	\$1,000.00
Mailing Address 5689 Old Hwy 49		
City, State, Zip Code Yazoo City, MS 39194-8545		
Name of Employer (Required) Shackelford Construction		
Occupation (Required) PM	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Eckert	06/13/2023	\$2,555.00
Mailing Address PO Box 280		
City, State, Zip Code Benton, MS 39039-0280		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$2,555.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	\$25Me92LU26352	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Richard Taylor Nicholas Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Richard Taylor Nicholas Mailing Address 4127 Dogwood Dr.	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Richard Taylor Nicholas Mailing Address 4127 Dogwood Dr. City, State, Zip Code Jackson, MS 39211-6521	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Richard Taylor Nicholas Mailing Address 4127 Dogwood Dr. City, State, Zip Code Jackson, MS 39211-6521 Name of Employer (Required) Beacon Rock LLC Occupation (Required)	(Mo., Day, Year) 06/20/2023 Aggregate	receipt this period \$2,500.00
Other (please specify) Full Name Richard Taylor Nicholas Mailing Address 4127 Dogwood Dr. City, State, Zip Code Jackson, MS 39211-6521 Name of Employer (Required) Beacon Rock LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/20/2023 Aggregate Year-to-date Date	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt
Other (please specify) Full Name Richard Taylor Nicholas Mailing Address 4127 Dogwood Dr. City, State, Zip Code Jackson, MS 39211-6521 Name of Employer (Required) Beacon Rock LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Richard Taylor Nicholas Mailing Address 4127 Dogwood Dr. City, State, Zip Code Jackson, MS 39211-6521 Name of Employer (Required) Beacon Rock LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Robbie W. Hughes	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period
Other (please specify) Full Name Richard Taylor Nicholas Mailing Address 4127 Dogwood Dr. City, State, Zip Code Jackson, MS 39211-6521 Name of Employer (Required) Beacon Rock LLC Occupation (Required) Executive Source: Corporation PAC Individual Loan Other (please specify) Full Name Robbie W. Hughes Mailing Address 200 Dominican Dr # 1213	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$2,500.00 \$2,500.00 Amount of each receipt this period

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		A
Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify) LLC	**************************************	this period
Full Name Cloyd Investments LLC	06/07/2023	\$1,000.00
Mailing Address 433 E. Beach Dr.		
City, State, Zip Code Ocean Springs, MS 39564-5031		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Sebastopol Finance, LLC	06/06/2023	\$2,500.00
Mailing Address P.O. Box 332		
City, State, Zip Code Sebastopol, MS 39359-0332		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$2,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Cother (please specify) Full Name Excellence in Government PAC Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Excellence in Government PAC Mailing Address PO Box 291 City, State, Zip Code Jackson, MS 39205-0291	(Mo., Day, Year)	receipt this period
City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Excellence in Government PAC Mailing Address PO Box 291 City, State, Zip Code Jackson, MS 39205-0291 Name of Employer (Required)	(Mo., Day, Year) - 06/01/2023 Aggregate	receipt this period \$5,000.00
City, State, Zip Code Name of Employer (Required) Source: Corporation PAC Continuation PAC Continuation (Page 1912) Description (Page 1912) D	Aggregate Year-to-date	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt
City, State, Zip Code Jackson, MS 39205-0291 Name of Employer (Required) Cocupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
City, State, Zip Code Jackson, MS 39205-0291 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Jonathan P. Dyal	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period
City, State, Zip Code Source: Corporation PAC Gother (please specify) Full Name Other (please specify) Full Name Jonathan P. Dyal Mailing Address 9360 Oak Island Road City, State, Zip Code Jackson, MS 39205-0291 Individual Loan Loan Jonathan P. Dyal Mailing Address 9360 Oak Island Road	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$5,000.00 \$5,000.00 Amount of each receipt this period

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Source: Corporation PAC 🗈 Individual C Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name C. Phillip Buffington Jr.	06/01/2023	\$1,500.00
Mailing Address 133 East Neoma Rd		
City, State, Zip Code Canton, MS 39046-0000		
Name of Employer (Required) Adams and Reese		
Occupation (Required) Partner	Aggregate Year-to-date	\$1,760.00
Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Kim Rodgers	06/20/2023	\$1,000.00
Mailing Address 106 Shadow Lake Drive		
City, State, Zip Code Hattiesburg, MS 39402		
Name of Employer (Required) Rodgers Family Pharmacy		
Occupation (Required) Pharmacist	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan	Data	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify) LLC	Date (Mo., Day, Year)	
200		receipt
Other (please specify) LLC	(Mo., Day, Year)	receipt this period
Full Name Bodock Strategies LLC Mailing Address	(Mo., Day, Year)	receipt this period
Full Name Bodock Strategies LLC Mailing Address PO Box 773 City State 7io Code	(Mo., Day, Year)	receipt this period
Full Name Bodock Strategies LLC Mailing Address PO Box 773 City, State, Zip Code Flora, MS 39071-0773	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Bodock Strategies LLC Mailing Address PO Box 773 City, State, Zip Code Flora, MS 39071-0773 Name of Employer (Required)	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date	receipt this period \$250.00 \$1,250.00 Amount of each
Tother (please specify) Full Name Bodock Strategies LLC Mailing Address PO Box 773 City, State, Zip Code Flora, MS 39071-0773 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/01/2023 Aggregate	receipt this period \$250.00 \$1,250.00 Amount of each receipt
Tother (please specify) Full Name Bodock Strategies LLC Mailing Address PO Box 773 City, State, Zip Code Flora, MS 39071-0773 Name of Employer (Required) Occupation (Required) Source: Other (please specify) Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$1,250.00 Amount of each receipt this period
Tother (please specify) Full Name Bodock Strategies LLC Mailing Address PO Box 773 City, State, Zip Code Flora, MS 39071-0773 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Roderick Mark Alexander Jr.	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$1,250.00 Amount of each receipt
Full Name Bodock Strategies LLC Mailing Address PO Box 773 City, State, Zip Code Flora, MS 39071-0773 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Roderick Mark Alexander Jr. Mailing Address 10744 Bayou Plantation Lane	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$1,250.00 Amount of each receipt this period
Tother (please specify) LLC Full Name Bodock Strategies LLC Mailing Address PO Box 773 City, State, Zip Code Flora, MS 39071-0773 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Roderick Mark Alexander Jr. Mailing Address 10744 Bayou Plantation Lane City, State, Zip Code Gulfport, MS 39503	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$250.00 \$1,250.00 Amount of each receipt this period
Tother (please specify) Full Name Bodock Strategies LLC Mailing Address PO Box 773 City, State, Zip Code Flora, MS 39071-0773 Name of Employer (Required) Occupation (Required) Source: Other (please specify) Full Name Roderick Mark Alexander Jr. Mailing Address 10744 Bayou Plantation Lane	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 \$1,250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan **Other (please specify) LLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Liberty Springs LLC	06/15/2023	\$25,000.00
Mailing Address PO Box 320001		
City, State, Zip Code Flowood, MS 39232-0001		
Name of Employer (Required)	1	
Occupation (Required)	Aggregate Year-to-date	\$25,000.00
Source: Corporation PAC Individual Loan Other (please specify) Candidate Campaign Committee	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Rebecca N. Currie Campaign Fund	06/01/2023	\$250.00
Mailing Address 407 Oliver Dr		
City, State, Zip Code Brookhaven, MS 39601-3633		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$250.00
Source: Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
States 451	0.7028900/0000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Mississippi Bail Agents Association Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Bail Agents Association Mailing Address 118 Canton One Dr. City, State, Zip Code Canton, MS 39046-5530	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Mississippi Bail Agents Association Mailing Address 118 Canton One Dr. City, State, Zip Code Canton, MS 39046-5530 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Tull Name Mississippi Bail Agents Association Mailing Address 118 Canton One Dr. City State Zin Code	(Mo., Day, Year) 06/15/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name Mississippi Bail Agents Association Mailing Address 118 Canton One Dr. City, State, Zip Code Canton, MS 39046-5530 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name Mississippi Bail Agents Association Mailing Address 118 Canton One Dr. City, State, Zip Code Canton, MS 39046-5530 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name Mississippi Bail Agents Association Mailing Address 118 Canton One Dr. City, State, Zip Code Canton, MS 39046-5530 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify) Full Name Jason Niles McNeel	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 \$1,000.00 Amount of each receipt this period
☐ Other (please specify) Full Name Mississippi Bail Agents Association Mailing Address 118 Canton One Dr. City, State, Zip Code Canton, MS 39046-5530 Name of Employer (Required) Occupation (Required) Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan ☐ Other (please specify) Full Name Jason Niles McNeel Mailing Address 369 S RIDGE RD	Aggregate Year-to-date (Mo., Day, Year) Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Under (please specify)	_	
Steve Swayze	06/09/2023	\$500.00
Mailing Address 1765 Swayze Home Place Road		
City, State, Zip Code Benton, MS 39039-9402		
Name of Employer (Required) Swayze Home Place		
Occupation (Required) Executive	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Motorola Solutions, Inc PAC Multicandidate Committee	06/15/2023	\$1,500.00
Mailing Address 601 Pennsylvania Ave NW Ste 675		
City, State, Zip Code Washington, DC 20004-2601		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Full Name Acadia Healthcare Company, Inc. FEDPAC Mailing Address	(Mo., Day, Year)	receipt this period
Gibs State Zip Code	(Mo., Day, Year)	receipt this period
City, State, Zip Code Franklin, TN 37067-1509	(Mo., Day, Year)	receipt this period
City, State, Zip Code Franklin, TN 37067-1509 Other (please specify) Acadia Healthcare Company, Inc. FEDPAC Mailing Address 6100 Tower Cir Ste 1000 City, State, Zip Code Franklin, TN 37067-1509 Name of Employer (Required)	(Mo., Day, Year)	receipt this period \$10,000.00
Other (please specify) Full Name	Aggregate Year-to-date	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$10,000.00 \$10,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mark Cumbest	06/07/2023	\$1,000.00
Mailing Address 17725 MS-63		
City, State, Zip Code Moss Point, MS 39562		
Name of Employer (Required) Cumbest Realty Inc.		
Occupation (Required) Owner	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robert Burroughs	06/07/2023	\$10,000.00
Mailing Address PO Box 4451		
City, State, Zip Code Laurel, MS 39441-4451		
Name of Employer (Required) Burroughs Diesel		
Occupation (Required) President	Aggregate Year-to-date	\$10,000.00
The state of the s	CONTRACTOR OF THE PROPERTY OF	CHARLEST AND
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	900000000000000000000000000000000000000	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gerry Taylor Mailing Address	(Mo., Day, Year)	receipt this period
Gerry Taylor Mailing Address 18970 Highway 12 E City State Zin Code	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gerry Taylor Mailing Address 18970 Highway 12 E City, State, Zip Code Kosciusko, MS 39090-3271 Name of Employer (Required)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Gerry Taylor Mailing Address 18970 Highway 12 E City, State, Zip Code Kosciusko, MS 39090-3271 Name of Employer (Required) Mitchell Metal Products Occupation (Required)	(Mo., Day, Year) 06/17/2023 Aggregate	receipt this period \$1,000.00
City, State, Zip Code Kosciusko, MS 39090-3271 Name of Employer (Required) Occupation (Required) Director Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Tull Name Gerry Taylor Mailing Address 18970 Highway 12 E City, State, Zip Code Kosciusko, MS 39090-3271 Name of Employer (Required) Mitchell Metal Products Occupation (Required) Director Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tull Name Gerry Taylor Mailing Address 18970 Highway 12 E City, State, Zip Code Kosciusko, MS 39090-3271 Name of Employer (Required) Mitchell Metal Products Occupation (Required) Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Mary E. Copeland	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Gerry Taylor Mailing Address 18970 Highway 12 E City, State, Zip Code Kosciusko, MS 39090-3271 Name of Employer (Required) Mitchell Metal Products Occupation (Required) Director Source: Corporation PAC Individual Loan Other (please specify) Full Name Mary E. Copeland Mailing Address 1120 Independence Blvd	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Steven M. Warren	06/13/2023	\$10,000.00
Mailing Address 10907 Waterside Dr.		
City, State, Zip Code Gulfport, MS 39503-6058		
Name of Employer (Required) Warren Paving	ĺ	
Occupation (Required) President	Aggregate Year-to-date	\$10,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name E. Bruce Martin	06/19/2023	\$1,000.00
Mailing Address PO Box 1729		
City, State, Zip Code Meridian, MS 39302-1729		
Name of Employer (Required) Meyer & Rosenbaum		
Occupation (Required) Owner	Aggregate Year-to-date	\$26,000.00
		Amount of each
Source: Corporation PAC Individual Loan * Other (please specify) LLC	Date (Mo., Day, Year)	receipt this period
		receipt
Tother (please specify) LLC	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Shackelford Construction and Hauling, LLC Mailing Address	(Mo., Day, Year)	receipt this period
Tother (please specify) LLC Full Name Shackelford Construction and Hauling, LLC Mailing Address PO Box 1529 City State Zip Code	(Mo., Day, Year)	receipt this period
Full Name Shackelford Construction and Hauling, LLC Mailing Address PO Box 1529 City, State, Zip Code Yazoo City, MS 39194-1529	(Mo., Day, Year)	receipt this period
Tother (please specify) Full Name Shackelford Construction and Hauling, LLC Mailing Address PO Box 1529 City, State, Zip Code Yazoo City, MS 39194-1529 Name of Employer (Required)	(Mo., Day, Year) 06/15/2023 Aggregate	receipt this period \$1,000.00
Tother (please specify) Full Name Shackelford Construction and Hauling, LLC Mailing Address PO Box 1529 City, State, Zip Code Yazoo City, MS 39194-1529 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/15/2023 Aggregate Year-to-date Date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Full Name Shackelford Construction and Hauling, LLC Mailing Address PO Box 1529 City, State, Zip Code Yazoo City, MS 39194-1529 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan The Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name Shackelford Construction and Hauling, LLC Mailing Address PO Box 1529 City, State, Zip Code Yazoo City, MS 39194-1529 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC Mailing Address Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Tother (please specify) Full Name Shackelford Construction and Hauling, LLC Mailing Address PO Box 1529 City, State, Zip Code Yazoo City, MS 39194-1529 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Allred Investments LLC Mailing Address PO Box 5016	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Hammett Gravel Company, Inc.	06/20/2023	\$1,000.00
Mailing Address PO Box 209		
City, State, Zip Code Lexington, MS 39095-0209		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Mississippi Strong	06/23/2023	\$500,000.00
Mailing Address 1747 Pennsylvania Ave NW Ste 250		
City, State, Zip Code Washington, DC 20006-4643		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$500,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William Randy James	06/21/2023	\$7,500.00
Mailing Address 217 W Capitol Street Suite 201		
City, State, Zip Code Jackson, MS 39201-2004		
Name of Employer (Required) Pruet Oil		
Occupation (Required) Partner	Aggregate Year-to-date	\$7,500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Elizabeth MacPherson	06/15/2023	\$1,000.00
Mailing Address 100 Oakhurst Trail		
City, State, Zip Code Ridgeland, MS 39157-8608		
Name of Employer (Required) Atlas Group LLC		
Occupation (Required) Executive	Aggregate	\$1,000.00

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Nucor Steel Recyclers of Mississippi PAC	06/14/2023	\$5,000.00
Mailing Address 3630 Fourth Street		
City, State, Zip Code Flowood, MS 39232-2000		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$5,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Robbins Rogers	06/24/2023	\$250.00
Mailing Address 408 Glade St.		
City, State, Zip Code New Albany, MS 38652-4305		
Name of Employer (Required) New Albany Schools		
Occupation (Required) Teacher	Aggregate Year-to-date	\$250.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
		6-200004040300004000
Full Name Nathaniel Baker	06/01/2023	\$250.00
Full Name Nathaniel Baker Mailing Address 175 Mackey Dr.	06/01/2023	\$250.00
Nathaniel Baker Mailing Address	06/01/2023	\$250.00
Mailing Address 175 Mackey Dr. City, State Zin Code	06/01/2023	\$250.00
Mailing Address 175 Mackey Dr. City, State, Zip Code Madison, MS 39110-8917 Name of Employer (Required)	Aggregate Year-to-date	\$250.00
Mailing Address 175 Mackey Dr. City, State, Zip Code Madison, MS 39110-8917 Name of Employer (Required) Students for Liberty Occupation (Required)	Aggregate	
Mailing Address 175 Mackey Dr. City, State, Zip Code Madison, MS 39110-8917 Name of Employer (Required) Students for Liberty Occupation (Required) Director of North American Programs Source: Corporation PAC Individual Loan	Aggregate Year-to-date	\$250.00 Amount of each receipt
Mailing Address 175 Mackey Dr. City, State, Zip Code Madison, MS 39110-8917 Name of Employer (Required) Students for Liberty Occupation (Required) Director of North American Programs Source: Corporation PAC Individual Loan T Other (please specify) LLC	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Mailing Address 175 Mackey Dr. City, State, Zip Code Madison, MS 39110-8917 Name of Employer (Required) Students for Liberty Occupation (Required) Director of North American Programs Source: Corporation PAC Individual Loan Tother (please specify) LLC Full Name Aqua Green LLC Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period
Mailing Address 175 Mackey Dr. City, State, Zip Code Madison, MS 39110-8917 Name of Employer (Required) Students for Liberty Occupation (Required) Director of North American Programs Source: Corporation PAC Individual Loan Other (please specify) LLC Full Name Aqua Green LLC Mailing Address 1513 Gardenia Dr.	Aggregate Year-to-date Date (Mo., Day, Year)	\$250.00 Amount of each receipt this period

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Source: ☐ Corporation ☐ PAC ★ Individual ☐ Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)		tills period
Full Name Samuel C. Kelly	06/01/2023	\$1,000.00
Mailing Address 111 Spring Oak Drive		
City, State, Zip Code Madison, MS 39110-9131		
Name of Employer (Required) Brunini Grantham Grower & Hewes PLLC		
Occupation (Required) Attorney	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Alan Wilson	06/14/2023	\$1,000.00
Mailing Address PO Box 13548		
City, State, Zip Code Jackson, MS 39236-3548		
Name of Employer (Required) Retired		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
		The same of the sa
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kathleen G. Henry Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name Kathleen G. Henry Mailing Address 413 Forest Lake Place	(Mo., Day, Year)	receipt this period
City, State, Zip Code Madison, MS 39110-9420 Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Kathleen G. Henry Mailing Address 413 Forest Lake Place City, State, Zip Code Madison, MS 39110-9420 Name of Employer (Required) N/A Occupation (Required)	(Mo., Day, Year) 06/01/2023 Aggregate	receipt this period \$250.00
City, State, Zip Code Madison, MS 39110-9420 Name of Employer (Required) Retired Source: Cother Contents Cother (please specify) Mame of Madison, MS 39110-9420 N/A N/A N/A Cocupation (Required) Retired Individual Loan	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date	receipt this period \$250.00 \$1,250.00 Amount of each receipt
□ Other (please specify) Full Name Kathleen G. Henry Mailing Address 413 Forest Lake Place City, State, Zip Code Madison, MS 39110-9420 Name of Employer (Required) N/A Occupation (Required) Retired Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,250.00 Amount of each receipt this period
□ Other (please specify) Full Name Kathleen G. Henry Mailing Address 413 Forest Lake Place City, State, Zip Code Madison, MS 39110-9420 Name of Employer (Required) N/A Occupation (Required) Retired Source: ○ Corporation □ PAC □ Individual □ Loan □ Other (please specify) Full Name Pascagoula Finance Inc.	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,250.00 Amount of each receipt this period
Other (please specify) Full Name Kathleen G. Henry Mailing Address 413 Forest Lake Place City, State, Zip Code Madison, MS 39110-9420 Name of Employer (Required) N/A Occupation (Required) Retired Source: ** Corporation PAC Individual Loan Other (please specify) Full Name Pascagoula Finance Inc. Mailing Address 2224 Denny Ave	Aggregate Year-to-date Date (Mo., Day, Year)	\$1,250.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan	Data	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full Name Marty Davidson	06/19/2023	\$1,000.00
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	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name James Dill Jr.	06/01/2023	\$1,500.00
Mailing Address PO Box 1075		
City, State, Zip Code Dayton, TN 37321-1003		
Name of Employer (Required) Liberty Motor Club		
Occupation (Required) Executive	Aggregate Year-to-date	\$1,500.00
		THE RESERVE OF THE PARTY OF THE
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
- Company Control Cont		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Lenders Political Action Committee Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Lenders Political Action Committee Mailing Address PO Box 5004	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Lenders Political Action Committee Mailing Address PO Box 5004 City, State, Zip Code Jackson, MS 39296-5004	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Lenders Political Action Committee Mailing Address PO Box 5004 City, State, Zip Code Jackson, MS 39296-5004 Name of Employer (Required)	(Mo., Day, Year) 06/01/2023 Aggregate	receipt this period \$25,000.00
City, State, Zip Code Jackson, MS 39296-5004 Name of Employer (Required) Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/01/2023 Aggregate Year-to-date Date	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt
Tull Name Lenders Political Action Committee Mailing Address PO Box 5004 City, State, Zip Code Jackson, MS 39296-5004 Name of Employer (Required) Occupation (Required) Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period
Other (please specify) Full Name	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period
□ Other (please specify) Full Name Lenders Political Action Committee Mailing Address PO Box 5004 City, State, Zip Code Jackson, MS 39296-5004 Name of Employer (Required) Occupation (Required) Source: □ Corporation □ PAC □ Individual □ Loan □ Other (please specify) Full Name AT&T Mailing Address 1010 Pine St.	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$25,000.00 \$25,000.00 Amount of each receipt this period

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		Amount of each
Source: Corporation PAC Individual Loan	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full Name Ricky J. Cox	06/03/2023	\$500.00
Mailing Address 1344 E. Beach Blvd		
City, State, Zip Code Gulfport, MS 39501-2253		
Name of Employer (Required) Balch & Bingham		
Occupation (Required) Managing Partner	Aggregate Year-to-date	\$500.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name William C. Buffington	06/01/2023	\$250.00
Mailing Address 2000 Colony Park Dr. Apt 4107		
City, State, Zip Code Birmingham, AL 35243-2369		
Name of Employer (Required) Self		
Occupation (Required) Business	Aggregate Year-to-date	\$250.00
		Amount of each
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name O. B. Walton III Mailing Address 4109 Dogwood Drive	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name O. B. Walton III Mailing Address 4109 Dogwood Drive City, State, Zip Code Jackson, MS 39211-6521	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name O. B. Walton III Mailing Address 4109 Dogwood Drive City, State, Zip Code Jackson, MS 39211-6521	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name O. B. Walton III Mailing Address 4109 Dogwood Drive City, State, Zip Code Jackson, MS 39211-6521 Name of Employer (Required) NT Capitol Manager LLC Occupation (Required)	(Mo., Day, Year) 06/06/2023 Aggregate	receipt this period \$500.00
Other (please specify) Full Name O. B. Walton III Mailing Address 4109 Dogwood Drive City, State, Zip Code Jackson, MS 39211-6521 Name of Employer (Required) NT Capitol Manager LLC Occupation (Required) Investments Source: Corporation PAC Individual Loan	(Mo., Day, Year) 06/06/2023 Aggregate Year-to-date Date	receipt this period \$500.00 \$500.00 Amount of each receipt
Other (please specify) Full Name O. B. Walton III Mailing Address 4109 Dogwood Drive City, State, Zip Code Jackson, MS 39211-6521 Name of Employer (Required) NT Capitol Manager LLC Occupation (Required) Investments Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name O. B. Walton III Mailing Address 4109 Dogwood Drive City, State, Zip Code Jackson, MS 39211-6521 Name of Employer (Required) NT Capitol Manager LLC Occupation (Required) Investments Source: Corporation PAC Individual Loan Other (please specify) Full Name Matthew McDade	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period
Other (please specify) Full Name O. B. Walton III Mailing Address 4109 Dogwood Drive City, State, Zip Code Jackson, MS 39211-6521 Name of Employer (Required) NT Capitol Manager LLC Occupation (Required) Investments Source: Corporation PAC Individual Loan Other (please specify) Full Name Matthew McDade Mailing Address 8 Riverbend Dr.	Aggregate Year-to-date Date (Mo., Day, Year)	\$500.00 \$500.00 Amount of each receipt this period

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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Michael J McGrevey	06/01/2023	\$1,000.00
Mailing Address PO Box 277		
City, State, Zip Code Decatur, MS 39327-0277		
Name of Employer (Required) N/A		
Occupation (Required) Retired	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Gulf Islands Credit, Inc.	06/02/2023	\$1,000.00
Mailing Address 1115 Pass Road		
City, State, Zip Code Gulfport, MS 39501-6231		
Name of Employer (Required)		
Occupation (Required)	Aggregate Year-to-date	\$1,000.00
STATE OF THE PARTY		
Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ADDRESS ROOM NO		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Michael Hurst Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Michael Hurst Mailing Address 188 Sand Hill Cove	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Michael Hurst Mailing Address 188 Sand Hill Cove City, State, Zip Code Brandon, MS 39047-9581	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name David Michael Hurst Mailing Address 188 Sand Hill Cove City, State, Zip Code Brandon, MS 39047-9581 Name of Employer (Required) Phelps Dunbar Occupation (Required)	- (Mo., Day, Year) - 06/01/2023 Aggregate	receipt this period \$1,000.00
Other (please specify) Full Name David Michael Hurst Mailing Address 188 Sand Hill Cove City, State, Zip Code Brandon, MS 39047-9581 Name of Employer (Required) Phelps Dunbar Occupation (Required) Attorney Source: Corporation PAC Individual Loan	Aggregate Year-to-date	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt
Other (please specify) Full Name David Michael Hurst Mailing Address 188 Sand Hill Cove City, State, Zip Code Brandon, MS 39047-9581 Name of Employer (Required) Phelps Dunbar Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify)	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name David Michael Hurst Mailing Address 188 Sand Hill Cove City, State, Zip Code Brandon, MS 39047-9581 Name of Employer (Required) Phelps Dunbar Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Marc A Foster	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period
Other (please specify) Full Name David Michael Hurst Mailing Address 188 Sand Hill Cove City, State, Zip Code Brandon, MS 39047-9581 Name of Employer (Required) Phelps Dunbar Occupation (Required) Attorney Source: Corporation PAC Individual Loan Other (please specify) Full Name Marc A Foster Mailing Address 4003 Dunsinane St	Aggregate Year-to-date Date (Mo., Day, Year)	receipt this period \$1,000.00 \$1,000.00 Amount of each receipt this period

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Name of Candidate	or Committee	Tate for Governor				
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Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full Name Kather P. Phillips	06/15/2023	\$1,000.00
Mailing Address 4024 Money Sunk Road		
City, State, Zip Code Yazoo City, MS 39194-8653		
Name of Employer (Required) Katherine Phillips, LLC		
Occupation (Required) Self Employed	Aggregate Year-to-date	\$1,000.00
Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full Name Clint W. Shackelford Mailing Address	(Mo., Day, Year)	receipt this period
☐ Other (please specify) Full Name Clint W. Shackelford Mailing Address 350 S Industrial Pkwy	(Mo., Day, Year)	receipt this period

Name of Candidate or Committee

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= 11.11			Aggregate Total Runnin Amount of each
Full Name	Kelli Miller	Date (Mo., Day, Year)	disbursment this period
Mailing Address	950 Anniston Ave	06/05/2023	\$2,000.00
City, State, Zip Code	Gulfport, MS 39507-2731		
Purpose of Disburse Consulting Service	5 (5)	Aggregate Year-to-date	\$4,000.00
Full Name		Date	Amount of each
an Name	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	06/09/2023	\$53,783.04
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disburser Media Buy	ment (Optional)	Aggregate Year-to-date	\$524,871.78
Full Name		Date	Amount of each
	Broadstreet Baking Co	(Mo., Day, Year)	disbursment this period
Mailing Address	4465 North Hwy 55 #101	06/05/2023	\$3,853.94
City, State, Zip Code	Jackson, MS 39211		
Purpose of Disburser Event Expenses	ment (Optional)	Aggregate Year-to-date	\$3,853.94
Full Name	H & M Promotional Products	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5698 Hwy 61 South	06/21/2023	\$800.90
City, State, Zip Code	Vicksburg, MS 39180-9676		
Purpose of Disburser Printing Services	nent (Optional)	Aggregate Year-to-date	\$800.90
Full Name	Elliott Husbands	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1855 Lakeland Drive Apt 201	06/30/2023	\$6,602.50
City, State, Zip Code	Jackson, MS 39216-4927		
Purpose of Disburser Payroll	nent (Optional)	Aggregate Year-to-date	\$26,410.00
ull Name		Date	Amount of each
omegage state of the state of t	Hederman Brothers	(Mo., Day, Year)	disbursment this period
failing Address	P.O. Box 1036	06/29/2023	\$7,055.16
City, State, Zip Code	Madison, MS 39130-1036		
Purpose of Disbursen Printing Services	nent (Optional)	Aggregate Year-to-date	\$53,900.68

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			Aggregate Total Runnin
Full Name	Mississippi District UPCI	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 1188	06/19/2023	\$2,500.00
City, State, Zip Code	Raymond, MS 39154-1188		
Purpose of Disbursem Advertising	ent (Optional)	Aggregate Year-to-date	\$2,500.00
Full Name	Ana Marina Ingham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	122 Langdon Drive	06/30/2023	\$383.83
City, State, Zip Code	Madison, MS 39110-7076		
Purpose of Disbursem Mileage reimbursen		Aggregate Year-to-date	\$7,317.20
Full Name	Home Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1680 Elizabeth Blvd	06/20/2023	\$284.15
City, State, Zip Code	Biloxi, MS 39532-8577		
Purpose of Disbursem Supplies for signs	ent (Optional)	Aggregate Year-to-date	\$284.15
Full Name	Office Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Grandview Blvd	06/21/2023	\$22.99
City, State, Zip Code	Madison, MS 39110-5532		
Purpose of Disbursem Office Supplies	ent (Optional)	Aggregate Year-to-date	\$181.02
Full Name	Snapshot Publishing LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 320925	06/22/2023	\$150.00
City, State, Zip Code	Flowood, MS 39232-0925		
Purpose of Disbursem Design Services	ent (Optional)	Aggregate Year-to-date	\$2,089.50
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	06/21/2023	\$2,500.00
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem Consulting	ent (Optional)	Aggregate Year-to-date	\$11,726.32

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			Aggregate Total Runnin
Full Name	1Vision	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	9346 Telge Road	06/22/2023	\$540.11
City, State, Zip Code	Houston, TX 77095-5107		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$540.11
Full Name	Ryan Clanton	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 463	06/30/2023	\$932.26
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disbursem Reimbursement for		Aggregate Year-to-date	\$932.26
Full Name	Stephens Printing, LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	642 Hwy 469 S	06/05/2023	\$464.09
City, State, Zip Code	Florence, MS 39073-9064		
Purpose of Disbursem Printing Services	ent (Optional)	Aggregate Year-to-date	\$14,698.38
Full Name	Lauren Anne Smith	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	111 Cirencester Dr.	06/30/2023	\$1,500.00
City, State, Zip Code	Ridgeland, MS 39157-9789		
Purpose of Disbursem Consulting	ent (Optional)	Aggregate Year-to-date	\$1,552.18
Full Name	ABC Signs & Shirts	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5851 Larue Steiner Road	06/15/2023	\$9,775.00
City, State, Zip Code	Theodore, AL 36582		
Purpose of Disbursem Printed Materials	ent (Optional)	Aggregate Year-to-date	\$29,775.00
Full Name	Ryan Clanton	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 463	06/30/2023	\$3,437.64
City, State, Zip Code	Meadville, MS 39653-0463		
urpose of Disbursem	ent (Optional) nent	Aggregate Year-to-date	\$4,369.90

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Full Name		Date	Aggregate Total Runni Amount of each
	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	06/06/2023	\$10,000.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen		Aggregate	\$435,648.53
Consulting Service	S	Year-to-date	
Full Name	The Jackson-Alvarez Group	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 7272	06/05/2023	\$3,182.98
City, State, Zip Code	Mc Lean, VA 22106-7272		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$6,926.15
Full Name	Home Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1680 Elizabeth Blvd	06/21/2023	\$105.07
City, State, Zip Code	Biloxi, MS 39532-8577		
Purpose of Disbursem Supplies for signs	ent (Optional)	Aggregate Year-to-date	\$389.22
Full Name	Premium Consulting Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane	06/30/2023	\$2,000.00
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$12,000.00
Full Name	K. Neal Ricks Jr.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	5339 Saratoga	06/30/2023	\$3,500.00
City, State, Zip Code	Jackson, MS 39211-4112		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$3,500.00
Full Name	The Buckhorn Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2810 N Church St. PMB 920348	06/30/2023	\$10,000.00
City, State, Zip Code	Wilmington, DE 19802-4447		
	ent (Optional)	Aggregate	

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			Aggregate_Total_Runnin
Full Name	Internal Revenue Service	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	Department of the Treasury Internal Revenue Service Cε	06/15/2023	\$4,068.50
City, State, Zip Code	Ogden, UT 84201-0001		
Purpose of Disbursen Payroll Tax Expens		Aggregate Year-to-date	\$18,736.00
Full Name	Premium Consulting Group LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	12301 Tiffany Lane	06/30/2023	\$520.14
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disbursen Mileage reimburse		Aggregate Year-to-date	\$12,520.14
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	06/15/2023	\$313,262.40
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Media Buy	nent (Optional)	Aggregate Year-to-date	\$838,134.18
uli Name	Office Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Grandview Blvd	06/26/2023	\$47.17
City, State, Zip Code	Madison, MS 39110-5532		
Purpose of Disbursem Office Supplies	ent (Optional)	Aggregate Year-to-date	\$228.19
Full Name	Costco	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	700 Highland Colony Pkwy	06/21/2023	\$313.75
City, State, Zip Code	Ridgeland, MS 39157-8701		
Purpose of Disbursem Office supplies	ent (Optional)	Aggregate Year-to-date	\$313.75
ull Name	PT Strategy LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1223 Aldebraran Dr.	06/06/2023	\$5,000.00
city, State, Zip Code	Mc Lean, VA 22101-2304		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$19,409.00

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Full Name		Date	Aggregate Total Running Amount of each
ruli Name	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	06/06/2023	\$23,440.21
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem	ent (Optional)	Aggregate	\$459,088.74
Media Production		Year-to-date	west property 125 Charles and a second secon
Full Name	Google Gsuite	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1600 Amphitheater Parkway Mountain View	06/02/2023	\$60.00
City, State, Zip Code	Mountain View, CA 94043		
Purpose of Disbursem Email and Data Ser		Aggregate Year-to-date	\$302.00
Full Name		Date	Amount of each
i un Maine	Premium Consulting Group LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	12301 Tiffany Lane	06/30/2023	\$44.36
City, State, Zip Code	Biloxi, MS 39532		
Purpose of Disbursem		Aggregate	\$12,564.50
Reimbursement for	supplies	Year-to-date	Ψ12,001.00
Full Name	Lauren Anne Smith	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	111 Cirencester Dr.	06/27/2023	\$52.18
City, State, Zip Code	Ridgeland, MS 39157-9789		
Purpose of Disbursem Reimbursement for		Aggregate Year-to-date	\$52.18
Full Name	Ana Marina Ingham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	122 Langdon Drive	06/30/2023	\$3,338.75
City, State, Zip Code	Madison, MS 39110-7076		
Purpose of Disbursem Payroll	ent (Optional)	Aggregate Year-to-date	\$10,655.95
Full Name		Date	Amount of each
Full Name	i360, LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	29374 Network Place	06/15/2023	\$150.00
City, State, Zip Code	Chicago, IL 60673-1293		
Purpose of Disbursem Data Services	ent (Optional)	Aggregate Year-to-date	\$900.00

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Full Name		Date	Aggregate Total Runnin
-un Name	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	06/15/2023	\$1,800.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Digital Services	nent (Optional)	Aggregate Year-to-date	\$839,934.18
Full Name	Lowes	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	128 Grandview Blvd	06/13/2023	\$489.10
City, State, Zip Code	Madison, MS 39110-7594		
Purpose of Disbursen Supplies for signs	nent (Optional)	Aggregate Year-to-date	\$489.10
Full Name	Melissa Hederman	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	3845 Redbud Road	06/01/2023	\$71,281.83
City, State, Zip Code	Jackson, MS 39211-6712		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$314,174.18
Full Name	Home Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1680 Elizabeth Blvd	06/27/2023	\$105.07
City, State, Zip Code	Biloxi, MS 39532-8577		
Purpose of Disbursen Supplies for signs	nent (Optional)	Aggregate Year-to-date	\$494.29
Full Name	Mississippi Republican Party	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 60	06/01/2023	\$2,050.00
City, State, Zip Code	Jackson, MS 39205-0060		
Purpose of Disbursen Rent for office space		Aggregate Year-to-date	\$19,200.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	06/05/2023	\$1,612.66
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursen IT equipment	nent (Optional)	Aggregate Year-to-date	\$4,644.09

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			Aggregate Total Runnii
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	06/21/2023	\$85.91
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem Reimbursement for		Aggregate Year-to-date	\$11,812.23
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	06/16/2023	\$3,092.66
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem	ent (Optional)	Aggregate Year-to-date	\$10,462.39
Full Name	Copey Grantham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	823 Old Hwy 45	06/21/2023	\$755.87
City, State, Zip Code	Saltillo, MS 38866-7926		
Purpose of Disbursem Mileage Reimburse		Aggregate Year-to-date	\$12,568.10
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	06/13/2023	\$2,683.30
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem Wireless Services,	· 100	Aggregate Year-to-date	\$7,369.73
Full Name	McDevitt Consulting LLC	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Cr	06/01/2023	\$9,000.00
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Consulting Services		Aggregate Year-to-date	\$61,500.00
Full Name	C Spire	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	P.O. Box 519	06/08/2023	\$42.34
City, State, Zip Code	Meadville, MS 39653-0519		
Purpose of Disbursem	ent (Optional)	Aggregate	\$4,686.43

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Full Name		Date	Aggregate Total Running Amount of each
un Name	The Manship	(Mo., Day, Year)	disbursment this period
Mailing Address	1200 N State St #100	06/01/2023	\$156.00
City, State, Zip Code	Jackson, MS 39202-2000		
Purpose of Disbursem Event Expense, Ca	6. 350	Aggregate Year-to-date	\$7,720.55
Full Name		Date	Amount of each
, an Name	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	06/01/2023	\$195,528.96
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem Media Buy	ent (Optional)	Aggregate Year-to-date	\$425,648.53
Full Name	Jennifer Calhoun Photographic Creations	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	483 Tillotson Ln. NW	06/05/2023	\$802.50
City, State, Zip Code	Brookhaven, MS 39601		
Purpose of Disbursem Event Equipment	ent (Optional)	Aggregate Year-to-date	\$802.50
Full Name	Park Heights	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	335 East Main St.	06/15/2023	\$3,363.48
City, State, Zip Code	Tupelo, MS 38804-4025		
Purpose of Disbursem	ent (Optional)	Aggregate	\$3,363.48
Event expenses, ca	itering	Year-to-date	\$5,505.40
Full Name	Kristin C McDevitt	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	130 Eagles Nest Circle	06/27/2023	\$169.78
City, State, Zip Code	Madison, MS 39110-6029		
Purpose of Disbursem Expense reimburse		Aggregate Year-to-date	\$407.11
Full Name	Tyler Martin	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	10131 Road 365	06/30/2023	\$400.79
City, State, Zip Code	Philadelphia, MS 39350-5804		***
Purpose of Disbursem Mileage reimbursen		Aggregate Year-to-date	\$1,400.79

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CII N		Date	Aggregate Total Runnin Amount of each
Full Name	Tyler Martin	(Mo., Day, Year)	disbursment this period
Mailing Address	10131 Road 365	06/30/2023	\$161.01
City, State, Zip Code	Philadelphia, MS 39350-5804		
Purpose of Disbursen Reimbursement fo		Aggregate Year-to-date	\$1,561.80
Andrew College Manager College College	Сороно	Date	Amount of each
Full Name	PT Strategy LLC	(Mo., Day, Year)	disbursment this period
Mailing Address	1223 Aldebraran Dr.	06/06/2023	\$314.02
City, State, Zip Code	Mc Lean, VA 22101-2304		
Purpose of Disbursen Reimbursement for		Aggregate Year-to-date	\$19,723.02
Full Name		Date	Amount of each
. un munic	OnMessage, Inc.	(Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	06/15/2023	\$1,800.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Digital Services	nent (Optional)	Aggregate Year-to-date	\$841,734.18
Full Name	WinRed	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 9891	06/30/2023	\$1,362.42
City, State, Zip Code	Arlington, VA 22219-1891		
Purpose of Disbursen Processing Fees	nent (Optional)	Aggregate Year-to-date	\$13,961.70
Full Name	Aristotle International, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	200 Pennsylvania Ave. SE	06/21/2023	\$2,550.00
City, State, Zip Code	Washington, DC 20003		
Purpose of Disbursen Data Services	nent (Optional)	Aggregate Year-to-date	\$7,500.00
Full Name		Date	Amount of each
	Mississippi Department Of Revenue	(Mo., Day, Year)	disbursment this period
Mailing Address	P.O. Box 23058	06/15/2023	\$523.00
City, State, Zip Code	Jackson, MS 39225-3058		
Purpose of Disbursen Payroll Tax Expens		Aggregate Year-to-date	\$1,420.00

Name of Candidate or Committee

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Full Name		Date	Aggregate Total Running Amount of each
an Italijo	Trustmark Bank	(Mo., Day, Year)	disbursment this period
Mailing Address	PO Box 291	06/30/2023	\$112.34
City, State, Zip Code	Jackson, MS 39205-0291		
Purpose of Disbursen Bank Fee	nent (Optional)	Aggregate Year-to-date	\$664.03
Full Name	Office Depot	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	120 Grandview Blvd	06/05/2023	\$158.03
City, State, Zip Code	Madison, MS 39110-5532		
Purpose of Disbursen Office Supplies	nent (Optional)	Aggregate Year-to-date	\$158.03
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	06/06/2023	\$10,000.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$469,088.74
Full Name	Living Free Ministries	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2024 US-72	06/15/2023	\$250.00
City, State, Zip Code	Corinth, MS 38834		
Purpose of Disbursen Contribution	nent (Optional)	Aggregate Year-to-date	\$250.00
Full Name	Storagemax	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4600 Lakeland Drive	06/02/2023	\$608.00
City, State, Zip Code	Flowood, MS 39232-8978		
Purpose of Disbursen Storage Fees	nent (Optional)	Aggregate Year-to-date	\$3,588.00
Full Name	The Jackson-Alvarez Group	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 7272	06/05/2023	\$10,500.00
City, State, Zip Code	Mc Lean, VA 22106-7272		
Purpose of Disbursen Consulting Service		Aggregate Year-to-date	\$17,426.15

Name of Candidate or Committee

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Full Name		Date	Aggregate Total Runni Amount of each
	Anchuca	(Mo., Day, Year)	disbursment this period
Mailing Address	1010 First East St.	06/13/2023	\$800.00
City, State, Zip Code	Vicksburg, MS 39183-2513		
Purpose of Disburser Event Expense	nent (Optional)	Aggregate Year-to-date	\$2,202.48
Full Name		Date	Amount of each
i un Name	Haddox Reid Eubank Betts, PLLC	(Mo., Day, Year)	disbursment this period
Mailing Address	PO Drawer 22507	06/05/2023	\$7,956.71
City, State, Zip Code	Jackson, MS 39225-2507		
Purpose of Disburser Accounting Service		Aggregate Year-to-date	\$12,545.83
Full Name	Intuit	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	2700 Coast Ave	06/06/2023	\$284.25
City, State, Zip Code	Mountain View, CA 94043-1140		
Purpose of Disburser Office Supplies	nent (Optional)	Aggregate Year-to-date	\$284.25
Full Name	Ryan Clanton	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 463	06/30/2023	\$450.00
City, State, Zip Code	Meadville, MS 39653-0463		
Purpose of Disburser Reimbursement fo		Aggregate Year-to-date	\$4,819.90
Full Name	Ana Marina Ingham	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	122 Langdon Drive	06/30/2023	\$1,755.87
City, State, Zip Code	Madison, MS 39110-7076		
Purpose of Disburser Reimbursement fo		Aggregate Year-to-date	\$12,411.82
Full Name	Broadstreet Baking Co	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	4465 North Hwy 55 #101	06/05/2023	\$1,156.49
City, State, Zip Code	Jackson, MS 39211		
Purpose of Disburser Event Expenses	nent (Optional)	Aggregate Year-to-date	\$5,010.43

Reporting Period

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06/30/2023

		Data T	Aggregate Total Runnin Amount of each
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	disbursment this period
Mailing Address	705 Melvin Ave #105	06/15/2023	\$8,342.50
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursem	ent (Optional)	Aggregate	\$850,076.68
Media Production		Year-to-date	A
Full Name	Terry Gibson	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1631 Bennett Road	06/15/2023	\$630.00
City, State, Zip Code	Vaughan, MS 39179-9704		
Purpose of Disbursem Catering expenses	ent (Optional)	Aggregate Year-to-date	\$630.00
Full Name	Hotel Indigo	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	103 South 30th Ave.	06/12/2023	\$201.66
City, State, Zip Code	Hattiesburg, MS 39401		
Purpose of Disburseme Travel Expense	ent (Optional)	Aggregate Year-to-date	\$201.66
Full Name	Anchuca	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	1010 First East St.	06/02/2023	\$1,402.48
City, State, Zip Code	Vicksburg, MS 39183-2513		
Purpose of Disburseme Event Expense	ent (Optional)	Aggregate Year-to-date	\$1,402.48
Full Name	Fresh Cut Catering & Floral	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	108 Cypress Cove	06/06/2023	\$959.20
City, State, Zip Code	Flowood, MS 39232-5500		
Purpose of Disburseme Event Expense, Car		Aggregate Year-to-date	\$1,918.40
Full Name	Tyler Martin	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	10131 Road 365	06/09/2023	\$1,000.00
City, State, Zip Code	Philadelphia, MS 39350-5804		
Purpose of Disburseme		Aggregate Year-to-date	\$1,000.00

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			Aggregate Total Runnin
Full Name	OnMessage, Inc.	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	705 Melvin Ave #105	06/06/2023	\$2,000.00
City, State, Zip Code	Annapolis, MD 21401-1534		
Purpose of Disbursement (Optional) Digital Services		Aggregate Year-to-date	\$471,088.74
Full Name	The Neshoba Democrat	Date (Mo., Day, Year)	Amount of each disbursment this period
Mailing Address	PO Box 30	06/05/2023	\$1,530.00
City, State, Zip Code	Philadelphia, MS 39350-0030		
Purpose of Disbursement (Optional) Advertising		Aggregate	\$1,530.00